

Colon CFR Colorectal Cancer Pathology Abstraction Form (2019-on)

PERSON_ID	Subject Name	TUMOR_NO
Hospital/Institution	Accession/Path No.	SYNCHRON: <input type="checkbox"/> 1-YES <input type="checkbox"/> 2-NO <input type="checkbox"/> 9-Unknown <i>If yes, describe each specimen on separate form</i>
CCFR Abstraction by		Date of CCFR abstraction

NOTE: *italics indicate instructions to abstractor*

NA – Not applicable; Unk– Unknown, includes not reported

GENERAL

DATE_EVAL [date of procedure]		YYYYMMDD 99999999-Unknown
PROCEDURE_TYPE		<i>Complete 1 form per TUMOR_NO, preferably for the resection.</i> 1-Biopsy 3-Polypectomy 2-Resection 9-Unknown
MATERIALS REVIEWED		<i>Answer all as:</i> <i>1-Yes 2-No 9-Unknown</i>
MAT_REV_SLIDE [Slides]		
MAT_REV_PATH_RPT [Pathology Report]		
MAT_REV_HOSP_REC [Other hospital record]		
MAT_REV_CA_REGISTRY [Cancer registry]		
MAT_REV_UNK [Unknown]		

PATHOLOGY

SPEC_EXAM [site of specimens examined]		<i>If 2-Metastatic site, complete MET_SITE and Polyp Info only</i> 1-Primary Site 2-Metastatic Site 3-Both 9-Unknown
PRIM_SITE_CAT [primary site of CRC]		1-Caecum (ileocaecal) 5-Sigmoid 2-Ascending (hepatic flexure) 6-Rectum (rectosigmoid) 3-Transverse (splenic flexure) 7-Appendix 4-Descending 9-Unknown/NOS/not reported
PRIM_HIST_CAT [histological category of PRIM_SITE_CAT]		1-Adenoca 2-Mucin-type 3-Signet ring 4-Undifferentiated (including medullary) 5-Other, specify below 9-Unknown
<i>If PRIM_HIST_CAT = 5 (other)</i> PRIM_HIST_CAT_OTH_TXT		<i>Record the other primary histologic category text</i>
TUMOR_SIZE [size (mm) of tumor]		<i>Report greatest dimension</i> 0-No mass 1-200-Size reported 999-Unknown
GRADE (<i>report worst</i>)		<i>If "low-grade" only is reported, code as 2-low-grade/mod-diff.</i> 1-Low grade/well differentiated/G1 2-Low grade/moderately differentiated/G2 3-High grade/poorly differentiated/G3 4-Undifferentiated/G4 9-Unknown
LOC_EXCIS [status of surgical margins]		1-Complete (all margins negative for malignancy) 2-Incomplete (one or more margins positive for malignancy) 9-Unknown

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<i>If LOC_EXCIS=2 (skip if = 1 or 9), MARGIN INVOLVED</i> [did tumor reach surgical resection margin?]			Answer all as: 1-Yes 2-No 9-Unknown
MARG_INV_DISTAL	[Distal]		
MARG_INV_PROXIMAL	[Proximal]		
MARG_INV_RADIAL	[Radial/circumferential]		
MARG_INV_UNKNOWN	[Unknown]		
MACROSCOPIC TUMOR PERFORATION		Do not confuse with microscopic penetration of serosal surface 1-Present 2-Absent 9-Unknown	
MARGIN [tumor border]		Code intermediate as expanding 1-Expanding/pushing 2-Infiltrating/irregular 9-Unknown	
VEN_INV [venous invasion]		1-Yes 2-No 9-Unknown	
LYMPHATIC_INV [invasion]		1-Yes 2-No 9-Unknown	
PERINEURAL_INV [invasion]		1-Yes 2-No 9-Unknown	
LC_PERI [peritumoral]		1-Yes 2-No 9-Unknown	
LC_CROHN [Crohn's-like]		1-Yes 2-No 9-Unknown	
LC_INFIL [tumor infiltrating]		1-Yes, marked 2-Yes, mild 3- No 9-Unknown	

CLINICAL STAGE [imaging]

NEOAJD_TRT		1-Yes 2-No 9-Unknown
<i>If yes, NEOAJD_TRT_TYPE</i>		1-Chemotherapy 2-Radiation 3-Both 9-Unknown
CLINICAL_T		0-Tis 1-T1 2-T2 3-T3 4-T4 9-Unknown
CLINICAL_N		1-Yes 2-No 9-Unknown
CLINICAL_M		1-Yes 2-No 9-Unk: <u>no definitive statement of distant spread</u>
cTNM stage		<i>If reported; do not derive</i> 0-In-situ 1-I 2-II 3-III 4-IV 9-Unk (if distant spread is unk)

