## Joint National Guidelines Minimum Data Set
## Colorectal Cancer Histopathology Report

Patient Name:..... Date of Birth:.....

Hospital:..... Hospital No:.....

Histology No:..... Surgeon:.....

### Gross Description

Site of Tumour.....

Maximum tumour diameter .....cm

Distance of tumour to nearer margin (cut end).....cm

| | Yes | No |
|---|---|---|
| Presence of tumour perforation (pT4) | ☐ | ☐ |

**For rectal tumours**

Tumour is: Above ☐ At ☐ Below ☐
the peritoneal reflection

Distance from pectinate line.....cm

### Histology

**Type**

| | Yes | No |
|---|---|---|
| Adenocarcinoma | ☐ | ☐ |
| (to include mucinous and signet ring adenocarcinomas) | | |

If No, Other.....

**Differentiation by predominant area**

Poor ☐ Other ☐

**Local Invasion**

| | |
|---|---|
| Submucosa (pT1) | ☐ |
| Muscularis propria (pT2) | ☐ |
| Beyond Muscularis propria (pT3) | ☐ |
| Tumour cells have breached the peritoneal surface or invaded adjacent organs (pT4) | ☐ |

**Margins**

| Tumour involvement | N/A | Yes | No |
|---|---|---|---|
| doughnut | ☐ | ☐ | ☐ |
| margin (cut end) | ☐ | ☐ | ☐ |
| circumferential margin | ☐ | ☐ | ☐ |

**Histological measurement**

from tumour to circumferential margin ..... mm

### Metastatic Spread

No of lymph nodes examined.....

No of positive lymph nodes .....

(pN1 1-3 nodes, pN2 4+ nodes involved)

| | Yes | No |
|---|---|---|
| pN3 nodes positive along named artery | ☐ | ☐ |
| Apical node positive (Dukes C2 and pN3) | ☐ | ☐ |
| Extramural vascular invasion | ☐ | ☐ |

### Background Abnormalities

| | Yes | No |
|---|---|---|
| Adenoma(s) | ☐ | ☐ |
| Synchronous carcinoma(s) | ☐ | ☐ |
| Complete a separate form for each cancer | | |
| Ulcerative colitis | ☐ | ☐ |
| Crohn's | ☐ | ☐ |
| Familial adenomatous polyposis | ☐ | ☐ |

Other Comments .....

.....

### Pathological Staging

| | Yes | No |
|---|---|---|
| Complete resection at all margins | ☐ | ☐ |

**TNM**

T ☐ N ☐ M ☐

**Dukes**

| | | |
|---|---|---|
| Dukes A | ☐ | (Growth limited to wall, nodes negative) |
| Dukes B | ☐ | (Growth beyond M. propria, nodes negative) |
| Dukes C1 | ☐ | (Nodes positive and apical node negative) |
| Dukes C2 | ☐ | (Apical node positive) |

| | Yes | No |
|---|---|---|
| Histologically confirmed liver metastases | ☐ | ☐ |

Signature.....

Date.....

**Approved by the Royal Colleges of Pathologists and Surgeons (England), Associations of Coloproctology and Clinical Pathologists, the Pathology Section of the British Society of Gastroenterology, SIGN/SCTN and CROPS**

*Figure 1 Colorectal cancer reporting form of the Joint National Guidelines.*

identify good and bad Dukes's C stages for more aggressive treatment. The precursor of the Joint National Guidelines form has been in use within the Yorkshire Region for the past year with the majority of hospitals returning data on 100% of all the registered colorectal cancers to the Yorkshire Registry, proving that all hospitals are capable of completing the form within current resources.

With respect to the multidisciplinary approach, these forms have received the backing of the relevant national clinical bodies that include surgeons, radiotherapists, and clinical oncologists. Recent discussions have taken place about the possibility of developing a national minimum dataset for surgeons as well as for radiotherapists and clinical oncologists, and we hope to develop this work further. One possible version of a clinical form is published as Appendix 1 in the UKCCCR handbook.

We agree that it is essential that proformas are adaptable to computerisation. The Welsh CROPS project is currently entering the Joint National Guidelines onto computers in Wales in association with Telepath. It may be possible to see whether this feature can be made available to Telepath users elsewhere in the United Kingdom. The easiest method would be for it to be part of the standard software offered by computer companies.

