Appendix E Reporting proforma for gastric/oesophageal carcinoma biopsies

|  |  |  |
| --- | --- | --- |
| Surname…………………………. | Forenames………………………. | Date of birth……………………… |
| Hospital………………………….. | Hospital no………………………. | NHS no…………………………… |
| Date of procedure……………………… | Date of receipt……………………… | Date of reporting……………………… |
| Report no………………………… | Pathologist………………………. | Surgeon………………………….. |
| Gender…………………………… |  |  |

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###### **TUMOUR LOCATION**†

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Oesophagus | ☐ | Stomach | ☐ |  |  |
| Oesophagogastric junction | ☐ | Unknown | ☐ |  |  |

##### **HISTOLOGY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of tumour**† |  | Adenocarcinoma | ☐ | Squamous cell carcinoma | ☐ |
|  |  | Other (specify) | ☐ | ……………………… |  |
| **Laurén classification** | | Intestinal | ☐ | Diffuse | ☐ |
|  |  | Mixed | ☐ | Indeterminate | ☐ |
| **Differentiation by worst area**† | | Well | ☐ | Moderate | ☐ |
|  |  | Poor | ☐ | Not applicable | ☐ |
| **Adjacent dysplasia** |  |  |  |  |  |
| Glandular |  | High grade  None | ☐  ☐ | Low grade | ☐ |
| Squamous |  | High grade  None | ☐  ☐ | Low grade | ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| SNOMED† codes | T …… | M…… |  |
|  |  |  |  |
| Signature…………………………... | | Date | …../……/….. |

†Data items that are currently part of the COSD version 8.