# Appendix C Reporting proforma for gastric neuroendocrine neoplasms resections

Surname: ………………………… Forename(s): ……………………..…….. Date of Birth: …………… Sex: …...

Hospital: …………………………….…………. Hospital No: ………………….…… NHS No: ……………………..

Date of Surgery: ……………….… Date of Report Authorisation: …………… Report No: ..……………………...

Date of Receipt: ………………….. Pathologist:………………….…………… Clinician:……………………….......

**MACROSCOPIC EXAMINATION**

**Type of specimen**

Endoscopic resection Partial gastrectomy, distal

Partial gastrectomy, proximal Total gastrectomy

Partial gastrectomy, other (specify) Other (specify) ……………………

Not specified

**Specimen dimensions Site of tumour** (select all that apply)

Length of stomach – greater curve …… mm Gastric cardia  Gastric body 

Length of stomach – lesser curve ....... mm Gastric fundus  Gastric antrum 

Length of oesophagus ....... mm Gastric pylorus 

Length of duodenum ....... mm Other

Other (specify) …………………………………

**Tumour perforation** Present Not identified

**Number of tumours** SingleMultipleIf multiple, state number of tumours …… **Maximum tumour dimension** ...... mm (of largest if multiple)

**Distance tumour to nearest cut margin** ..….mm

**MICROSCOPIC EXAMINATION**

**Histologic type and grade Proliferative activity**

Well-differentiated, NET G1 **Mitotic count** ……………/2 mm2

Well-differentiated, NET G2 Cannot be determined (explain): ….………………

Well-differentiated, NET G3 Not applicable

Well-differentiated, grade cannot be assessed **Proliferation index with Ki-67** ………………….

Poorly differentiated NEC, small cell Cannot be determined (explain): ………………….

Poorly differentiated NEC, large cell Not applicable

Poorly differentiated NEC, NOS

Mixed NE non-NE neoplasm (MiNEN) **Presence of necrosis**

Other

Other (specify) ………………………… Present Not identified

**Gastric NEN types (Table 2)**

Type I Type II Type III Cannot be assessed

**PATHOLOGIC STAGE CLASSIFICATION: ENETS TNM 2006 (Appendix A)**

**TNM descriptors (required only if applicable) (select all that apply)**

m (multiple tumours)

r (recurrent)

y (post-treatment)

**Maximum extent of invasion (pT)**

pTX Primary tumour cannot be assessed

pT0 No evidence of primary tumour

pTis In situtumour/dysplasia (up to 0.5 mm)

pT1 Tumour invades lamina propria or submucosa and size ≤10 mm

pT2 Tumour invades muscularis propria or subserosa or size >10 mm

pT3 Tumour penetrates serosa

pT4 Tumour invades adjacent structures

For multiple tumours with different Ts, use the highest.

**Tumour involvement of margins**

Proximal margin Involved Not involved N/A

Distal margin Involved Not involved N/A

Circumferential margin (around cardia) Involved Not involved N/A

If no, distance of tumour to nearest circumferential margin …….. mm

**Resection status**

Complete resection at all surgical margins?

Yes (R0) No, microscopic (R1) No, macroscopic (R2)

**Metastatic spread**

Number of lymph nodes present ………………….

Number of involved lymph nodes …………………

TNM N category:

pNX Regional lymph node status cannot be assessed 

pN0 Regional lymph nodes not involved 

pN1 Regional lymph nodes involved 

**Lymphovascular invasion** Present Not identified Cannot be assessed

**Perineural invasion** Present Not identified Cannot be assessed

**Tumour deposit** Present Not identified Cannot be assessed

**Histologically confirmed distant metastases (pM1):**

Present If present, site: ....…………… Not identified

(PUL: pulmonary; HEP: hepatic; OSS: osseous)

**Background abnormalities**

None identified

Present

ECL-cell hyperplasia (nodules <150 μm) Present Not identified N/A

ECL-cell dysplasia (nodules ≥150 μm but <500 μm) Present Not identified N/A

Chronic atrophic gastritis with intestinal metaplasia Present Not identified N/A

G-cell hyperplasia Present Not identified N/A

Other (specify) …………………………………………………….

**Signature: …………………….…….. Date: .…../…../……. SNOMED codes: ……………..…**