# Appendix I Reporting proforma for colorectal neuroendocrine tumour 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**

Right colectomy Left colectomy

Sigmoid colectomy Total colectomy

Anterior resection (AR) Abdominoperineal excision (APE)

Local resection (e.g. endoscopic mucosal resection [EMR] or transanal excision)

Other

Other (specify) …………………..

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

Length …… mm Caecum Right/ascending

Diameter ....... mm Hepatic flexure Transverse colon

Perianal skin if present ....... mm Splenic flexure Left/descending

Other ....... mm Sigmoid Rectosigmoid

Other (specify) ...................................................... Rectum Ileo-caecal

(Describe mesorectum as per colorectal proforma if TME)

**Tumour perforation** Present Not identified

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

v

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

***For rectal tumours:******For abdominoperineal excision specimens*:**

Relation of tumour to peritoneal reflection (tick one): Distance of tumour from dentate line..................mm

Above Astride Below

Plane of mesorectal excision (AR and APE): Plane of resection of the sphincters (APE only):

Mesorectal fascia Intramesorectal Extralevator  Sphincteric

Muscularis propria Intrasphincteric 

**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 Present Not identified

Other (specify) .....................................……………

**PATHOLOGIC STAGE CLASSIFICATION: ENETS TNM 2007 (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

pT1 Tumour invades mucosa or submucosa

* pT1a <10 mm
* pT1b 10–20 mm

pT2 Tumour invades muscularis propria or size >20 mm

pT3 Tumour invades subserosa/pericolic/perirectal fat

pT4 Tumour directly invades other organs/structures

 and/or perforates visceral peritoneum

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: Involved  Not involved  N/A

If not involved, distance of tumour to nearest circumferential margin …….. mm

Doughnuts Involved  Not involved  N/A

**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

Crohns disease Ulcerative colitis 

Polyps identified Yes  No 

If yes, state type(s) and number ……………………………

Other

Other (specify)………………………

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