Carcinoma of the Oesophagus Histopathology Reporting Guide



Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number
	DD - MM - YYYY
Elements in black text are CORE. Elements in grey text are N indicates multi-select values indicates single select values	SCOPE OF THIS DATASET
CLINICAL INFORMATION (select all that apply)	SPECIMEN DIMENSIONS
☐ Information not provided ☐ Relevant biopsy results, <i>specify</i>	Length of tubular oesophagus (Record per specimen)
	Specimen 1 Specimen 2 Specimen 3 mm mm
Previous diagnosis and treatment for oesophageal cancer specify	Length of stomach, from oesophagogastric junction to distal gastric resection margin (if present)
	MACROSCOPIC APPEARANCE
Endoscopic location of the tumour, specify levels (upper/middle/lower)	 No macroscopically detectable lesion Scar/thickening Protruding/fungating/polypoid Ulcerative tumour Diffuse infiltrative
Clinical staging, specify level of involvement, distant metastases	TUMOUR FOCALITY ^a Unifocal Multifocal, specify number of tumours in specimen
 History of gastroesophageal reflux and/or Barrett oesophagus Other (e.g., previous history of cancer), specify 	Cannot be assessed, specify
NEOADJUVANT THERAPY	^a If multiple primary tumours are present, separate datasets should be used to record this and all following elements for each primary tumour.
○ Not administered ○ Information not provided ○ Administered, describe	TUMOUR SITE (select all that apply) Not specified
	Cervical (proximal) oesophagus Upper thoracic oesophagus Middle thoracic oesophagus
OPERATIVE PROCEDURE (select all that apply) Not specified Pharyngo-laryngo-oesophagectomy Oesophagectomy/oesophagogastrectomy Lymph nodes, describe site(s) from which taken if sent separately by surgeon	Lower thoracic (distal) oesophagus Oesophagogastric junction (OGJ) with tumour epicentre ≤20 mm into the proximal stomach Other, specify
Other, specify	Distance from epicentre/midpoint of tumour to OGJ mm

TUMOUR DIMENSIONS	DYSPLASIA
Maximum tumour dimension	Not applicable
	Cannot be assessed
mm	Not identified
Additional dimensions	Present
mm x mm	Туре
	Squamous
No macroscopically visible tumour	Columnar/Barrett
Cannot be assessed, <i>specify</i>	Grade
V	O Low grade
	High grade
	Cannot be assessed, specify
BARRETT MUCOSA	•
Not identified	
Present	
	UVOTOLOGYGAL TUMOUD CDADE
MACROSCOPIC DISTANCE OF TUMOUR TO THE MARGIN	HISTOLOGICAL TUMOUR GRADE (Applicable to squamous cell carcinoma and adenocarcinoma)
Cannot be assessed	GX: Cannot be assessed
○ Involved	Grade 1 (G1): Well differentiated
Not involved	Grade 2 (G2): Moderately differentiatedGrade 3 (G3): Poorly differentiated
Distance of tumour from closest mm margin	Grade 3 (G3). Foorly differentiated
_	
Specify closest margin	EXTENT OF INVASION
	Cannot be assessed
HISTOLOGICAL TUMOUR TYPE	No evidence of primary tumour
HISTOLOGICAL TUMOUR TYPE (Value list based on the World Health Organization	Dysplasia
Classification of Tumours of the Digestive System (2019))	Invasion into the lamina propria
Cannot be assessed	Invasion into the muscularis mucosae
Squamous cell carcinoma	Invasion into the submucosa
Conventional	Invasion into the muscularis propria
Verrucous	○ Invasion into the adventitia
Spindle cell carcinoma	 Invasion into the visceral peritoneum, azygous vein, diaphragm, pleura, pericardium
Basaloid squamous cell carcinoma	Invasion into adjacent structures/organs, specify
Adenocarcinoma	Thruston med adjucent structures, or ganis, speen,
▼ ○ Tubular	
O Papillary	
Mucinous	
Poorly cohesive carcinoma	
Signet ring	
Non-signet ring	LYMPHOVASCULAR INVASION
Mucoepidermoid	Not identified
Adenosquamous carcinoma	Present (select all that apply)
Adenoid cystic carcinoma Undifferentiated carcinoma	Small vessel (lymphatic, capillary or venular),
Neuroendocrine neoplasms ^b	specify the type of vessel, if possible
Neuroendocrine carcinoma	
Small cell	
C Large cell	☐ Large vessel (venous)
Mixed neuroendocrine-non-neuroendocrine	
neoplasm (MiNEN)	DEDINELIDAL INVACION RE
Other, specify	PERINEURAL INVASION
	Not identified
	Present
h	
b Neuroendocrine tumour is not covered in this dataset.	

