


Colorectal Cancer Histopathology Reporting Guide

Family/Last name Date of birth Given name(s) Patient identifiers Date of request Accession/Laboratory number Elements in **black text** are CORE. Elements in **grey text** are NON-CORE. [SCOPE OF THIS DATASET](#)  indicates multi-select values indicates single select values**CLINICAL INFORMATION** (select all that apply) 

- Information not provided
- Known polyposis syndrome
- Familial adenomatous polyposis (FAP)
 - MUTYH*-associated polyposis (MAP)
 - Serrated polyposis

 Other, *specify*

- Lynch syndrome
- Chronic inflammatory bowel disease
- Ulcerative colitis
 - Crohn disease
- Previous polyp(s)
- Previous colorectal cancer
- Other, *specify*

NEOADJUVANT THERAPY 

- Information not provided
- Not administered
- Administered, *describe*

OPERATIVE PROCEDURE 

- Total colectomy
- Proctocolectomy
- Right hemicolectomy
- Extended right hemicolectomy
- Transverse colectomy
- Left hemicolectomy
- Sigmoid colectomy
- Anterior resection

 High Low

- Hartmann's procedure
- Abdominoperineal resection
- Other, *specify*

TUMOUR SITE^a 

- Not specified
- Caecum
- Ascending colon
- Hepatic flexure
- Transverse colon
- Splenic flexure
- Descending colon
- Sigmoid colon
- Rectosigmoid^b
- Rectum
- Other, *specify*

^a If multiple primary tumours are present, separate datasets should be used to record this and all following elements for each primary tumour.^b Reserved for cases in which an accurate determination between rectum and sigmoid cannot be made by pathological assessment and clinical information regarding site is not available.**TUMOUR DIMENSIONS** 

-
- Cannot be assessed

Maximum tumour dimension

Additional dimensions

 x **PERFORATION^c** 

- Not identified
- Present
- Through tumour (tumour perforation)
 - Not involving tumour

^c Defined as a macroscopically visible full thickness defect in the wall.**RELATION OF TUMOUR TO ANTERIOR PERITONEAL REFLECTION** *(Applicable to any specimen containing a rectal cancer e.g., anterior resection, abdominoperineal resection, proctocolectomy)*

- Not applicable
- Entirely above
- Entirely below
- Astride

PLANE OF MESORECTAL EXCISION

(Applicable to any specimen containing a rectal cancer e.g., anterior resection, abdominoperineal resection, proctocolectomy)

- Not applicable
- Mesorectal fascia (complete)
- Intramesorectal (near complete)
- Muscularis propria (incomplete)

PLANE OF SPHINCTER EXCISION

(Applicable to abdominoperineal excision specimens only and should be reported in addition to the mesorectal plane)

- Extralevator plane
- Sphincteric plane
- Intrasphincteric plane

PLANE OF MESOCOLIC EXCISION

(Applicable to any specimen containing a colon cancer)

- Mesocolic plane
- Intramesocolic plane
- Muscularis propria plane

HISTOLOGICAL TUMOUR TYPE

(Value list from the World Health Organization Classification of Tumours of the Gastrointestinal Tract (2019))

- No evidence of residual tumour
- Adenocarcinoma not otherwise specified (NOS)
- Mucinous adenocarcinoma
- Signet-ring cell adenocarcinoma
- Medullary carcinoma
- Serrated adenocarcinoma
- Micropapillary adenocarcinoma
- Adenoma-like adenocarcinoma
- Neuroendocrine carcinoma
 - Small cell type
 - Large cell type
- Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN)
- Other, *specify*

HISTOLOGICAL TUMOUR GRADE

(Only adenocarcinoma NOS and mucinous adenocarcinoma should be graded)

- Not applicable
- Low grade (formerly well to moderately differentiated)
- High grade (formerly poorly differentiated)

EXTENT OF INVASION

- Cannot be assessed
- No evidence of primary tumour
- High grade dysplasia/non-invasive neoplasia
- Invasion into submucosa
- Invasion into muscularis propria
- Invasion into subserosa or into pericolic or perirectal connective tissues
- Invasion onto the surface of the visceral peritoneum
- Invasion directly into other structures/organs, *specify*

MEASUREMENT OF INVASION BEYOND MUSCULARIS PROPRIA

(Only applicable to pT3 tumours)

- Cannot be assessed

Distance of invasion beyond the muscularis propria, to nearest 1 mm

LYMPHATIC AND VENOUS INVASION

- Not identified
- Present
 - Small vessel (lymphatic, capillary or venular)
 - Large vessel (venous)
 - Intramural
 - Extramural

PERINEURAL INVASION

- Not identified
- Present

LYMPH NODE STATUS

- Cannot be assessed
- No nodes submitted or found

Number of lymph nodes examined

- Not involved

- Involved

Number of involved lymph nodes

TUMOUR DEPOSITS

- Not identified
- Present

Number of tumour deposits

TUMOUR BUDDING

(Should only be reported in non-mucinous and non-signet ring cell adenocarcinoma areas)

- Cannot be assessed

Number of tumour buds^d

Tumour budding score

- Bd1 - low budding (0-4 buds)
- Bd2 - intermediate budding (5-9 buds)
- Bd3 - high budding (≥10 buds)

^d After scanning 10 fields on a 20x objective lens, the hotspot field normalised to represent a field of 0.785 mm².

