

Lung Cancer Histopathology Reporting Proforma



Mandatory questions (i.e. protocol standards) are in bold (e.g. **S1.01**).

S1.01 Identification

Family name

Sex

Male

Female

Intersex/indeterminate

Given name(s)

Date of birth

DD - MM - YYYY

G1.01 Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Date of request

DD - MM - YYYY

G1.02 Accession number

Clinical details

S1.01 Identification and contact details of requesting doctor

S1.01 Relevant clinical information (per request form)

G1.03 Principal clinician

S1.02 Nature of the resection

As identified by the requesting doctor

Wedge resection

Segmentectomy

Lobectomy

Pneumonectomy

Other

S1.03 Site and laterality of tumour

As identified by the requesting doctor

Right upper lobe

Right middle lobe

Right lower lobe

Left upper lobe

Left lower lobe

Main bronchus

G1.04 Results of previous cytological investigations or biopsies

G1.05 Details of any previous treatment of the current tumour

G1.06 Details of previous cancer diagnosis

G1.07 Risk factors for lung cancer (including smoking history, ethnicity and asbestos exposure)

G1.08 Clinical tumour stage

G1.09 Other relevant information and comments

Macroscopic findings

S2.04 Specimen type
Wedge resection
Segmentectomy
Lobectomy
Pneumonectomy
Other

S2.05 Nature and site of blocks

S2.06 Tumour site
Right upper lobe
Right middle lobe
Right lower lobe
Left upper lobe
Left lower lobe
Main bronchus

G2.02 Tumour location
Peripheral
Central Mainstem
Lobar
Segmental

S2.07 Number of tumours

S2.08 Maximum tumour diameter
 mm

S2.09 Extent of direct spread of tumour

Description of pleura overlying a peripheral tumour

S2.10 Distance of tumour from the bronchial resection margin
 mm

S2.11 Lymph nodes
Number:
Site:

S2.12 Non-neoplastic lung

G2.03 Other relevant information and comments

Microscopic findings

S3.01 Histological tumour type
Squamous cell carcinoma
Adenocarcinoma
Small cell carcinoma
Large cell carcinoma
Adenosquamous carcinoma
Sarcomatoid carcinoma
Carcinoid tumour
Typical
Atypical
Salivary gland tumour
Other tumour type
Pre-invasive lesions

S3.02 Histological grade

- Well differentiated
- Moderately differentiated
- Poorly differentiated
- Undifferentiated
- Not applicable

S3.03 Visceral pleural invasion

- Absent
- Present

S3.04 Vessel invasion

- Absent
- Present

Artery

- Focal
- Extensive

Vein

- Focal
- Extensive

Lymphatic

- Focal
- Extensive

G3.01 Perineural invasion

- Absent
- Present

S3.05 Bronchial resection margin

Tumour free Microscopic clearance

mm

Involved In situ
Invasive

- bronchial
- peribronchial

S3.06 Vascular resection margin

Tumour free
Involved

Nature of involvement:

S3.07 Other surgical margins (lung)

Tumour free
Involved

Specify:

S3.08 Direct involvement of contiguous structures

- Absent
- Present
- Margin involved

Specify margin:

Margin not involved

Clearance from margin:

mm

S3.09 In situ carcinoma

- Absent
- Present

S3.10 Lymph node involvement by tumour

Absent
Present Number involved:

Site of involved nodes:

G3.02 Lymph node replacement

- Focal
- Extensive
- Complete

G3.03 Extracapsular extension

- Absent
- Present

S3.11 Non-neoplastic lung

G3.04 Other relevant information and comments

Ancillary test findings

S4.01 Immunohistochemical stains

G4.02 Molecular pathology testing

Synthesis and overview

S5.01 Tumour stage**

pT

pN

pM

G5.01 Residual tumour status

- RX
- R0
- R1
- R2

G5.02 Completeness of surgical resection (clinico-pathological concept, refer to protocol)

- Complete
- Incomplete
- Uncertain

G5.03 Diagnostic summary
Include: specimen type, tumour site & laterality, tumour type, tumour stage, residual tumour status; completeness of surgical resection

S5.02 Other relevant information and comments

Worksheet prepared by:

On:

TNM definitions**

Primary tumour (T)

- TX Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualised by imaging or bronchoscopy.
- T0 No evidence of primary tumour
- Tis Carcinoma in situ
- T1 Tumour 3cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (ie not in the main bronchus)
- T1a Tumour 2cm or less in greatest dimension
- T1b Tumour more than 2cm but 3cm or less in greatest dimension
- T2 Tumour more than 3cm but 7cm or less or tumour with any of the following features (T2 tumours with these features are classified T2a if 5cm or less);
Involves main bronchus 2cm or more distal to the carina
Invades visceral pleura (PL1 or PL2);
Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
- T2a Tumour more than 3 cm but 5cm or less in greatest dimension
- T2b Tumour more than 5 cm but 7cm or less in greatest dimension
- T3 Tumour more than 7cm or one that directly invades any of the following:
parietal pleural (PL3) chest wall (including superior sulcus tumours), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium;
or tumour in the main bronchus (less than 2cm distal to the carina) but without involvement of the carina;
or associated atelectasis or obstructive pneumonitis of the entire lung
or separate tumour nodule(s) in the same lobe
- T4 Tumour of any size that invades any of the following:
mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, oesophagus, vertebral body, carina;
separate tumour nodule(s) in a different ipsilateral lobe

Regional lymph nodes (N)

- NX Regional lymph nodes cannot be assessed
- N0 No regional node metastasis
- N1 Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
- N2 Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
- N3 Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

Distant metastasis (M)

- M0 No distant metastasis
- M1 Distant metastasis
- M1a Separate tumour nodule(s) in a contralateral lobe; tumour with pleural nodules or malignant pleural (or pericardial) effusion
- M1b Distant metastasis

** 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.