

A guide to Soft Tissue Tumour Resection Histopathology Reporting



Clinical details		
S1.02	Pathology accession number	Text
S1.03	Principal clinician	Text
S1.04	Type of specimen	See p2
S1.05	Anatomical site	Text
S1.06	Laterality	Left Right N/A Not stated
G1.02	Clinical or differential diagnosis	Text
S1.07	Details of any neoadjuvant therapy	Text Not stated
G1.03	Details of any relevant imaging	Text
G1.04	Details of previous biopsy	Text
G1.05	Details of known sites of disease/metastasis	Text
S1.08	Operative findings	Provided Not provided
	If provided, record...	
	Tumour extent	Text
	All visible tumour resected	Yes No Not stated
	Other relevant information	Text
G1.06	Details of relevant family history/pre-disposing factors	Text

Macroscopic findings		
S2.04	Measurements of specimen	__x__x__mm
S2.05	Measurements of tumour	__x__x__mm
G2.04	Distance from tumour to margins:	
	Closest margin	Text
	Distance to closest margin	__ mm
	Other margin (specify each)	Text
	Distance to other margin(s)	__ mm
G2.05	Nature of tissue between tumour and closest margin	Fat Muscle Fascia
	Nature of tumour interface with normal tissue (eg infiltrative, well circumscribed or encapsulated)	Text
G2.06	Appearance of cut surface tumour:	
	Description	Text
	Haemorrhage	Absent Present
	Necrosis	Not identified Present
	If present, record percent of tumour volume	__% (est.)
S2.06	Lymph nodes	Site(s) Nodes per site
G2.08	Other macroscopic comment	Text

Microscopic findings		
S3.01	Tumour site	Text
	Tumour depth – tissue plane	See p2
	Tumour depth (if possible)	__mm Not possible
G3.01	Tumour description (eg cellularity, growth pattern etc)	Text
G3.02	Mitotic rate	__ per10hpf
G3.03	Necrosis	Not identified Present
	If present, record percent of tumour volume	__% (est.)
S3.02	Histologic type (WHO)	Text Typing not possible
	Subtype	Text
G3.04	Pre-existing benign lesion (nerve sheath tumours)	Absent Present
S3.03	Distance from close surgical margins	
	For <i>each</i> margin record:	
	Type of margin	Text
	Distance from margin	__mm
	Nature of tissue at margin	Text
S3.04	Vascular invasion	Not identified Present
S3.05	Lymph node involvement by tumour	Not applicable Applicable
	If applicable, for each location, specify:	
	Number of nodes involved by tumour	__
	Total number of nodes resected	__
S3.06	Bone invasion	Absent Present Not applicable
G3.05	Tumour regression (where neoadjuvant chemo/radiotherapy administered)	Absent Present
	If present, record percent of tumour regression	__% (est.)
G3.06	Diagnostic SNOMED coding	Text
G3.07	Additional microscopic comments	Text

Ancillary test findings		
G4.01	Immunohistochemistry, record	Each antibody Result Interpretation Clin. significance
G4.02	Cytogenetic analysis, record	Performing lab Result Conclusion Person reporting
G4.03	Molecular genetic analysis, record	Performing lab Substrate Method Result Conclusion Person reporting

Ancillary test findings (cont.)

G4.04	Electron microscopy, record	Performing lab Result Conclusion Person reporting
-----------------------	-----------------------------	--

Synthesis and overview

S5.01	AJCC tumour stage	See p2
S5.02	Year of publication & edition of cancer staging system	Text
S5.03	Tumour grading (FNCLCC) (adult STS)	See p2 Grading not possible
	If grading is not possible include a general statement	Text
S5.04	Tumour grading (COG) (non-rhabdomyosarcomatous paediatric sarcoma other than Ewing's/PNET)	Grade 1 Grade 2 Grade 3 Grading not possible
S5.05	Intergroup Rhabdomyosarcoma Study classification (paediatric rhabdomyosarcoma)	See p2 Grading not possible
G5.01	Sent for specialist soft tissue review (give details)	Text
G5.02	Diagnostic summary (Include: Specimen type; Tumour - site, laterality, size, type, grade, stage; Completeness of excision; Prognostically important ancillary results; Assessment of response to neoadjuvant therapy)	Text
S5.06	Other relevant comments	Text

