

Stomach

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

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

Procedures

- **Cytology** (No Accompanying Checklist)
- **Incisional Biopsy (Endoscopic or Other)**
- **Excisional Biopsy (Polypectomy)**
- **Local Resection**
- **Gastrectomy (Partial or Complete)**

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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)

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***STOMACH: 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 (polypectomy)

* Other (specify): _____

* Not specified

***Tumor Site**

*Specify, if known: _____

* Not specified

MICROSCOPIC**Histologic Type**

* Adenocarcinoma, intestinal type

* Adenocarcinoma, diffuse type

* Papillary adenocarcinoma

* Tubular adenocarcinoma

* Mucinous adenocarcinoma (greater than 50% mucinous)

* Signet-ring cell carcinoma (greater than 50% signet-ring cells)

* 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
- * Other (specify): _____

***Extent of Invasion (deepest)**

- * Cannot be determined
- * Lamina propria
- * Muscularis mucosae
- * Submucosa
- * Muscularis propria

***Margins (polypectomy only; check all that apply)**

- * Not applicable

***Mucosal Margin**

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

***Deep Margin**

- * Cannot be assessed
- * Uninvolved by invasive carcinoma
- *Distance of invasive carcinoma from margin: ___ mm
- * Involved by invasive carcinoma

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

- * None identified
- * Intestinal metaplasia
- * Dysplasia
- * 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.

Surgical Pathology Cancer Case Summary (Checklist)

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STOMACH: Resection

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC**Specimen Type**

- Partial gastrectomy
 Partial gastrectomy, proximal
 Partial gastrectomy, distal
 Partial gastrectomy, other (specify): _____
 Total gastrectomy
 Other (specify): _____
 Not specified

Tumor Site (check all that apply)

- Cardia
 Fundus
 * Anterior wall
 * Posterior wall
 Body
 * Anterior wall
 * Posterior wall
 * Lesser curvature
 * Greater curvature
 Antrum
 * Anterior wall
 * Posterior wall
 * Lesser curvature
 * Greater curvature
 Other (specify): _____
 Not specified

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***Tumor Configuration**

- * Exophytic (polypoid)
- * Infiltrative
- * Diffusely infiltrative (linitis plastica)
- * Expansile (noninfiltrative)
- * Ulcerating
- * Annular

Tumor Size

Greatest dimension: ___ cm

*Additional dimensions: ___ x ___ cm

___ Cannot be determined (see Comment)

MICROSCOPIC**Histologic Type**

- ___ Adenocarcinoma, intestinal type
- ___ Adenocarcinoma, diffuse type
- ___ Papillary adenocarcinoma
- ___ Tubular adenocarcinoma
- ___ Mucinous adenocarcinoma (greater than 50% mucinous)
- ___ Signet-ring cell carcinoma (greater than 50% signet-ring cells)
- ___ 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
- ___ Other (specify): _____

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 or subserosa
 - ___ pT2a: Tumor invades muscularis propria
 - ___ pT2b: Tumor invades subserosa
- ___ pT3: Tumor penetrates serosa (visceral peritoneum) without invasion of adjacent structures
- ___ pT4: Tumor directly invades adjacent structures

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Regional Lymph Nodes (pN)

- pNX: Cannot be assessed
- pN0: No regional lymph node metastasis
- pN1: Metastasis in 1 to 6 perigastric lymph nodes
- pN2: Metastasis in 7 to 15 perigastric lymph nodes
- pN3: Metastasis in greater than 15 perigastric lymph nodes
- Specify: Number examined:
- Number involved:

Distant Metastasis (pM)

- pMX: Cannot be assessed
- pM1: Distant metastasis
- *Specify site(s), if known: _____

Margins (check all that apply)

Proximal Margin

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

Distal Margin

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

Omental (Radial) Margins

- Cannot be assessed
- Uninvolved by invasive carcinoma
- Lesser omental margin involved by invasive carcinoma
- Greater omental margin involved by invasive carcinoma

If all margins uninvolved by invasive carcinoma:

Distance of invasive carcinoma from closest margin: mm

Specify margin: _____

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

- * Absent
- * Present
- * Indeterminate

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

- * Absent
- * Present
- * Indeterminate

***Perineural Invasion**

- * Absent
- * Present

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

- * None identified
- * Intestinal metaplasia
- * Dysplasia
- * Gastritis (type): _____
- * Polyp(s) (type[s]): _____
- * Other (specify): _____

***Comment(s)**

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