Endoscopic Mucosal Resection of Esophageal and EGJ carcinomas

Definition: Tumors that are centered within the proximal 2 cm of the stomach and which extend into the esophagogastric junction (EGJ) or esophagus are included here as EGJ tumors

- Note 1: If more than one carcinoma, use a separate template for each. No need to use a separate template for one carcinoma removed piecemeal by more than one EMR
- Note 2: tumors that arise within the proximal 2 cm of the stomach and do not extend into the EGJ would be considered a gastric carcinoma.

Location:
- Esophagus
  - upper
  - Middle
  - lower
- Gastroesophageal Junction

Size:

Type of carcinoma:
- Squamous cell carcinoma typical
- Adenocarcinoma arising in Barrett’s mucosa
- Adenocarcinoma not arising in Barrett’s mucosa
- Adenocarcinoma, cannot tell if Barrett’s or not
- Other

Degree of differentiation
- Well-differentiated
- Moderately-differentiated
- Poorly-differentiated

Depth of invasion: (remember in Barrett’s carcinomas, there is likely to be a duplicated muscularis mucosae. The original muscularis mucosae will be the deeper one)
- Lamina propria or muscularis mucosae
- Submucosa

Lymphovascular invasion: Yes No

Margins:
- Mucosal margin involved: Yes, specify block No
- Deep margin involved: Yes, specify block No
pTNM by 8th ed. AJCC Cancer Staging Manual

T Stage:

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

Note: Only the T stage can be evaluated. Do NOT include an N or M