With respect to audit, we envisage that cancer registries will be collecting the data from the pathology forms to enable analysis of patient outcome according to the pathological features. We hope ultimately that the clinical and treatment minimum datasets will also be collected by cancer registries to provide a true picture of the presentation, treatment, and outcome of patients with colorectal cancer. We feel it is important that the Royal College of Pathologists is a part of this process and would commend to our colleagues the adoption of the Joint National Guidelines Minimum Dataset Colorectal Cancer Histopathology Reports, copies of which will be made available to pathologists by the Royal College of Pathologists in late Autumn 1997.

Quality reporting of colorectal cancer is very important and is to be highlighted in advice to purchasers in the near future.[3]


1 *Handbook for the clinicopathological assessment and staging of colorectal cancer.* Oates GD, Finan PJ, Marks CJ, Bartram CI, Reznek RH, Shepherd NA, *et al* on behalf of the UKCCCR Colorectal Cancer Subcommittee. 2nd edn, 1997:Appendix 1. [Copies of this can be obtained from the UKCCCR Secretariat.]

2 *Guidelines for the management of colorectal cancer.* London: The Royal College of Surgeons of England and the Association of Coloproctology of Great Britain and Ireland, 1996.

3 Haward RA. Improving outcomes in colorectal cancer. *Guidance for purchasers.* London: Department of Health. [In press.]


# Book reviews

**Pathology of Lymph Nodes. Contemporary Issues in Surgical Pathology.** Weiss LM, ed. (Pp 453; £75.00.) Churchill Livingstone. 1996. ISBN 0 4430 7620 0.

In few other areas of pathology is the impact of evolving technology more evident than in diseases of the lymphoreticular system, a perception that receives particular emphasis in this latest volume in the *Contemporary Issues* series. The advancing role of what is described as molecular haematology is comprehensively and for the most part lucidly explored without in any way evading the complexities. The other key issue is classification, and the philosophy underlining the emergence of the REAL classification is objectively analysed even though it is obvious that few American pathologists are prepared to go further than cautious acceptance. The section relating to reactive lymphadenopathies is to be particularly commended; it is very well presented and includes excellent discussion of more recently described entities. The continuing re-assessment of Hodgkin's disease is well documented, and compared with other lymphomas there is even the possibility that light is beginning to appear at the end of this particular tunnel.

The real challenge to the REAL classification is the categorisation of the T cell lymphomas as is evident from the stimulating section on this topic. It is becoming obvious that, with a combination of molecular immunocytochemical and morphological features, the delineation of new entities may well be going beyond the resources of most histopathology laboratories, and will inevitably lead to a greater centralisation of diagnostic facilities. Fortunately, T cell tumours are still rare in most countries, and the position with regard to the more common B cell tumours, particularly in extranodal sites, has been clarified. The admirably presented section

relating to low grade B cell tumours is thus particularly welcome. There is a valuable review of the more aggressive lymphomas, and the role of Epstein-Barr virus in lymphoid neoplasia is comprehensively explored, both in this context and in the informative chapter on post-transplant lymphoproliferative disorders.

In general this volume sustains the excellent quality of others in this series; it is not only comprehensive but is very well illustrated and annotated and will be a welcome if not indispensable addition to the reference libraries of reporting laboratories on both sides of the Atlantic.

F D LEE

**Wheater's Basic Histopathology.** 3rd edn. HG Burkitt, A Stevens, JS Lowe, B Young. (Pp288; £32.00.) Churchill Livingstone. 1996. ISBN 0 4430 5088 0.

This book is a mystery. It must sell well as this is the third edition in English and there are French, German, and Spanish editions. The questions are who reads it and why?

It contains several hundred coloured photomicrographs, and a few electron micrographs and diagrams illustrating processes in general pathology and selected conditions in systemic pathology, accompanied by very extensive captions. The quality of the images, while mostly good, varies from the excellent to the barely adequate.

What is the role of a book like this, and to whom can it be recommended? This is not a textbook of pathology, nor is it intended to be. While there is much valuable information embedded in the captions, they explain the morphological appearances and there is no discussion of mechanisms (for example, the functions of cells and chemical mediators in acute inflammation). As an adjunct to, or replacement for, undergraduate practical microscopy sessions, it has its limitations. In the crowded undergraduate curriculum, pathological material must be chosen to illustrate important principles in general as well as systematic pathology, not to form budding diagnostic histopathologists. In this book the undergraduate will not see the wood for the trees as there is too much indiscriminately chosen illustrative material. A smaller collection of images illustrating key concepts in general pathology and major classifications of lesions in systemic pathology would be more useful.

