

## Kenmerken standaard pathologieverslag

Kenmerken/items	Naam eerste auteur en jaartal	Niveau van bewijs†
<b>Coloncarcinoom</b>		
Tumortype*	Branston 2002, Bull 1997, Jouret-Mourin 2004, Keating 2003, Monges 1998, Rigby 1999, Wei 2004	IIB
Tumorgrootte	Branston 2002, Bull 1997, Jouret-Mourin 2004, Keating 2003, Monges 1998, Rigby 1999, Wei 2004	IV
Tumorgradering (histologische differentiatie)*	Beattie 2003, Branston 2002, Bull 1997, Jouret-Mourin 2004, Keating 2003, Monges 1998, Rigby 1999, Wei 2004	IIA
Betrokkenheid* plus aantal (positieve) lymfeklieren	Beattie 2003, Branston 2002, Bull 1997, Jouret-Mourin 2004, Keating 2003, Monges 1998, Rigby 1999, Wei 2004	I
Extramurale vasculaire invasie*	Beattie 2003, Branston 2002, Bull 1997, Jouret-Mourin 2004, Keating 2003, Monges 1998, Rigby 1999, Wei 2004	I
pT en pN (TNM stadium)*	Beattie 2003, Branston 2002, Bull 1997, Jouret-Mourin 2004, Keating 2003, Monges 1998, Rigby 1999, Wei 2004	I
Afstand van tumor tot distale (of dichtstbijzijnde) resectierand	Beattie 2003, Bull 1997, Jouret-Mourin 2004, Keating 2003, Rigby 1999, Wei 2004	
Achtergrond pathologische afwijking	Beattie 2003, Wei 2004	
Betrokkenheid apicale lymfeklier	Beattie 2003, Rigby 1999	
Volledigheid resectie (tumor in resectieranden)*	Beattie 2003, Bull 1997, Jouret-Mourin 2004, Monges 1998, Wei 2004	I -IIA‡
Lengte preparaat	Bull 1997, Jouret-Mourin 2004, Monges 1998, Rigby 1999, Wei 2004	
Macroscopische beschrijving ('appearance')	Bull 1997, Jouret-Mourin 2004, Keating 2003, Rigby 1999, Wei 2004	
Vasculaire of lymfatische invasie	Jouret-Mourin 2004, Keating 2003, Monges 1998, Rigby 1999, Wei 2004 (optioneel)	I
Perineurale invasie	Keating 2003, Monges 1998, Wei 2004 (optioneel)	
Beschrijving preparaat ontvangst en identificatie)	Wei 2004	
Aspect van de rand	Wei 2004 (optioneel)	
Ontstekingsinfiltraat	Wei 2004 (optioneel)	

\* minimale dataset van the Royal College of Pathologists (UK);

† niveau van bewijs opgesteld door College of American Pathologists waarbij:  
Category I includes factors definitively proven to be of prognostic importance based on evidence from multiple statistically robust published trials and generally used in patient management;

Category IIA includes factors extensively studied biologically and/or clinically and repeatedly shown to have prognostic value for outcome and/or predictive value for therapy that is of sufficient importance to be included in the pathology report but that remains to be validated in statistically robust studies.  
Category IIB includes factors shown to be promising in multiple studies but lacking sufficient data for inclusion in category I or IIA;  
Category III includes factors not yet sufficiently studied to determine their prognostic value;  
Category IV includes factors well studied and shown to have no prognostic significance.

‡ niveau I na in opzet curatieve chirurgie, IIA na neoadjuvante therapie)