PATHOLOGICAL STAGE

T_STAGE [T of colorectal cancer] <i>(re-named from TSTAGE_M)</i>		0-Tis (from 8-Tis) 1-T1 2-T2 3-T3 4-T4 9-Unknown	
LN: Positive nodes? <i>(If synchronous CRC see note pg 4)</i>		1-Yes 2-No 9-Unknown	
LN_POS: # positive nodes <i>(If synchronous CRC see note pg 4)</i>		0-All negative 1-89-Number positive 90-90 or more positive nodes	95-No positive nodes 96-Positive nodes, # unk 99-Unknown
LN_EX: # of nodes examined <i>(If synchronous CRC see note pg 4)</i>		0-No nodes examined (see note) 1-89-# of nodes examined 90-90 or more nodes examined	95-No nodes removed 96-Node sampling; # unk 99-Unk if nodes examined
DIST_SPREAD [M in TNM]		1-Yes 2-No 9-Unknown	<i>Report as unknown if no definitive statement of distant spread</i>

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<i>If DIST_SPREAD = 1, Yes (skip if No or Unknown)</i> METASTATIC SITE (S) replacing MET_SITE (liver, other, unk)			Answer each as: 1-Yes 2-No 9-Unknown
MET_SITE_BONE [Bone]			
MET_SITE_BRAIN [Brain/other CNS organ]			
MET_SITE_LIVER [Liver]			
MET_SITE_LUNG [Lung/other thoracic organ]			
MET_SITE_NODES [Distant lymph nodes]			
MET_SITE_OVARY [Ovary/other gynecologic organ]			
MET_SITE_PERITONEAL [Peritoneal cavity (includes ascites)]			
MET_SITE_SMLBWL [Small intestine]			
MET_SITE_OTHER [Other site] <i>record text below</i>			
MET_SITE_UNKNOWN [Unknown]			
MET_SITE_OTH_TXT [metastatic site other text]		<i>Record the other metastatic site text</i>	
MET_SITE_SRC [source of metastatic site report]		1-Pathology Report 2-Clinical note 3-Operative note 4-Radiology report 5-Other 9-Unknown	
pTNM stage <i>(renamed from TNM)</i>		<i>Provide only if reported. Do not derive</i> 0-In-situ 1-I 2-II 3-III 4-IV 9-Unk or if distant spread=unk	

CONTIGUOUS (ADJ-adjacent) ADENOMA

ADJ_ADEN [adj adenoma?]		1-Yes 2-No 9-Unknown
ADJ_ADEN_TYPE [type of adj adenoma]		1-Tubular adenoma (TA) 2-Tubulovillous (TV) 3-Villous adenoma (VA) 4- Traditional serrated adenoma (TSA) 5-Hyperplastic polyp (HP) 6-Other (includes mixed) 7-Adenomatous, type unspecified/NOS 8-NA (if ADJ_ADEN=2-No) 9-Unknown (if ADJ_ADEN=9-Unknown) 10- Sessile serrated polyp / lesión / adenoma (SSP/L/A)
ADJ_SIZE (mm) [size of adj adenoma]		0-No mass (i.e., flat adenoma) 1-Microscopic focus/foci 2-990-Size reported (in mm) 998-NA (if ADJ_ADEN=2-No) 999-Unknown (if ADJ_ADEN=9-Unknown)
ADJ_GRADE [grade of adj adenoma]		1-Mild/low 2-Moderate 3-Severe/high/in-situ 4-No evidence of dysplasia 8-NA (if ADJ_ADEN=2-No or ADJ_ADEN_TYPE=5-Hyperplastic polyp) 9-Unknown (if ADJ_ADEN=9-Unknown)

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NOTES

Synchronous CRCs are defined as more than 1 primary colorectal cancer detected in a single patient simultaneously or within 3 (or 6) months of the initial diagnosis. These may be reported at different times and/or on different pathology reports. If reports of lymph node status in cases of synchronous CRCs are reported collectively and not for each synchronous tumor, follow the rules below.

Rules for coding LN_POS and LN_EX for synchronous tumors:

1. If in the same segment and no lymph node metastasis is present then enter the same number of LN_EX for both tumors, and LN_POS = 0 for both tumors.
2. If in the same segment and there is a lymph node metastasis, usually the LN_EX and LN_POS are assigned to the tumor with the highest T-stage unless the path report specifically mentions that the lymph node metastasis is felt to come from a specific tumor. The lymph node status for the other tumor(s) should be LN_EX=99 and LN_POS=99.
3. If in different segments then the tumors have different draining regional lymph nodes and the pathology report should ideally comment separately on the LN status for each tumor. (In practice this is probably only done at centers where the pathologist is subspecialized. I would imagine that we usually don't get reports that provide regional lymph node status for each tumor.)