**Appendix F Reporting proforma for gastric/oesophageal carcinoma EMR specimens**

|  |  |  |
| --- | --- | --- |
| 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 | | ☐ |
| **Size of invasive tumour** | | | Not measurable ☐  Width of invasive tumour | | | | | .…..mm |
|  | |  | Depth of invasion below original muscularis mucosae (for pT1b lesions)  Depth of invasive tumour from luminal surface (when cannot be measured from muscularis mucosae) | | | | | .….mm   .….mm |
| **Adjacent dysplasia** | |  |  | |  |  | |  |
| Glandular | |  | High grade  None | | ☐  ☐ | Low grade | | ☐ |
| Squamous | |  | High grade  None | | ☐  ☐ | Low grade | | ☐ |
| **Depth of invasion**† | |  |  | |  |
| Tis High-grade dysplasia | | | | | ☐ |
| T1a Invasion of lamina propria | | | | | ☐ |
| T1b Invasion of submucosa | | | | | ☐ |
| T2 Invasion of muscularis propria | | | | | ☐ |
| **Lymphovascular space invasion†** | | | Present | | ☐ | Not identified | | ☐ |
| **Completeness of excision** | | |  | |  |  | |  |
| Distance of invasion from mucosal peripheral margins | | | | |  | ……….mm | |  |
| Distance of invasion from deep margin | | | | |  | ……….mm | |  |
| SNOMED† codes | T …… | | | M…… | | |  | |
|  |  | | |  | | |  | |
| Signature…………………………... | | | | Date | | | …../……/….. | |

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