

**This form should be completed by a Consultant Histopathologist - Please do not complete for recurrent disease**

Patient Name:  D.O.B 

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 Sex:  Hospital No:   
NHS No:  Date of Opn: 

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 Surgeon:  Specimen No:

**1. Gross Description**

Type of specimen    Total gastrectomy     Partial gastrectomy     Oesophago-gastrectomy   
   Includes spleen     Includes pancreas

Length of specimen - lesser curve  cm                      Length of specimen - greater curve  cm  
   Length of duodenum  cm                      Length of oesophagus  cm

Site of tumour:            Pylorus                       Antrum                       Body                       Fundus                       O-G junction   
Appearance of tumour:    Ulcer like                       Diffusely infiltrating                       Fungating                       Polypoid

Size of tumour:                      Length of tumour  cm                      Width of tumour  cm                      Thickness of tumour   
Distance from tumour edge to:    Distal margin  cm                      Proximal margin  cm

**2. Histology (Type)**

Adenocarcinoma    Yes     No  → If No- Other   
Differentiation    Well/ Moderate                       Poor   
Infiltrative margin    Expansile                       Infiltrative

**Local invasion into**

Lamina Propria (Intra-mucosal) (T1)     Submucosa (T1)   
   Subserosa (T2)     Muscularis propria (T2)   
Tumour penetrates peritoneum without invasion of adjacent structures (T3)   
Tumour invades adjacent structures (T4)  → structure invaded

**Lymph node spread: Regional**

Total number of perigastric lymph nodes examined   
Total number of positive nodes: (N1 = 1-6; N2 = 7-15; N3 = >15)

**Lymph node spread: Distant**

Nodes submitted separately from:   
Number submitted                       Number involved

**Other sites**

Histologically confirmed liver metastases    Yes     No                       Peritoneal deposits    Yes     No

**Margins**

*Tumour involvement of:*  
Proximal margin: do'nut    Yes     No                       *main specimen*    Yes     No                       *frozen section*    Yes     No   
Distal margin:    do'nut    Yes     No                       *main specimen*    Yes     No                       *frozen section*    Yes     No

**Other pathology**

Chronic gastritis                      Yes     No                       Atrophy                      Yes     No   
Intestinal metaplasia                      Yes     No                       H.pylori                      Yes     No   
Other lesions                      Yes     No                       Lesion present   
Synchronous carcinoma                      Yes     No                       (If yes, please complete second form)

**3. Pathological Staging**

Complete resection at all margins    Yes     No                       pTNM    T     N     M

Name of Pathologist:     SNOMED Code:    T:     M:     Date: 

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