

Q29 Please list features of the pathological report that a competent ER practitioner would be able to critically appraise and act upon

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-General histologic categories of lesions (adenomatous polyps, serrated lesions, etc.) - Differentiation of carcinomas - well, moderate, poor -Horizontal and deep margins -Presence of lymphovascular invasion -Presence of tumour budding -Kikuchi classification -Haggitt classification	1/13/2018 7:02 AM
2	Invasion depth Lymphovascular invasion Differentiation grade Deep negative margin	12/7/2017 5:52 PM
3	- Differentiating HGD from cancer - Differentiating and synthesising information on depth of invasion if cancer present - Margin clearance (deep and lateral) - Pseudoinvasion and differentiation from true invasion - Epithelial misplacement - Sessile serrated polyp vs Adenoma with serrated features	12/3/2017 10:03 PM
4	path diagnosis presence/degree of dysplasia SMI including depth, esp if en bloc MArgs if en bloc	11/29/2017 12:32 AM
5	* all features of potential invasive growth	11/18/2017 9:41 PM
6	In the event of a malignant polyp, high risk features predicting high nodal metastasis rate or residual disease: 1. Deep margin < 1mm or involved 2. Presence of LVI 3. Poor differentiation 4. Presence of budding Clear understanding that adenocarcinoma in situ is not invasive cancer and does not warrant colectomy With "suspicious for SMI" the need for further expert pathology review	11/13/2017 2:01 PM
7	Histology of the polypoid lesion - adenoma with or without villous features, SSA/SSP, high grade dysplasia/intramucosal cancer, submucosally invasive cancer	11/5/2017 4:12 PM
8	1. Size (or aggregate size) 2. Type 3. If lateral margins clear (for en bloc resections) 4. Deep margins 5. If it is a cancer: a) Evidence of invasion into submucosa including depth in um b) Differentiation c) Tumor budding if present d) Lymph/vascular involvement	11/5/2017 3:46 AM
9	Number and size of the specimens WHO classification of colonic lesions/Viena adapted classification of colonic neoplasia lateral and deep margins If pT1: differentiation; lymphovascular invasion; deep and lateral margins, depth of invasion into de sm, tumor budding, MMS/MSI	11/3/2017 3:14 PM
10	dysplasia, submucosal invasion depth, budding, differentiation, lymphovascular invasion, completeness of excision and need for follow up	11/3/2017 12:56 PM
11	Lesion type (SSL, adenoma, carcinoma). Most unfavourable pathologic finding, radicality (ESD only)	11/1/2017 11:55 AM
12	RO resection of applicable. Implication of malignant focus and relation to lymphovascular involvement. Understanding of inability to have complete excision reported in pEMR	10/31/2017 11:12 PM