**Appendix D Reporting proforma for duodenal/ampullary/proximal jejunal**

#  neuroendocrine neoplasms resections

Surname: ………………………… Forename(s): ……………………….. Date of Birth: …..……… Sex: ….……..

Hospital: …………………………….…………. Hospital No: ………………….…… NHS No: ……………………..

Date of Surgery: ……………….… Date of Report Authorisation: …………… Report No: ..……………………...

Date of Receipt: ………………... Pathologist: ………………….…………… Clinician: ……………………….......

**MACROSCOPIC EXAMINATION**

**Type of specimen**

Endoscopic or local resection Ampullectomy

Duodenum, segmental resection Small bowel resection

Pancreaticoduodenectomy (Whipple resection) Other

Not specified Other (specify) ………………………

**Specimen dimensions Site of tumour**

Length of duodenum …… mm Duodenum, 1st portion

Length of lesser curve stomach ....... mm Duodenum, 2nd portion

0

Length of greater curve stomach ....... mm Duodenum, 3rd portion

Length of small bowel ....... mm Ampulla

Length of gall bladder ....... mm Jejunum

Length of bile duct ....... mm Other

Size of pancreas ....... x ....... x ....... mm Other (specify) ………………………..

**Tumour perforation** Present Not identified

v

**Number of tumours** SingleMultipleIf multiple, state number of tumours ……… **Maximum tumour dimension** ……mm (of largest if multiple)

v

**Distance tumour to nearest cut margin** ……mm

**Named vessel (if applicable)** Present Not identified Which vessel? ...........………

**Stent in place** Present Not identified

**MICROSCOPIC EXAMINATION**

**Histologic type and grade Proliferative activity**

Well-differentiated, NET G1 **Mitotic count** …………../2 mm2

Well-differentiated, NET G2 Cannot be determined (explain) ….……………

Well-differentiated, NET G3 Not applicable

Well-differentiated, grade cannot be assessed **Proliferation index with Ki-67** …………………

Poorly differentiated NEC, small cell Cannot be determined (explain) …………………

Poorly differentiated NEC, large cell Not applicable

Poorly differentiated NEC, NOS

Mixed NE non-NE neoplasm (MiNEN) **Presence of necrosis**

Gangliocytic paraganglioma Present Not identified

Other

Other (specify) ................................ .....……………

**PATHOLOGIC STAGE CLASSIFICATION: ENETS TNM 2006 (Appendix A)**

**TNM descriptors (required only if applicable) (select all that apply)**

m (multiple tumours)

r (recurrent)

y (post-treatment)

**Maximum extent of invasion (pT)**

pTX Primary tumour cannot be assessed

pT0 No evidence of primary tumour

pT1 Tumour invades lamina propria or submucosa and size ≤10 mm\*

pT2 Tumour invades muscularis propria or size >10 mm

pT3 Tumour invades pancreas or retroperitoneum

pT4 Tumour invades peritoneum or other organs

For multiple tumours with different Ts, use the highest.

\*Tumour limited to ampulla of Vater for ampullary gangliocytic paraganglioma.

**Tumour involvement of margins**

Proximal margin Involved  Not involved  N/A 

Distal margin Involved  Not involved  N/A 

Circumferential margin: Involved  Not involved  N/A 

If not involved, distance of tumour to nearest circumferential margin …….. mm

Other margin (specify) …............ Involved  Not involved  N/A 

For pancreaticoduodenal resection specimens only:

**Margin status Involved Not involved Not sampled Not applicable Clearance\***

Gastric transection margin: ….… mm

Duodenal transection margin: .…… mm

Pancreatic transection margin: ….… mm

Bile duct transection margin: ….… mm

SMV/SMA dissection margin: ….… mm

Posterior dissection margin: .....… mm

Anterior pancreatic surface: ….… mm

\*Specify clearance of closest margin(s)

**Named vessel status**:

If named vessel involved, specify …………….

**Resection status**

Complete resection at all surgical margins?

Yes (R0) No, microscopic (R1) No, macroscopic (R2)

**Metastatic spread**

Number of lymph nodes present ………………….

Number of involved lymph nodes …………………

TNM N category:

pNX Regional lymph node status cannot be assessed 

pN0 Regional lymph nodes not involved 

pN1 Regional lymph nodes involved 

**Lymphovascular invasion** Present Not identified  Cannot be assessed

**Perineural invasion** Present Not identified  Cannot be assessed

**Tumour deposit** Present Not identified  Cannot be assessed

**Histologically confirmed distant metastases (pM1):**

Present If present, site: ....………… Not identified 

(PUL: pulmonary; HEP: hepatic; OSS: osseous)

**Peptide hormone content**

Immunostaining performed Yes No

If yes, peptide identified:

Gastrin Yes No

Somatostatin Yes No

Other Yes No

Other (specify) …………………….

**Background abnormalities**  Present  Not identified 

If present, specify ………………………………………………………………………..

**Signature: …………………….…….. Date: .…../…../……. SNOMED codes: …………………………**