To maintain consistency in terminology among all the ABCRS board exams and to clarify questions raised by both examiners and candidates, a subcommittee was formed to make recommendations. Where appropriate and available, the literature and terminology used by other organizations were reviewed. It is expected that these recommendations will need regular review as science and terminology are likely to evolve.

Recommendations:

Disease related terminology

1. AIN/ HSIL/LSIL terminology

Recommend the use of LSIL and HSIL in lieu of AIN.

2. MSI vs IHC

Recommend:

1. IHC status should be used over MSI status. Deficient MMR (dMMR) or proficient MMR (pMMR) status should be described.
2. For most questions, the specific deficiency, e.g., loss of MSH-6 should be used.
3. If loss of MLH1 is described, then BRAF or MLH1 hypermethylation status should also be included unless the need for testing those is being evaluated.

3. Carcinoid/neuroendocrine terminology

Recommend using the terminology "Neuroendocrine Tumor (NET)" rather than carcinoid when referring to well-differentiated neuroendocrine tumors in the appendix, small bowel, colon, or rectum. When referring to a poorly differentiated tumor, the appropriate terminology is "Neuroendocrine Carcinoma (NEC)."

"Carcinoid" should only be used in the context of "carcinoid syndrome."

4. Pathology reporting

Recommend use of: cTNM should be used to describe the clinical classification of colorectal cancer. The same terminology should be used to describe the results of MRI or ultrasound staging.

A. pTNM should be used for the final pathology results.

B. "y" should be used as an additional prefix if pre-operative therapy of any type was used.

C. In general, TNM staging should be used in exam questions although use of Stage 1-4 may be appropriate in some circumstances.

5. Biofeedback, pelvic floor muscle retraining, physical therapy-

Recommend: use pelvic floor therapy rather than distinguish among biofeedback, pelvic floor physical therapy, pelvic floor muscle training.

6.. Reporting of fistula openings

Recommend: For the internal opening –

A. The location should be described with the location using anterior, posterior, left or right lateral, left or right anterolateral and left or right posterolateral if opening is at dentate line.
B. If the internal opening is above the dentate line, the location should be described both by centimeters above the dentate line and position – anterior, posterior, right or left lateral, right or left anterolateral and right or left posterolateral.
C. For the external opening, the location should be described by the position (anterior, posterior, right or left lateral, right or left anterolateral and right or left posterolateral) and distance (cm) from the anal verge.

7. Definition of types of colectomies

Recommend:

A. Ileocolic resection: resection of colon and distal ileum during which ileocolic artery is ligated distal to right colic artery take-off with anastomosis of the colon to the ileum.
B. Right colectomy: resection of colon during which ileocolic, right colic and right branch of middle colic arteries are ligated and the ileum anastomosed to the transverse colon.
C. Extended right colectomy: resection of colon during which the ileocolic, right colic and middle colic arteries are ligated, and ileum anastomosed to the transverse colon.
D. Transverse colectomy: resection of colon during which middle colic artery (both branches) are ligated with a colo-colonic anastomosis.
E. Left colectomy: resection of colon (descending and sigmoid colon) during which the Inferior mesenteric artery is ligated, and transverse colon anastomosed to the upper rectum.
F. Extended left colectomy: resection of colon during which the inferior mesenteric artery and the left branch of the middle colic artery are ligated and the tranverse colon anastomosed to the upper rectum.

G. Sigmoid colectomy: resection of colon during which sigmoid branches of the inferior mesenteric artery (IMA) or IMA are ligated, and the descending colon is anastomosed to the upper rectum.
H. Anterior resection: resection of a portion of colon and portion of upper rectum during which branches of the inferior mesenteric artery (IMA) or IMA with an anastomosis above the peritoneal reflection.
I. Low anterior resection: resection of sigmoid colon and upper rectum during which branches of the inferior mesenteric artery (IMA), or the IMA are ligated with anastomosis to mid rectum (OR below the peritoneal reflection)
J. Coloanal (extended low anterior resection): resection of rectum during which branches of the inferior mesenteric artery (IMA), or the IMA are ligated with anastomosis to lower rectum or anal canal.

