



A guide to

Tumours of the Haematopoietic & Lymphoid Tissue Pathology Reporting

Clinical details

G1.02	Pathology accession number	Text
S1.02	Principal clinician	Text
S1.03	Site of biopsy	Text
	Lymph node (specify)	
	Other (specify)	
S1.04	Laterality	Left Midline Right Unknown
G1.03	Reason for biopsy	Text
G1.04	Clinical or differential diagnosis	Text
G1.05	Involved sites or pattern of disease spread	See p2
G1.06	Stage or clinical extent of disease	Solitary Localised Generalised Unknown
G1.07	Constitutional symptoms	Absent Present Unknown
G1.08	Relevant laboratory test results	Text
G1.09	Previous lymphoma or leukaemia diagnosis	Text
	Relevant previous biopsies:	Date Site Biopsy type Laboratory Lab ref nbr.
G1.10	Previous treatment	Text
G1.11	Predisposing factors—Immuno-compromised states and auto immune conditions	Text
G1.12	Predisposing factors—Infective agents	Text
G1.13	Further clinical information	Text

Macroscopic findings

S2.01	Fluid in which specimen delivered to the laboratory	Text
S2.02	Specimen handling or triage	Text
S2.03	Specimen type	See p2
S2.04	Specimen size	
	Biopsies	___ mm
	Fluid	___ mL
	Spleen	___ g
G2.03	Narrative or macroscopic description	Text

Microscopic findings

G3.01	Abnormal cells: patterns of infiltration or architecture	Text
G3.02	Abnormal cell size	Small Medium Large Mixed Indetermin.
G3.03	Abnormal cell cytomorphology	Text
G3.04	Abnormal cell proliferative indicators	Text
S3.02	Grade (follicular lymphoma)	1 2 3 3a 3b
G3.05	Host cells and tissue reactions	Text
G3.06	Narrative or microscopic description	Text

Ancillary test findings

Immunohistochemistry

S4.01	Indicate if performed	Performed Not perfor'd
S4.02	List antibodies used and for each antibody indicate whether it was...	Positive Negative Equivocal
G4.05	Interpretive comment	Text

Flow cytometry studies

S4.01	Indicate if performed	Performed Not perfor'd
S4.02	List antibodies used and for each antibody indicate whether it was...	Positive Negative Equivocal
G4.05	Interpretive comment	Text
G4.03	Other Test(s) (List each test e.g. FISH, Cytogenetics, PCR etc)	Text
	Test result type	Result
G4.05	Interpretive comment	Text

Synthesis and overview

S5.01	Lineage	See p2
G5.01	Clonality (see p2)	See p2
S5.02	WHO disease subtype	Text
G5.02	ICD-O-3 code	Text
G5.03	Diagnostic summary	See p2
G5.04	Stage (AJCC/UICC 7th edition)	See p2
S5.03	Overall case comment	Text

NOTES

G5.04 Stage (AJCC/UICC 7th ed.)**

AJCC/UICC staging for Hodgkin and non-Hodgkin lymphomas**

Stage I

Involvement of a single lymphatic site (ie nodal region, Waldeyer's ring, thymus or spleen)(I); or localised involvement of a single extralymphatic organ or site in the absence of any lymph node involvement (IE)^{a,b} Rare in Hodgkin lymphoma

Stage II

Involvement of two or more lymph node regions on the same side of the diaphragm (II); or localised involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm (IIE)^{b,c} The number of regions involved may be indicated by an Arabic numeral, as in, for example, II3.

Stage III

Involvement of lymph node regions on both sides of the diaphragm (III), which also may be accompanied by extralymphatic extension in association with adjacent lymph node involvement (IIIE) or by involvement of the spleen (IIIS) or both (IIIE,S)^{b,c,d} Splenic involvement is designated by the letter S.

Stage IV

Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or isolated extralymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). Stage IV includes any involvement of the liver or bone marrow, lungs (other than by direct extension from another site), or cerebrospinal fluid.^{b,c,d}

- Multifocal involvement of a single extralymphatic organ is classified as stage IE and not stage IV.
- For all stages, tumour bulk greater than 10 to 15 cm is an unfavourable prognostic factor.
- The number of lymph node regions involved maybe indicated by a subscript: eg, II3. For stages II to IV, involvement of more than 2 sites is an unfavourable prognostic factor.
- For stages III to IV, a large mediastinal mass is an unfavourable prognostic factor.

Note: Direct spread of a lymphoma into adjacent tissues or organs does not influence classification of stage.

**Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original source for this material is the AJCC Cancer Staging Manual, Seventh Edition (2010) published by Springer Science and Business Media LLC, www.springerlink.com.

G1.05 Involved sites or pattern of disease spread

- Nodal/Lymphatic
- Extranodal/Extralymphatic
- Nodal/Extranodal
- Unknown

S2.03 Specimen type

Examples include:

- peripheral blood
- aspirated fluid
- fine needle aspirate (FNA) biopsy
- needle core biopsy
- trephine biopsy
- endoscopic biopsy
- thoracoscopic biopsy
- laparoscopic biopsy
- punch biopsy
- incisional biopsy
- excisional biopsy
- resection (specify)
- other

S5.01 Lineage

Descriptors for lineage include:

- B-cell
- T-cell
- NK-cell
- NK/T-cell
- histiocytic
- dendritic cell
- myeloid
- monocytic
- myelomonocytic
- mast cell

In classical Hodgkin lymphoma, the lineage may be best recorded as 'Hodgkin-like' or 'in keeping with Hodgkin lymphoma'.

Cases of indeterminate diagnosis may be of 'null', 'unknown' or 'unproven' lineage.

G5.01 Clonality

Descriptors best used for clonality are:

- monoclonal
- polyclonal
- oligoclonal

In other circumstances 'unknown', 'untested' or 'unproven' should be recorded as it may be important for the clinician to be aware that monoclonality has not been proven.

G5.03 Diagnostic summary

Include:

- specimen type (S2.03)
- tumour site and laterality (S1.03, S1.04)
- WHO diagnosis (S5.02)
- grade where relevant (S3.02)