

Esophagus, Esophagus/stomach, Tumor

(4.3 Esophagus_Esophagogastrectomy_Tumor); Updated 10/30/18 by Shawn Maclary, PA(ASCP)

SAMPLE DICTATION

(Labeled: Last name, First name; esophagogastrectomy) Received fresh and subsequently fixed in formalin is a portion of distal esophagus and proximal stomach. The esophagus is 6.8 cm long and ranges from 2.5 to 3.4 cm in circumference. The proximal stomach is 8 cm long along the lesser curvature, 2 cm long along the greater curvature, and is 12 cm in circumference at the margin. The distal margin is stapled. There is a moderate amount of attached fat extending 1 cm from the wall of the lesser curvature and 4 cm from the wall of the greater curvature. A portion of omentum is attached to the greater curvature measuring 10 x 4 x 1.2 cm.

There is no obvious lesion identified. The z-line is irregular and extends proximal to the gastroesophageal junction. The z-line is located 5.7 cm from the proximal esophagus margin and 2.2 cm from the closest stomach margin. The esophageal mucosa is tan-white and wrinkled. The stomach mucosa is pink-tan with usual rugal folds.

Multiple unremarkable candidate lymph nodes are identified in the adventitial soft tissue and perigastric fat ranging from 0.2 x 0.2 x 0.2 cm to 1.2 x 0.6 x 0.4 cm.

Ink key: blue - esophagus margin, black - stomach margin, green - adventitia of esophagus

Representative sections including the entire gastroesophageal junction are submitted in 27 blocks, refer to pathology image on file for specific block locations.

Block key:

- A1. Perpendicular sections of esophagus margin
- A2. Mid portion of esophagus
- A3-A15. Sequentially submitted gastroesophageal junction including entire z-line
- A16. Stomach
- A17,A18. Perpendicular sections of closest stomach margin to gastroesophageal junction
- A19. Intact candidate nodes from adventitial soft tissue
- A20-A22. Intact candidate nodes from lesser curvature fat
- A23. Two differentially inked and bisected nodes from great curvature fat
- A24-A27. Intact candidate nodes from greater curvature fat

SUGGESTED SAMPLING

- 1 block from esophageal margin, perpendicular or shave
- 1 block of mid esophagus
- 1 section per cm of mass to include deepest invasion OR in setting of neoadjuvant therapy consider entirely submitting tumor bed
- 1 block of stomach
- 1 or more blocks of stomach margin depending on clearance, always perpendicular
- 5 or more blocks of lymph nodes in entirety

STAGING CRITERIA (AJCC 8TH EDITION)

- Epicenter of tumor determines what staging criteria is applied
 - Esophagus: Esophagus to 2 cm distal to gastroesophageal junction
 - Stomach: more than 2 cm distal to gastroesophageal junction - even if involved by tumor
- T stage is dependent on depth of invasion regardless
- N stage is dependent on the number of lymph nodes with metastasis

ADDITIONAL CONSIDERATIONS

- Proper preparation is important: open the specimen along the *longest* aspect of the stomach is necessary to avoid ambiguous margins unless avoiding cutting through tumor