NOTES

S1.04 Type of specimen

- wide local excision
- compartmentectomy
- radical excision
- pelvic exenteration
- amputation (state type)
- other (specify)

S3.01 Tumour depth - tissue plane

- dermis
- subcutis/superficial to deep fascia
- subfascial
- intramuscular
- other (specify)

S5.05 Intergroup Rhabdo. Study

Tumour classification*

Embryonal, botryoid (favourable prognosis)
Embryonal, spindle cell (favourable prognosis)
Embryonal, NOS (intermediate prognosis)
Alveolar, NOS or solid variant (poor prognosis)
Anaplasia, diffuse (poor prognosis)
Undifferentiated sarcoma (poor prognosis)

Tumour site

Orbit
Head and neck
Bladder/prostate
Extremity
Cranial parameningeal
Other (specify)

PAX fusion type Text

*Reproduced with permission Qualman S, Coffin C and Newton W et al (1998). Intergroup rhabdomyosarcoma study: Update for pathologists. Ped Developmental Pathol 1(6):550-561

S5.01 AJCC Tumour stage**

Primary Tumour (T)

TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Tis	Carcinoma in situ: intraepithelial tumour without invasion of the lamina propria
T1	Tumour invades lamina propria, muscularis mucosae, or submucosa
T1a	Tumour invades lamina propria or muscularis mucosae
T1b	Tumour invades submucosa
T2	Tumour invades muscularis propria*
T3	Tumour penetrates subserosal connective tissue without invasion of visceral peritoneum or adjacent structures**,***
T4	Tumour invades serosa (visceral peritoneum) or adjacent structures**,***
T4a	Tumour invades serosa (visceral peritoneum)
T4b	Tumour invades adjacent structures
*	Note: A tumour may penetrate the muscularis propria with extension into the gastrohepatic ligaments, or into the greater or lesser omentum, without perforation of the visceral peritoneum covering these structures. In this case, the tumour is classified as T3. If there is perforation of the visceral peritoneum covering the gastric ligaments or the omentum, the tumour should be classified T4.
**	The adjacent structures of the stomach include the spleen, transverse colon, liver, diaphragm, pancreas, abdominal wall, adrenal gland, kidney, small intestine and retroperitoneum.
***	Intramural extension to the duodenum or esophagus is classified by the depth of the greatest invasion in any of these sites, including the stomach.

Regional Lymph Nodes (N)

NX	Regional lymph node(s) cannot be assessed
N0	No regional lymph node metastasis*
N1	Metastasis in 1-2 regional lymph nodes
N2	Metastasis in 3-6 regional lymph nodes
N3	Metastasis in seven or more regional lymph nodes
N3a	Metastasis in 7-15 regional lymph nodes
N3b	Metastasis in 16 or more regional lymph nodes
*	Note: A designation of pN0 should be used if all examined lymph nodes are negative, regardless of the total number removed and examined.

Distant Metastasis (M)

M0	No distant metastasis
M1	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.

S5.03 FNCLCC grading system**

Tumour differentiation

Score 1: sarcomas closely resembling normal adult mesenchymal tissue (e.g., low grade leiomyosarcoma).

Score 2: sarcomas for which histological typing is certain (e.g., myxoid liposarcoma).

Score 3: embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, osteosarcomas, PNET.

Mitotic Count

Score 1: 0-9 mitoses per 10 HPF*
Score 2: 10-19 mitoses per 10 HPF
Score 3: ≥20 mitoses per 10 HPF

Tumour necrosis

Score 0: no necrosis
Score 1: <50% tumour necrosis
Score 2: ≥50% tumour necrosis

Histological grade

Grade 1: total score 2, 3
Grade 2: total score 4, 5
Grade 3: total score 6, 7, 8

**Modified with permission from Trojani M, Contesso G, Coindre JM, Rouesse J, Bui NB, de Mascarel A, Goussot JF, David M, Bonichon F and Lagarde C (1984). Soft-tissue sarcomas of adults; study of pathological prognostic variables and definition of a histopathological grading system. Int J Cancer 33:37-42.