RESPONSE TO NEOADJUVANT THERAPY	LYMPH NODE STATUS
Cannot be assessed, specify	Cannot be assessedNo nodes submitted or found
Mandard system	Number of lymph nodes examined
Absence of residual cancer with fibrosis extending throughout (complete response)	Not involved Involved
Rare residual cancer cells scattered through the fibrosis	Number of involved lymph nodes
 An increase in the number of residual cancer cells, but fibrosis still predominates 	Extranodal extension
Residual cancer outgrowing fibrosis	Not identified Present
Absence of regressive changes	Cannot be determined
OR	
Becker system	COEXISTENT PATHOLOGY (select all that apply)
No carcinoma present (complete response) <10% carcinoma present	None identified
10-50% carcinoma present	Synchronous carcinoma(s), <i>specify</i>
>50% carcinoma present	•
OR	
Modified Ryan system	Other, specify
No neoadjuvant treatment	
Complete response - no viable cancer cells (score 0)	
Near complete response - single cells or rare small	
groups of cancer cells (score 1)	
 Partial response - residual cancer with evident tumour regression, but more than single cells or rare small groups of cancer cells (score 2) 	ANCILLARY STUDIES For neuroendocrine neoplasms only
Poor or no response - extensive residual cancer with	Not applicable
no evident tumour regression (score 3)	 Neuroendocrine markers (chromogranin A, synaptophysin vother), specify test(s) performed and result(s) if available
	• Other), specify test(s) performed and result(s) if available
MARGIN STATUS	
Invasive carcinoma	
Cannot be assessed	
Not involved	AND
Distance of tumour from closest mm margin	Ki-67 proliferation index %
Specify closest margin, if possible	Other oesophageal carcinomas Not performed
○ Involved (select all that apply)	Performed (select all that apply)
Distal	HER2 testing performed, record results
Proximal	
☐ Circumferential/Radial	
Dysplasia	
Cannot be assessed	PD-L1, specify
Not involved	
Distance of dysplasia from closest	
margin	
Specify closest margin, if possible	Microsatellite instability, specify
☐ Involved	
Squamous Columnar/Barrett	
High grade High grade	
○ Low grade ○ Low grade	Other, specify test(s) and result(s)
Specify margin (select all that apply)	•
Distal	
Proximal	

HISTOLOG	ICALLY CONFIRMED DISTANT METASTASES
○ Not i	dentified
_	ent, specify site(s)
•	

PATHOLOG	ICAL STAGING (UICC TNM 8 th edition) ^{c,d}
TNM Des	criptors (only if applicable)
	djuvant therapy
	ost-therapy
Primary 1	tumour (pT)
○ TX	Primary tumour cannot be assessed
○ T0	No evidence of primary tumour
◯ Tis	Carcinoma in situ/high grade dysplasia
	Tumour invades lamina propria, muscularis mucosae, or submucosae
○ T1	a Tumour invades lamina propria or muscularis
	mucosae
	b Tumour invades submucosa
	Tumour invades adventitie
	Tumour invades adventitia Tumour invades adjacent structures
_	a Tumour invades pleura, pericardium, azygos vein,
\bigcirc \Box	diaphragm, or peritoneum
○ T4	b Tumour invades other adjacent structures such as
	aorta, vertebral body, or trachea
Regional lymph nodes (pN)	
○NX	Regional lymph nodes cannot be assessed
◯ N0	No regional lymph node metastasis
○ N1	Metastasis in 1 to 2 regional lymph nodes
○ N2	Metastasis in 3 to 6 regional lymph nodes
○ N3	Metastasis in 7 or more regional lymph nodes
^c Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8 th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley (incorporating any errata	
	until 25 th January 2022).
d Refer to Not	e for AJCC 8 th Edition staging of oesophageal
adenocarcino neoadjuvant	omas and squamous cell carcinomas with or without therapy.
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