

Esophagus and esophagogastric junction carcinoma resections

Definition: Tumors that are centered within the proximal 2 cm of the stomach and which extend into the EGJ or esophagus are included here as EGJ tumors. Use the separate EMR template for carcinomas removed by EMR.

Use the STOMACH Cancer protocol if:

1. Tumor arises within proximal 2 cm of the stomach and doesn't extend into the EGJ
2. Tumor does involve EGJ but midpoint is in the proximal stomach, >2 cm from EGJ.

Procedure:

Esophagectomy
Esophagogastrectomy

Tumor site:

Proximal esophagus
Mid esophagus
Distal esophagus
Esophagogastric junction
Proximal stomach / cardia
Esophagus, not otherwise specified

Relationship of Tumor to Esophagogastric Junction (EGJ):

- Tumor is entirely located within the esophagus and does not involve the EGJ
- Tumor midpoint is in distal esophagus and tumor involves the EGJ
- Tumor midpoint is located at the EGJ
- Tumor midpoint is 2 cm or less into the proximal stomach / cardia and tumor involves the EGJ

Tumor Size (Greatest dimension): ___ cm

Histologic Type:

Squamous cell carcinoma
Adenocarcinoma arising in Barrett's mucosa
Adenocarcinoma not arising in Barrett's mucosa
Adenocarcinoma, cannot tell if Barrett's or not
Other

Histologic Grade

Cannot be assessed (many treated carcinomas will be in this category)
Well-differentiated
Moderately-differentiated

Poorly-differentiated
Undifferentiated

Tumor Extension

Invades lamina propria
Invades muscularis mucosae
Invades submucosa
Invades muscularis propria
Invades adventitia or perigastric adipose tissue
Invades adjacent structures / organs

Note 1: Remember in Barrett's carcinomas there is likely to be a duplicated muscularis mucosae. The original muscularis mucosae will be the deeper one

Note 2: The adjacent structures of the esophagus include the pleura, pericardium, azygos vein, diaphragm, peritoneum, aorta, vertebral body, and airway.

Margins:

- Negative (proximal, distal, and radial margins are uninvolved by invasive carcinoma or dysplasia).
- Involved by invasive carcinoma. Specific margin(s):
- Uninvolved by invasive carcinoma. Dysplasia present; specific margin(s) and grade:

Treatment Effect:

No residual tumor (grade 0: complete response)
Marked response (grade 1: single cells or rare small groups)
Moderate response (grade 2: more than single cells or rare small groups)
No definite response identified (grade 3, poor or no response)
No known neoadjuvant therapy

Lymphovascular invasion:

Present
Not identified
Cannot be determined

Regional Lymph nodes:

Number of positive lymph nodes / total number of nodes examined: ___ / ___
Number of lymph nodes with scar but without carcinoma cells post treatment:

Distant metastasis: Yes (Specify site) Unknown

Pathologic stage classification (AJCC 8th Edition):

T Stage:

T0 No evidence of primary tumor (totally eradicated tumor with positive nodes)

- T1 Tumor invades lamina propria, muscularis mucosae or submucosa
 - T1a Tumor invades lamina propria or muscularis mucosae (for Barrett's carcinomas, this is the deep or original muscularis mucosae)
 - T1b Tumor invades submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades adventitia or perigastric adipose tissue
- T4 Tumor invades adjacent structures
 - pT4a: Tumor invades the pleura, pericardium, azygos vein, diaphragm, or peritoneum
 - pT4b: Tumor invades other adjacent structures, such as aorta, vertebral body, or airway

N Stage include any nodes from the periesophageal cervical nodes to the celiac nodes.

- N0 No regional lymph node metastasis
- N1 Metastases in 1-2 regional lymph nodes
- N2 Metastases in 3-6 regional lymph nodes
- N3 Metastases in 7 or more regional lymph nodes

M Stage

- M1 Distant metastasis