Amended 18/02/2013

Addressograph

Pathology Reporting Form

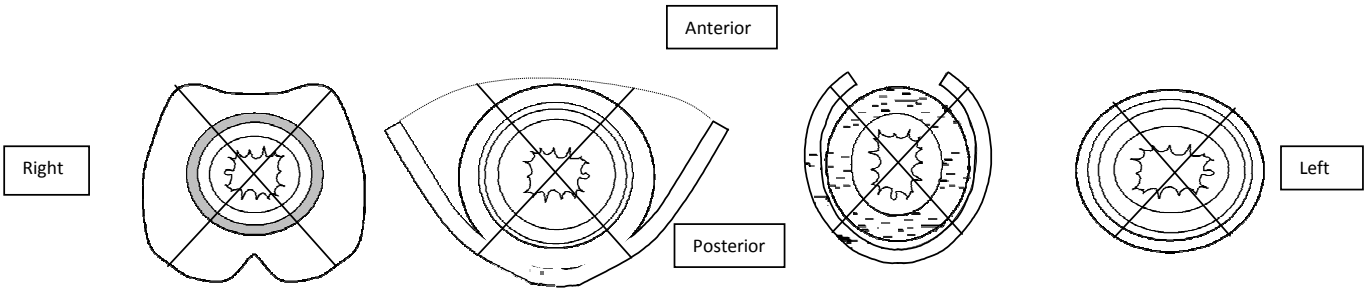
Pathologist:	Date:
Study Code:	Surgeon:
Patient initials:	Operation date …/…/20...
Date of Birth:	Sex M F

Photograph Surfaces Anterior Posterior

Tumour is above ☐ at ☐ below ☐ the peritoneal reflection

Maximum tumour diameter …..mm

Position of tumour (Please mark on diagram)



Mesorectum	Just above levator	At level of levator / puborectalis	Sphincters
1. Anterior ☐	1. Anterior ☐	1. Anterior ☐	1. Anterior ☐
2. Posterior ☐	2. Posterior ☐	2. Posterior ☐	2. Posterior ☐
3. Left Lateral ☐	3. Left Lateral ☐	3. Left Lateral ☐	3. Left Lateral ☐
4. Right Lateral ☐	4. Right Lateral ☐	4. Right Lateral ☐	4. Right Lateral ☐
5. Circumferential ☐	5. Circumferential ☐	5. Circumferential ☐	5. Circumferential ☐

Distance to distal margin …..mm

Photograph of Sequential Slices Yes ☐ No ☐

Involvement of: proximal margin Yes ☐ No ☐

distal margin Yes ☐ No ☐

Histology

Type: Adenocarcinoma Yes ☐ No ☐

Differentiation:(By predominate type) Poor ☐ Well/Mod ☐

Other tumour type (Please State) ……

Local Invasion and Perforation

Please stage the maximum extent of tumour above AND at the height of the sphincters

Above the sphincters (mesorectum)

At what distance above the top of the sphincters?

- < 1cm ☐
- Between 1 and 2 cm ☐
- > 2cm ☐

Submuscosa ☐
Inner circular layer ☐
Outer longitudinal layer ☐
Mesorectal fat ☐
Adjacent organs ☐
If so which……..
Peritoneal involvement Yes ☐ No ☐
Tumour perforation Yes ☐ No ☐
If yes: Above peritoneal reflection ☐
Below peritoneal reflection ☐
Bowel perforation Yes ☐ No ☐
If yes: Above peritoneal reflection ☐
Below peritoneal reflection ☐

At the Sphincters

Submuscosa ☐
Internal sphincter ☐
Intersphincteric space ☐
External sphincter ☐
Ischiorectal space ☐
Levator infiltration ☐
Adjacent structures ☐
If so which……..

Maximum extramural spread of tumour

- Above sphincters (from edge of muscularis propria) …..mm
- At sphincters (from edge of internal sphincter) …..mm

Minimum distance of tumour to CRM from outer edge of tumour …..mm

Is the resection complete? (>1mm to the CRM) Yes ☐ No ☐

Metastatic Spread

No of Nodes examined …….. No. of positive nodes ……..

Apical Node positive Yes ☐ No ☐

ExtramuralVascular invasion Yes ☐ No ☐

Extra – nodal deposits seen Yes ☐ No ☐

CRM Involved Yes ☐ No ☐

Maximum length of margin involvement ……mm

Mode of CRM Involvement: Direct ☐ Vascular ☐
Node ☐ Tumour Satellite ☐

Site of CRM Involvement At mesorectum ☐ Below Mesorectum (at levators/sphincters) ☐

Tissue at CRM: Normal tissue ☐ Fibrosis ☐
Tumour ☐

Distance from dentate line to lower border of Mesorectum ……..mm

Plane of resection

Mesorectum (all specimens)

Plane Muscularis propria ☐ Intramesorectal ☐ Mesorectal ☐

For Abdomino-Perineal Excision Only

Plane Perf/submucosal/in sphincter ☐ On sphincter ☐ Levators ☐

Have levators been removed en-bloc with mesorectum? Yes ☐ No ☐

Post neoadjuvant therapy tumour regression

No regression ☐ Minimal regression ☐ Moderate regression ☐

Good regression ☐ Total regression ☐

Other comments

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……