

# Thyroid Cancer Histopathology Reporting Proforma



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

## **S1.01 Identification**

Family name

Given name(s)

Date of birth

Sex

- Male  
 Female  
 Intersex/indeterminate

Ethnicity

- Aboriginal/Torres Strait Islander  
 Other ethnicity  
 Unknown

**G1.01 Patient identifiers**

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

Date of request

**S1.02 Accession number**

Requesting doctor - name and contact details

## **Clinical details**

**S1.03 Principal clinician**

**S1.04 Operating surgeon - contact details**

  
  

**S1.05 Type of operation**

- Total thyroidectomy   
Near-total thyroidectomy   
Subtotal thyroidectomy   
Lobectomy with isthmusectomy   
(hemi-thyroidectomy)  
Lobectomy   
Partial lobectomy   
Completion thyroidectomy

**Neck dissection**

- No   
Yes   Left side   
Right side

- Central compartment   
Lateral compartment

Levels:

## **Additional procedures**

  
  

**S1.06 Details of any previous thyroid operation**

  
  

Not stated

**S1.07 Anatomical site(s)** (insert diagram or photograph if possible)

  
  

Not stated

**Other specimens received**

- No   
Yes  Specify details:

**S1.08 Laterality of the lesion**

- Left
- Right
- Isthmus
- Not stated

**G1.02 Any relevant clinical information eg**

- Thyroid function status
- Relevant medical treatments (eg anti-thyroid drug, radioactive iodine)
- Previous exposure of neck to radiotherapy
- Indication for performing surgery
- Family history (eg thyroid cancer, endocrine tumours or syndromes)
- Other (specify)


**G1.03 Pre-operative fine needle aspiration**

- No
- Yes  Specify details:


**G1.04 Clinical staging**

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**G1.05 Involvement of adjacent organs or distant metastases**

- No
- Yes  Specify details:


**G1.06 Clinical or differential diagnosis**


**Macroscopic findings**

**G2.04 Weight of the specimen**

g
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**S2.10 Specimen dimensions:**

Right lobe

length mm	x	width mm	x	thickness mm
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Left lobe

length mm	x	width mm	x	thickness mm
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Isthmus

length mm	x	width mm	x	thickness mm
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**G2.05 Thyroid capsule**

- Not intact
- Intact

**S2.11 Macroscopic description of lesion(s)**

Multiple lesions?

- No
- Yes  Number of lesions:

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**LESION 1**

Location

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Appearance


Borders

- Encapsulated
- Infiltrative

Size in greatest dimension

mm
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Distance from nearest excision margin

mm
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**LESION 2**

Location

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Appearance


**LESION 2**

Borders

Encapsulated

Infiltrative

Size in greatest dimension

mm

Distance from nearest excision margin

mm

**LESION 3**

Location

Appearance

Borders

Encapsulated

Infiltrative

Size in greatest dimension

mm

Distance from nearest excision margin

mm

**LESION 4**

Location

Appearance

Borders

Encapsulated

Infiltrative

Size in greatest dimension

mm

Distance from nearest excision margin

mm

G2.06 Appearance of other portion of thyroid

G2.07 Parathyroid

Absent

Present

Lymph nodes

Absent

Present  Specify type:

G2.08 Other macroscopic comment

**Microscopic findings**

**S3.01 Tumour type**

Papillary carcinoma

Follicular carcinoma

Medullary carcinoma

Others (please state)

For follicular carcinoma, record level of invasion:

Widely invasive

Minimally invasive

Vascular invasion

Absent

Present

Number of foci of capsular and/or vascular invasion (if known)

G3.01 Tumour variant

**S3.02 Multifocal lesions**

Absent

Present

**S3.03 Diameter of tumour**

(for multifocal tumours measure the largest)

mm

**S3.04 Extension into adjacent tissues/ organs**

Absent

Present  Into which tissue:

- Sternohyoid muscle
- Perithyroid soft tissue
- Subcutaneous soft tissues
- Larynx
- Trachea
- Oesophagus
- Recurrent laryngeal nerve

Other (specify):

**S3.05 Cancer at resection margin**

Absent  Clearance from resection margin

mm

Present  Which margin(s)

**S3.06 Lymph node status**

Location 1

Number of positive nodes

Total number of nodes resected

Location 2

Number of positive nodes

Total number of nodes resected

**S3.07 Parathyroid tissue**

Absent

Present  State where:

**G3.02 Co-existing pathology**

Hashimoto's thyroiditis

Lymphocytic thyroiditis

Diffuse parenchymatous goitre

Nodular hyperplasia

Other (specify):

**G3.03 Other microscopic comment**

**Ancillary test findings**

**S4.01 Immunohistochemical stains**

Positive Abs	
Negative Abs	
Equivocal Abs	

Interpretation

Clinical significance

**G4.01 Molecular investigation**

Performing lab

Result

Conclusion

Person responsible for reporting

**Synthesis and overview**

**S5.01 Tumour stage AJCC (see p5)**

T

N

M

Stage grouping

**S5.02 Year of publication and edition of cancer staging system**

G5.01 Diagnostic summary  
 Include: Operation type; tumour site, laterality, type, stage; completeness of excision


**S5.03 Other relevant information and comments**


**#Tumour stage (AJCC)**

**Primary Tumour (T)**

Note: All categories may be subdivided: (s) solitary tumour and (m) multifocal tumour (the largest determines the classification).

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- T1 Tumour 2cm or less in greatest dimension limited to the thyroid.
- T1a Tumour 1cm or less, limited to the thyroid.
- T1b Tumour more than 1cm but not more than 2cm in greatest dimension limited to the thyroid.
- T2 Tumour more than 2cm but not more than 4cm in greatest dimension limited to the thyroid.
- T3 Tumour more than 4cm in greatest dimension limited to the thyroid or any tumour with minimal extrathyroid extension (eg extension to sternothyroid muscle or perithyroid soft tissues).
- T4a Moderately advanced disease. Tumour of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, oesophagus or recurrent laryngeal nerve.
- T4b Very advanced disease. Tumour invades prevertebral fascia or encases carotid artery or mediastinal vessels. All anaplastic carcinomas are considered T4 tumours
- T4a Intrathyroidal anaplastic carcinoma
- T4b Anaplastic carcinoma with gross extrathyroid extension

**Regional Lymph Nodes (N)** - Regional lymph nodes are the central compartment, lateral cervical, and upper mediastinal lymph nodes.

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Regional lymph nodes metastasis
- N1a Metastasis to Level VI (Pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes)
- N1b Metastasis to unilateral, bilateral, or contralateral cervical (Levels I, II, III, IV, or V) or retropharyngeal or superior mediastinal lymph nodes (Level VII)

**Distant Metastasis (M)**

- M0 No distant metastasis
- M1 Distant metastasis

**Stage Grouping**

Papillary or follicular (differentiated)

UNDER 45 YEARS

Stage	T	N	M
Stage I	Any T	Any N	M0
Stage II	Any T	Any N	M1

45 YEARS AND OLDER

Stage I	T1	N0	M0
Stage II	T2	N0	M0
Stage III	T3	N0	M0
	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
Stage IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
Stage IVB	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

Medullary carcinoma (all age groups)

Stage I	T1	N0	M0
Stage II	T2	N0	M0
	T3	N0	M0
Stage III	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
Stage IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
Stage IVB	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

Anaplastic carcinoma (all considered Stage IV)

Stage IVA	T4a	Any N	M0
Stage IVB	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

# 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.

Worksheet prepared by:

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On:

DD – MM – YYYY
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