K. Abdominoperineal resection: removal of rectum and anus with end colostomy

L. Total colectomy: removal of entire colon with anastomosis of ileum to the rectum

M. Subtotal colectomy with ileosigmoid anastomosis: removal of most of the colon with anastomosis of the ileum to the sigmoid colon

N. Subtotal colectomy with ileodescending anastomosis: removal of most of the colon with anastomosis of the ileum to the descending colon

O. Proctectomy: removal of rectum with either IPAA, coloanal or colostomy.

P. Total proctocolectomy: removal of the entire colon and rectum with an end ileostomy

Q. Hartmann's procedure: resection of diseased portion of colon with proximal end used to form colostomy and distal end closed.

<u>The following terms should not be used:</u>

Subtotal colectomy without a modifier, abdominal colectomy, and hemicolectomy

<u>8. Rectal cancer treatments:</u> For rectal cancer, surgery is considered the definitive therapy for the purposes of these definitions.

Recommendations:

A. Neoadjuvant describes cancer therapy provided before planned surgery.
Adjuvant describes cancer therapy given post-operatively.

B. the specific therapy should be described in the order given.
Examples: the patient received neoadjuvant short course radiation followed by chemotherapy. It would be fine to specify the chemotherapy if authors felt it was important.
The patient received neoadjuvant chemotherapy followed by induction chemotherapy with long course radiation. It would be fine to specify the chemotherapy if the author feels it is important.

C. Recommend that total neoadjuvant therapy and TNT should not be used as candidates have found that confusing and science is evolving.

Abbreviation recommendations

Genetic Colorectal Cancer Syndromes

Recommend use of full name of syndrome when the term is first used. If it will be repeated in the same question, the abbreviation should be in parenthesis. For any repeated use, the abbreviation should be used.

- Familial adenomatous polyposis (FAP)
- Attenuated familial adenomatous polyposis (AFAP)
- MUTYH-associated polyposis (MAP)
- Colonic adenomatous polyposis of unknown etiology (CPUE)
- Peutz-Jeghers syndrome (PJS)
- Juvenile polyposis syndrome (JPS)
- Cowden/PTEN hamartoma tumor syndrome (CS/PTEN)
- Serrated polyposis syndrome (SPS)
- Li-Fraumeni Syndrome (LFS)
- Lynch syndrome (LS) should be used for any question in which there are known genetic testing results. For a question describing a personal and family history in which genetic testing has not been done, then Hereditary Non-polyposis Colon cancer (HNPCC) should be used.

Other Clinical terms

Recommend that both Celsius and Fahrenheit with degree symbol. If sentence is “her temperature was…,” temperature should be spelled out. If listing vital signs T. is acceptable.

Recommend BP (rather than blood pressure) and only numbers given e.g., 120/60

Recommend use of heart rate in a sentence and HR if in a list of vital signs. For result recommend providing only the number e.g., HR 68

Recommend use of respiratory rate in a sentence and RR if in a list of vital signs. For result, recommend providing only the number e.g., RR 12

For intensive care unit, recommend use of ICU.

For digital rectal exam, recommend use of DRE.

For disease free survival and overall survival, recommend spelling out both terms.

For peritoneal cancer index, recommend use of peritoneal cancer index. If it will be repeated in the same question, place PCI in parenthesis and use PCI subsequently.

Radiology

For computed tomography scans, recommend use of CT scan with appropriate modifier as needed (e.g., CT enterography).

For magnetic resonance imaging, recommend the use of MRI with appropriate modifier as needed.

For abdominal x rays, recommend use of abdominal radiographs (rather than KUB, ABD series or abdominal series).

For chest x-ray, recommend use of chest radiograph (rather than CXR vs. chest x-ray vs. chest PA and Lateral).

For circumferential resection margin, recommend use of circumferential resection margin. If it will be repeated in question, CRM should be in parenthesis. For any repeated use, CRM should be used.

Labs

For complete blood count, recommend use of CBC.

For carcinoembryonic antigen, recommend use of CEA.

For diseases

For chronic obstructive pulmonary disease, recommend using chronic obstructive pulmonary disease (rather than COPD). If it will be repeated in the same question, the abbreviation should be in parenthesis. For any repeated use, COPD should be used.

For human immunodeficiency virus recommend use of HIV

Medications

For non-steroidal anti-inflammatory meds recommend use of NSAIDs.

