

Esophagus

**Protocol applies to all invasive carcinomas
of the esophagus.**

*Protocol revision date: January 2005
Based on AJCC/UICC TNM, 6th edition*

Procedures

- **Cytology** (No Accompanying Checklist)
- **Incisional or Excisional Biopsy**
- **Resection**

Author

Carolyn C. Compton, MD, PhD

Department of Pathology, McGill University, Montreal, Quebec, Canada
For the Members of the Cancer Committee, College of American Pathologists

Previous contributors: Randall G. Lee, MD; Leslie H. Sobin, MD; Donald Antonioli, MD;
Harvey Goldman, MD; Rodger C. Haggitt, MD; Robert V. P. Hutter, MD;
J. Milburn Jessup, MD; Klaus Lewin, MD; Pablo Ross, MD; Heidrun Rotterdam, MD;
Stuart Spechler, MD; Christopher Willett, MD; Donald E. Henson, MD

© 2005. College of American Pathologists. All rights reserved.

The College does not permit reproduction of any substantial portion of these protocols without its written authorization. The College hereby authorizes use of these protocols by physicians and other health care providers in reporting on surgical specimens, in teaching, and in carrying out medical research for nonprofit purposes. This authorization does not extend to reproduction or other use of any substantial portion of these protocols for commercial purposes without the written consent of the College.

The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the "Surgical Pathology Cancer Case Summary (Checklist)" portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.

Summary of Changes to Checklist(s)

Protocol revision date: January 2005

No changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision.

Surgical Pathology Cancer Case Summary (Checklist)

*Protocol revision date: January 2005
 Applies to invasive carcinomas only
 Based on AJCC/UICC TNM, 6th edition*

***ESOPHAGUS: Biopsy**

(Note: Use of checklist for biopsy specimens is optional)

*Patient name:

*Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

***MACROSCOPIC**

***Specimen Type**

- * Incisional biopsy
- * Excisional biopsy

***Tumor Site**

- * Specify, if known: _____
- * Not specified

***MICROSCOPIC**

***Histologic Type**

- * Squamous cell carcinoma
- * Adenocarcinoma
- * Adenosquamous carcinoma
- * Small cell carcinoma
- * Undifferentiated carcinoma
- * Other (specify): _____
- * Carcinoma, type cannot be determined

***Histologic Grade**

- * Not applicable
- * GX: Cannot be assessed
- * G1: Well differentiated
- * G2: Moderately differentiated
- * G3: Poorly differentiated
- * G4: Undifferentiated

4 * Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

***Extent of Invasion**

- * Cannot be assessed
- * Epithelium only (no invasion)
- * Lamina propria
- * Submucosa
- * Muscularis propria

***Additional Pathologic Findings (check all that apply)**

- * None identified
- * Intestinal metaplasia
- * Dysplasia
- * Esophagitis (type): _____
- * Other (specify): _____

***Comment(s)**

* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

Surgical Pathology Cancer Case Summary (Checklist)

*Protocol revision date: January 2005
 Applies to invasive carcinomas only
 Based on AJCC/UICC TNM, 6th edition*

ESOPHAGUS: Resection

Patient name:
 Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC

Specimen Type

- Esophageal resection
- Esophagogastrectomy
- Other (specify): _____
- Not specified

Tumor Site

- Specify, if known: _____
- Not specified

Tumor Size

- Greatest dimension: ____ cm
- *Additional dimensions: ____ x ____ cm
- Cannot be determined (see Comment)

MICROSCOPIC

Histologic Type

- Squamous cell carcinoma
- Adenocarcinoma
- Adenosquamous carcinoma
- Small cell carcinoma
- Undifferentiated carcinoma
- Other (specify): _____
- Carcinoma, type cannot be determined

6 * Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

Histologic Grade

- Not applicable
 GX: Cannot be assessed
 G1: Well differentiated
 G2: Moderately differentiated
 G3: Poorly differentiated
 G4: Undifferentiated

Pathologic Staging (pTNM)Primary Tumor (pT)

- pTX: Cannot be assessed
 pT0: No evidence of primary tumor
 pTis: Carcinoma in situ
 pT1: Tumor invades lamina propria or submucosa
 * pT1a: Tumor invades lamina propria
 * pT1b: Tumor invades submucosa
 pT2: Tumor invades muscularis propria
 pT3: Tumor invades adventitia
 pT4: Tumor invades adjacent structures

Regional Lymph Nodes (pN)

- pNX: Cannot be assessed
 pN0: No regional lymph node metastasis
 pN1: Regional lymph node metastasis
 * pN1a: 1 to 3 nodes involved
 * pN1b: 4 to 7 nodes involved
 * pN1c: More than 7 nodes involved
 Specify: Number examined: ____
 Number involved: ____

Distant Metastasis (pM)

- pMX: Cannot be assessed
 pM1: Distant metastasis, cannot further subclassify
 pM1a: Lower thoracic esophagus: metastasis in celiac lymph nodes;
 Mid-thoracic esophagus: not applicable;
 Upper thoracic esophagus: metastasis in cervical nodes
 pM1b: Lower thoracic esophagus: other distant metastasis;
 Mid-thoracic esophagus: nonregional lymph nodes and/or other
 distant metastasis;
 Upper thoracic esophagus: other distant metastasis
 Specify location of other distant metastases, if possible:

* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

Margins (check all that apply)

Proximal Margin

- Cannot be assessed
- Uninvolved by invasive carcinoma
- Involved by invasive carcinoma
- Carcinoma in situ absent at proximal margin
- Carcinoma in situ present at proximal margin

Distal Margin

- Cannot be assessed
- Uninvolved by invasive carcinoma
- Involved by invasive carcinoma
- Carcinoma in situ absent at distal margin
- Carcinoma in situ present at distal margin

Circumferential (Adventitial) Margin

- Cannot be assessed
- Uninvolved by invasive carcinoma
- Involved by invasive carcinoma

If all margins uninvolved by invasive carcinoma:

Distance of invasive carcinoma from closest margin: ___ mm

Specify margin: _____

***Venous (Large Vessel) Invasion (V)**

- * Absent
- * Present
- * Indeterminate

***Lymphatic (Small Vessel) Invasion (L)**

- * Absent
- * Present
- * Indeterminate

***Additional Pathologic Findings (check all that apply)**

- * None identified
- * Intestinal metaplasia
- * Dysplasia
- * Esophagitis (type): _____
- * Gastritis (type): _____
- * Other (specify): _____

***Comment(s)**

* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.