A major lack is that of macroscopic images, often essential to the understanding of the clinical manifestations of pathological processes. Some of the illustrations of classifications of disease—for example, glomerulonephritis, breast carcinoma, and colonic polypi are arresting and thus serve their purpose, others, such as those dealing with lung tumours, are at too low a power to provide the strong visual impact needed. Thus, while the undergraduate will find it good in parts, he or she would be well advised to stick to a good text book and consult this volume only under close guidance.

Who else might use it? A trainee pathologist might thumb through it in the first few weeks of training as a revision aid but the images are, in the main, not good enough for a diagnostic atlas, and an MLSO will find it a cabinet of curiosities.

I remain puzzled as to who will find this book £32.00 worth of real value. The only thing I can recommend is to have a look at it and see if you can solve the mystery.

E DUVALL

**Pathology of Early Cervical Neoplasia.** CP Crum, ES Cibas, KR Lee. (Pp 288; US$70.00.) Churchill Livingstone. 1997. ISBN 0 4430 7590 5.

This book covers a wide range of issues relating to the diagnosis of early cervical carcinoma and its precursors. It is well illustrated with mainly high quality monochrome photomicrographs and a few colour plates of papanicolaou smears. It starts with a short historical perspective that describes the progression of classification systems, ending with the Bethesda system, followed by an interesting chapter on viral pathogenesis and the natural history of intraepithelial lesions.

British readers may find the terminology based on the Bethesda system confusing, although in much of the book, high and low grade squamous intraepithelial lesions (SIL) are related to grades of cervical intraepithelial cancer (CIN) more familiar in the UK. One has to get used to terms such as atypical (papillary) immature metaplasia (immature condyloma), atypical atrophy, and atypical squamous cells of undetermined significance (ASCUS). The photomicrographs of the first of these entities are equally confusing. Despite this, the two chapters on the differential diagnosis of low and high grade SIL are excellent. Similarly, chapters covering the differential diagnosis and diagnostic pitfalls of glandular precursors, adenocarcinoma, and early invasive squamous carcinoma are helpful once one gets used to substituting AIS (adenocarcinoma in situ) and glandular dysplasia for COIN. Each of the chapters dealing with diagnostic problems includes extensive cytological/histological correlation and gives several well illustrated case studies. The last chapter includes interesting discussions on the benefits of population screening with a stimulating debate on the feasibility and application of human papillomavirus testing.

Despite problems of nomenclature, this book is readable and informative and would prove useful to histopathologists and cytopathologists alike.

S WELLS

# NOTICES

**13th International congress of cytology**

*10–14 May 1998*

*Tokyo, Japan*

For further information please contact International Medical Communications Center, Tokyo Medical College, 6-7-1 Nishishinjuku, Shinjuku-ku, Tokyo 160, Japan (tel: +81 3 3342 6111 ext 5845; fax: +81 3 3342 0860; email: iactokyo@gol.com; internet: http://www2.gol.com/users/iactokyo).

**Cytopathology for histopathologists**

*9–13 February 1998*

*Harrow, UK*

This is an intensive course in basic cytopathology suitable for candidates preparing for the MRCPath and Dip Cytopath examinations as well as established histopathologists requiring revision. It is organised by the department of cellular pathology, Northwick Park Hospital (Dr Eamon Leen).

The programme comprises lectures, microscopy sessions, and discussions. Topics include gynaecological cytology and cytopathology of urine, respiratory tract, serous effusions, and fine needle aspiration of breast, lymph node, salivary glands, and other sites.

In addition, keynote lectures will be given by Dr Amanda Herbert (overview of cervical cytology screening) and Professor Sebastian Lucas and Dr Nick Francis (cytology of infectious disease).

The course is limited to 30 participants and carries 30 CME credits. Course fee is £350 including lunch, refreshments, and a course dinner.

For further information please contact Dr Eamon Leen, Department of Cellular Pathology, Northwick Park Hospital, Harrow, Middlesex HA1 3UJ (tel: 0181 869 3311; fax: 0181 864 1933).

**6th Southeast European congress of paediatric surgery: short bowel syndrome**

*22–23 May 1998*

*Graz, Austria*

For further details please contact Dr Günther Schimpl, Department of Paediatric Surgery, Auenbruggerplatz 34, A-8036 LKH-Graz, Austria (tel: +43 316 385 3762; fax: +43 316 385 3775).

**XXII International congress of the International Academy of Pathology**

**and 13th world congress of academic and environmental pathology**

*18–23 October 1998*

*Nice, France*

For further details please contact Convergences/IAP 98, 120 Avenue Gambetta, 75020 Paris, France (fax: +33 1 40 31 01 65; email: convergences@iway.fr; internet: http://www.anapath.necker.fr/aip/aip.html).