For Intravenous recommend use of intravenous (rather than IV, iv).

For 5-flurouracil, recommend use of 5-FU.

Treatments

For exam under anesthesia, recommend use of exam under anesthesia. If it will be repeated in the same question, EUA should be in parenthesis. For any repeated use, the EUA should be used.

For high resolution anoscopy, recommend use of high resolution anoscopy. If it will be repeated in the same question, use high resolution anoscopy (HRA) the first time and use HRA subsequently.

For radiofrequency ablation-recommend radiofrequency ablation.

For Delorme procedure, recommend use of Delorme procedure (rather than Delorme's)

For total mesorectal excision, recommend use of total mesorectal excision. If it will be repeated in the same question, TME should be in parenthesis and use TME subsequently.

Pathology

For hemoatoxylin and eosin, recommend the use of H & E.

For mismatch repair, recommend use of mismatch repair. If it will be repeated in the same question, use MMR in parenthesis and use MMR subsequently.

For deficient MMR-recommend that deficient MMR Is spelled out. If it will be repeated in the same question, place dMMR in parenthesis and use dMMR subsequently.

For proficient MMR, recommend that proficient MMR Is spelled out. If it will be repeated in the same question, place pMMR in parenthesis and use pMMR subsequently.

For immunohistochemistry, recommend use of immunohistochemistry. If it will be repeated in the same question, please IHC in parenthesis and use IHC subsequently.

For circumferential resection margin, recommend use of circumferential resection margin. If it will be repeated in question, CRM should be in parenthesis and use CRM subsequently.

For extramural vascular invasion, recommend use of extramural vascular invasion. If it will be repeated in the same question, EMVI should be in parenthesis and use EMVI subsequently.

For perineural invasion, recommend use of perineural invasion. If it will be repeated in the same question, place PN in parenthesis and use PN subsequently.

For neuroendocrine tumor, use neuroendocrine tumor. If it will be repeated in the same question, place NET in parenthesis and use NET subsequently.

For neuroendocrine carcinoma, use neuroendocrine carcinoma. If it will be repeated in the same question, place NEC in parenthesis and use NEC subsequently.

For appendiceal adenocarcinoma, use appendiceal adenocarcinoma. If it will be repeated in the same question, place AA in parenthesis and use AA subsequently.

For high grade appendiceal mucinous neoplasm, use high grade appendiceal mucous neoplasm. If it will be repeated in the same question, place HAMN in parenthesis and use HAMN subsequently.

For low grade appendiceal mucinous neoplasm, use low grade appendiceal mucous neoplasm. If it will be repeated in the same question, place LAMN in parenthesis and use LAMN subsequently.

Cultural humility in item writing

General

The use of personal characteristics can be an important part of a vignette and include age, gender, race, ethnicity, sexual orientation, gender identity, weight among many others. However, they are not always necessary, and their use may reinforce stereotypes.

General principles include:

1. Use personal characteristics only when they are clinically relevant or aid in distractor quality.
2. If necessary, consider using lesser-known populations with disorder. E.g., Use patient with southern European heritage rather than Black for a patient with sickle cell disease.
3. Use personal characteristics when an item would be unreasonably difficult without them. Avoid when inclusion makes the item too easy.
4. Goal for exam would be approximately equal representation of men and women and reflect the population in terms of race, ethnicity, and sexual orientation.
5. Avoid use when inclusion risks negative stereotyping.
6. When using race or ethnicity, place that descriptor in social history. E.g., Patient identifies as _____ or patient with ____ heritage.
7. Use an actual age or BMI rather than terms like elderly, obese, skinny.
8. List chronic diseases in past medical history rather than as a descriptor of the patient. E.g., Past medical history includes Crohn's disease rather than woman with Crohn's disease.

Specific terms

1. Use Black rather than Afro-American or other options.
2. Appropriate choices for people with Hispanic heritage:
    a. Men: either Hispanic or Latino(s)
    b. Women: Hispanic or Latina(s)
    c. Group: Hispanics or Latinos
3. For sexual orientation, describe the preferred sexual relationship. E.g., men who have sex with men, women who have sex with women.
4. Use Asian for people of Asian heritage unless a more specific reference (e.g., Korean) is appropriate.
5. For transgender people, use born male/female, identifies as male/female.