PATHOLOGY REPORT CHECKLIST AFTER SURGICAL RESECTION (excl. local excision: cf. specific form) REQ

Patient's name: …….

Patient's first name: …….

Date of birth: …….

Registration number (provided by the data center): .....

Hospital/Laboratory: ……

Pre-operative treatment (no/yes + what): ……

RECTAL CANCER: Distance from anal verge … ……cm
cTNM staging:…….

ycTNM staging: ……

TYPE OF SURGICAL INTERVENTION

- ❑ Anterior resection rectum (PME)
- ❑ Restorative rectum resection (TME)
- ❑ Abdominoperineal rectum excision (APER)

……..

MACROSCOPIC EXAMINATION

External surface TME (also for APER)

- ❑ fresh
- ❑ fixed
- ❑ smooth, regular
- ❑ mildly irregular
- ❑ severely irregular

APER lowest tumor level
❑ ... mm above dentate line
❑ ... mm below dentate line

Photos fresh specimen before inking:
Anterior face: ❑ yes – ❑ no
Posterior face: ❑ yes - ❑ no

APER shape
❑ cylindrical
❑ standard (waist)

Photos of macro slices: ❑ yes - ❑ no

Rectal tumor location:

- ❑ ventral
- ❑ lateral
- ❑ dorsal
- ❑ ……
- ❑ above peritoneal reflection
- ❑ below peritoneal reflection
- ❑ multifocal: if second location, please use separate sheet

Length of resected specimen: …… cm
Distance tumor – resection margin:
proximal: ……..cm
distal: ……cm

Rectal tumor appearance:
❑ exophytic ❑ ulcerating ❑ infiltrating ❑ flat

Tumor perforation

	yes	no
	❑	❑

Associated lesions

	yes	no
Polyp(s)	❑	❑
Synchronic cancer(s)	❑	❑
Ulcerative colitis	❑	❑
Crohn's disease	❑	❑
Familial polyposis	❑	❑

Additional samples:
- ❑ frozen
- ❑ other fixation ……

HISTOLOGICAL EXAMINATION

- ❑ Adenocarcinoma
  - ❑ well
  - ❑ moderate
  - ❑ poorly differentiated (incl. mucinous >50%, and signet cells >50%
  - ❑ undifferentiated
  - ❑ low grade
  - ❑ high grade
- ❑ Other: ……

Depth of invasion

- ❑ Tx: primary tumor cannot be assessed
- ❑ T0: no evidence of primary tumor
- ❑ Tis: intra-mucosal or intra-epithelial (not beyond musc. mucosae)
- ❑ T1: limited to submucosa
- ❑ T2: limited to muscularis propria
- ❑ T3: subserosal invasion (for peritonealised tumor)
- ❑ T3a: mesorectal invasion <1 mm beyond muscularis propria)
- ❑ T3b: mesorectal invasion 1-4 mm beyond muscularis propria)
- ❑ T3c: mesorectal invasion 5-15 mm beyond muscularis propria)
- ❑ T3d: mesorectal invasion >15 mm beyond muscularis propria)
- ❑ T4a: invasion through serosal/peritoneal surface (is not circumferential resection margin positive!)
- ❑ T4b: invasion in adjacent organ(s)

Margins:
Longitudinal surgical resection margins:

Proximal:	❑ free	❑ invaded
Distal:	❑ free	❑ invaded

Lateral margins above peritoneal reflection: ☐ free - ☐ invaded
Mesorectal circumferential resection margin (CRM): …….mm remote from tumor

Extension:
Number of lymph nodes examined:……
Number of invaded lymph nodes: …….
Number of extramural deposits < 3 mm ……
Number of extramural deposits > 3 mm: …….

Nx	Regional lymph nodes cannot be assessed.
N0	No regional lymph node metastasis.
N1	Metastasis in 1 to 3 regional lymph nodes
N2	Metastasis in 4 or more regional lymph nodes

Extramural vascular invasion:
❑ yes ❑ no
Metastasis (liver, peritoneum, …)
❑ yes ❑ no ❑ impossible to determine

Rectal cancer regression grade (Dworak):

- ❑ grade 0 (no regression)
- ❑ grade 1 (≤25% fibrosis)
- ❑ grade 2 (26-50% fibrosis)
- ❑ grade 3 (>50% fibrosis)
- ❑ grade 4 (total regression)

RECTAL CANCER

❑ pTNM ❑ ypTNM

❑ Tx ❑ T0 ❑ Tis ❑ T1 ❑ T2 ❑ T3 ❑ T4
❑ Nx ❑ N0 ❑ N1 ❑ N2
❑ Mx ❑ M1

Other classification : ……

Signature:

Date: