
 NATIONAL CANCER INSTITUTE  Biorepositories and Biospecimen Research Branch		Biospecimen Pre-Analytical Variables (BPV) Colon Local Pathology Review Form	
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BPV Case ID: _____

Form Completed By: _____

Affix BPV Case ID Label

Date on Which Form Was Completed:

____/____/_____
(MM/DD/YYYY)

Tissue Bank ID: _____

Colon Slide Pathology Review

1. Slide ID examined by pathologist:

2. Parent specimen ID of the sample from which this slide was derived:

3. Organ of origin:

Select One:

- ☐ Cecum
- ☐ Colon, ascending
- ☐ Colon, descending
- ☐ Colon, sigmoid
- ☐ Colon, transverse
- ☐ Hepatic flexure
- ☐ Rectosigmoid junction
- ☐ Rectum
- ☐ Splenic flexure
- ☐ Other (specify)



If Other was selected, specify other organ of origin:

4. Histologic type:

Select One:

- ☐ Adenocarcinoma of colon (WHO code: 8140/3)
- ☐ Carcinoma of colon, NOS (WHO code: 8010/3)
- ☐ Carcinoma of colon, adenosquamous (WHO code: 8560/3)
- ☐ Carcinoma of colon, medullary (WHO code: 8510/3)
- ☐ Carcinoma of colon, mucinous (colloid type) (greater than 50% mucinous carcinoma) (WHO code: 8430/3)
- ☐ Carcinoma of colon, signet ring cell (greater than 50% signet ring cell) (WHO code: 8490/3)
- ☐ Carcinoma of colon, small cell (WHO code: 8041/3)
- ☐ Carcinoma of colon, squamous cell (epidermoid) (WHO code: 8070/3)
- ☐ Carcinoma of colon, undifferentiated (WHO code: 8020/3)
- ☐ Other (specify)

If Other was selected, record other histologic type:

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5. **Greatest tumor dimension on slide:** _____ (mm)
6. **Percent of cross-sectional surface area of entire slide composed of tumor focus (includes necrotic tumor):** _____ %
7. **Percent of tumor nuclei by cell count of the entire slide (number of tumor epithelial cell nuclei as compared to all cell nuclei):** _____ %
8. **Percent of cross-sectional surface area of entire slide composed of necrotic tissue:**
_____ %

Note: BPV case acceptance criteria require necrosis percentage of <20% of the entire slide AND tumor content of ≥50% tumor nuclei.

Histologic Profile Quantitative Assessment of Tumor Should Total 100%

9. **Histologic profile quantitative assessment:**
 Percent viable tumor by surface area (not including stroma): _____ %

 Percent necrotic tumor by surface area: _____ %

 Percent tumor stroma by surface area: _____ %



 Percent non-cellular component by surface area: _____ %
 (i.e., mucin, hemorrhage, blood clot, etc.)
If present, describe non-cellular component:

 Histologic profile total percent: _____ %
(should equal 100%)

10. Histologic grade (AJCC 7th edition):

Select One:

- ☐ G1: Well differentiated
- ☐ G2: Moderately differentiated
- ☐ G3: Poorly differentiated
- ☐ G4: Undifferentiated
- ☐ GX: Cannot be assessed

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Tumor Staging per AJCC 7th Edition

11. pT: Pathologic spread primary tumor (AJCC 7th edition):

Select One:

- ☐ pTX
- ☐ pT0
- ☐ pTis
- ☐ pT1
- ☐ pT2
- ☐ pT3
- ☐ pT4a
- ☐ pT4b

12. pN: Pathologic spread lymph nodes (AJCC 7th edition):



Select One:

- ☐ pNX
- ☐ pN0
- ☐ pN1
 - ☐ pN1a
 - ☐ pN1b
 - ☐ pN1c
- ☐ pN2
 - ☐ pN2a
 - ☐ pN2b

13. M: Distant metastases (AJCC 7th edition):

Select One:

- ☐ cM0
- ☐ cM1
 - ☐ cM1a
 - ☐ cM1b
- ☐ pM1
 - ☐ pM1a
 - ☐ pM1b

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14. Pathologic tumor stage group (AJCC 7th edition):

Select One:

- ☐ Stage 0
- ☐ Stage I
- ☐ Stage IIA
- ☐ Stage IIB
- ☐ Stage IIC
- ☐ Stage IIIA
- ☐ Stage IIIB
- ☐ Stage IIIC
- ☐ Stage IVA
- ☐ Stage IVB

15. Did pathology review of the H&E slide derived from QC FFPE tumor tissue confirm the histological type to be eligible for BPV study?

Select One:

- ☐ Yes
- ☐ No



16. This slide meets the microscopic analysis criteria of the BPV project of necrosis percentage of <20% AND tumor content of ≥50% tumor nuclei:

Select One:

- ☐ Yes
- ☐ No

If No is selected, specify what findings do not meet the microscopic analysis criteria of the BPV project:

17. Pathology review comments:

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Concordance With Diagnostic Pathology Report

18. This slide is consistent with the findings of the diagnostic pathology report for this case:

Select One:

- ☐ Yes
- ☐ No

If No is selected, specify what findings are not consistent with the diagnostic pathology report:

19. Name of local BSS reviewing pathologist:

20. Date of slide review by the pathologist:

21. Data entry in the local pathology review form was performed by: