

**PATHOLOGY REPORT CHECKLIST AFTER LOCAL EXCISION (incl. polypectomy, transanal resection, TEMS) <sup>REQ</sup>**

Patient's name: .....	Registration number: .....
Patient's first name: .....	Hospital/Laboratory: .....
Date of birth: .....	Pre-operative treatment (no/yes+what): .....

<b>RECTAL CANCER:</b> Distance from anal verge ... cm cTNM staging: .....	ycTNM staging: .....
<b>TYPE OF INTERVENTION</b> <input type="checkbox"/> Endoscopic polypectomy <input type="checkbox"/> Transanal local excision <input type="checkbox"/> TEMS	<b>TUMOR LOCATION</b> <input type="checkbox"/> ventral <span style="margin-left: 150px;"><input type="checkbox"/> above peritoneal reflection</span> <input type="checkbox"/> lateral <span style="margin-left: 150px;"><input type="checkbox"/> below peritoneal reflection</span> <input type="checkbox"/> dorsal <input type="checkbox"/> Multifocal: if second location, please use separate sheet _____

**MACROSCOPIC EXAMINATION**

fresh  fixed

**Photos of the fresh specimen : yes – no**

**Number of fragments** .....

**Dimensions of resected specimen:** ..... x ..... x ..... cm

Distance tumor – resection margin:

proximal: ..... cm

distal: ..... cm

lateral left: ..... cm

lateral right: ..... cm

depth: ..... cm

**Rectal tumor**

exophytic  ulcerating  infiltrating  flat

**Additional samples:**  frozen  other fixation

**HISTOLOGIC EXAMINATION**

Adenocarcinoma

well  low grade

moderate  high grade

poorly differentiated

undifferentiated

Other: .....

**Depth of invasion**

T0

Tis: intra-mucosal or intra-epithelial (not beyond muscularis mucosae)

- m1

- m2

- m3

T1: limited to submucosa

- sm1

- sm2

- sm3

T2: limited to muscularis propria

T3

T4

**Surgical resection :**

Margins:

Proximal:  free.....mm  invaded

Distal:  free.....mm  invaded

Lateral left:  free.....mm  invaded

Lateral right:  free.....mm  invaded

Depth:  free.....mm  invaded

**Extension:**

lymphovascular invasion:

yes

no

number of lymph nodes found: .....

number of invaded lymph nodes: .....

<b>RECTAL CANCER</b> <input type="checkbox"/> pTNM <span style="margin-left: 150px;"><input type="checkbox"/> YpTNM</span>  Other classification: .....	<input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> -m1 <input type="checkbox"/> -sm1 <input type="checkbox"/> -m2 <input type="checkbox"/> -sm2 <input type="checkbox"/> -m3 <input type="checkbox"/> -sm3 <hr/> <input type="checkbox"/> Nx <input type="checkbox"/> N+ <input type="checkbox"/> N0
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Signature : \_\_\_\_\_ Date : \_\_\_\_\_