RESPONSE TO NEOADJUVANT THERAPY 

- No neoadjuvant treatment
- Complete response – no viable cancer cells (score 0)
- Near complete response – single cells or rare groups of cancer cells (score 1)
- Partial response – residual cancer with evident tumour regression (score 2)
- Poor or no response – extensive residual cancer with no evident tumour regression (score 3)
- Cannot be assessed, *specify*

MARGIN STATUS **Longitudinal margin status**

- Cannot be assessed
- Not involved, *estimate distance to closer margin^e*

 mm

- Involved, *specify proximal or distal margin^e*

^e Includes assessment of any separately submitted anastomotic ring(s).

Circumferential margin status

- Cannot be assessed
- Not involved, *specify distance to nearest 1 mm or ≥10 mm*

 mm OR ≥10 mm

- Involved (≤1 mm), *specify 0 mm or distance to nearest 0.1 mm*

 mm

- By primary tumour
- By other, *specify*

COEXISTENT PATHOLOGY (select all that apply) 

- None identified
- Polyp(s), *specify*

- Synchronous carcinoma(s), *specify*

- Other, *specify*

ANCILLARY STUDIES (select all that apply) **For neuroendocrine neoplasms only**

- Not applicable
- Neuroendocrine markers, *specify result(s) if available*

AND

Ki-67 proliferation index %**Mismatch repair (MMR) immunohistochemistry**

- Not tested
- Not interpretable
- MMR proficient
- MMR deficient
- MLH1/PMS2 loss*
- MSH2/MSH6 loss*
- MSH6 loss*
- PMS2 loss*
- Other, *specify*

MMR status by microsatellite instability (MSI) testing

- Not tested
- Test failed
- MSI-high
- MSI-low
- MS-stable

BRAF V600E mutation testing

- Not tested
- Test failed
- Mutated
- Wild type

MLH1 promoter methylation testing

- Not tested
- Test failed
- Methylated
- Not methylated
- Inconclusive

Other, specify

HISTOLOGICALLY CONFIRMED DISTANT METASTASES 

- Not identified
- Present, *specify site(s)*

PATHOLOGICAL STAGING (UICC TNM 8th edition)^f

TNM Descriptors (only if applicable) (select all that apply)

- m - multiple primary tumours
- r - recurrent
- y - post-therapy

Primary tumour (pT)

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- Tis^g Carcinoma in situ: invasion of lamina propria
- T1 Tumour invades submucosa
- T2 Tumour invades muscularis propria
- T3 Tumour invades subserosa or into non-peritonealized pericolic or perirectal tissues
- T4 Tumour directly invades other organs or structures and/or perforates^h visceral peritoneum
 - T4a Tumour perforates visceral peritoneumⁱ
 - T4b Tumour directly invades other organs or structures^{j,k}

^g Use of the category pTis is not approved in this dataset.

^h Perforation in this context implies penetration of the visceral peritoneum.

ⁱ Invades through to visceral peritoneum to involve the surface.

^j Direct invasion in T4b includes invasion of other organs or segments of the colorectum by way of the serosa, as confirmed on microscopic examination, or for tumours in a retroperitoneal or subperitoneal location, direct invasion of other organs or structures by virtue of extension beyond the muscularis propria.

^k Tumour that is adherent to other organs or structures, macroscopically, is classified cT4b. However, if no tumour is present in the adhesion, microscopically, the classification should be pT1-3, depending on the anatomical depth of wall invasion.

Regional lymph nodes (pN)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Metastasis in 1 to 3 regional lymph nodes
 - N1a Metastasis in 1 regional lymph node
 - N1b Metastasis in 2 to 3 regional lymph nodes
 - N1c Tumour deposit(s), i.e., satellites,^l in the subserosa, or in non-peritonealized pericolic or perirectal soft tissue without regional lymph node metastasis
- N2 Metastasis in 4 or more regional lymph nodes
 - N2a Metastasis in 4-6 regional lymph nodes
 - N2b Metastasis in 7 or more regional lymph nodes

^l Tumour deposits (satellites) are discrete macroscopic or microscopic nodules of cancer in the pericolorectal adipose tissue's lymph drainage area of a primary carcinoma that are discontinuous from the primary and without histological evidence of residual lymph node or identifiable vascular or neural structures.

Distant metastasis (pM)

- M0^m No distant metastasis
- M1 Distant metastasis
 - M1a Metastasis confined to one organ (liver, lung, ovary, non-regional lymph node(s)) without peritoneal metastasis
 - M1b Metastasis in more than one organ
 - M1c Metastasis to the peritoneum with or without other organ involvement

^m No pathological stage use clinical stage cM0.

^f Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley-Blackwell.