Thymic Epithelial Tumours Reporting Proforma

Includes the International Collaboration on Cancer Reporting dataset elements denoted by *

Family name

Given name(s)

Date of birth

Sex

- Male
- Female

Date of request

Ethnicity

- Unknown
- Aboriginal/Torres Strait Islander
- Other ethnicity:

Patient identifiers

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

Date of request

Accession number

S1.03

Requesting doctor - name and contact details

S1.02

Clinical details

Date of request

S1.03

Accession number

Operative procedure

- Extended thymectomy
- Radical thymectomy
- Partial thymectomy
- Total thymectomy
- Other (specify)

New primary tumour or recurrence

- New primary
- Regional (local) recurrence
- Distant metastases

Details:

Principal clinician

Other relevant comments

Macroscopic findings

Specimen labelled as

Operative procedure

- Extended thymectomy
- Radical thymectomy
- Partial thymectomy
- Total thymectomy
- Other (specify)

Previous relevant biopsy or procedure

Vers. 1.0 Proforma for Thymic Epithelial Tumours Protocol 1st Edition

Page 1 of 6
S2.02  SPECIMEN WEIGHT


S2.03  *SPECIMENS SUBMITTED (select all that apply)

- Partial thymus
- Complete thymus
- Thymus plus surrounding tissue (radical thymectomy)
- Mediastinal pleura
- Pericardium
- Lung
  - Right
    - Wedge
    - Lobe
    - Entire Lung
  - Left
    - Wedge
    - Lobe
    - Entire Lung
- Phrenic nerve
  - Right
  - Left
- Great vessels
  - Brachiocephalic (innominate) vein
  - Superior vena cava
  - Extrapericardial pulmonary artery/veins
  - Aorta (ascending, arch or descending)
  - Arch vessels
  - Intrapericardial pulmonary artery
- Myocardium
- Diaphragm
- Separate extrathymic tumour nodules
- Lymph nodes
- Other (specify)

S2.04  *SPECIMEN INTEGRITY

- Cannot be assessed
- Surface disrupted
- Intact specimen
- Fragmented specimen

S2.05  *MACRO. SITE OF PRIMARY TUMOUR

- Thymic
  - Single tumour
  - >1 tumour
    (If thymic >1 tumour, consider recording the details under G2.06)
- Ectopic (specify site(s))

G2.02 SPECIMEN WEIGHT


G2.03  LYMPH NODES PER CASSETTE


G2.04  DIMENSIONS OF THYMUS

length mm x width mm x thickness mm

G2.05  DIMEN. OF OTHER SUBMITTED SPECIMEN(S)

1
length mm x width mm x thickness mm

2
length mm x width mm x thickness mm

3
length mm x width mm x thickness mm

S2.06  *MAX. DIMENSION OF PRIMARY TUMOUR


G2.06  OTHER TUMOUR NODULE(S)

Site of tumour nodule 1

Max. dimension mm

Dist. to primary tumour mm

Site of tumour nodule 2

Max. dimension mm

Dist. to primary tumour mm

Site of tumour nodule 3

Max. dimension mm

Dist. to primary tumour mm
**EXTENT OF TUMOUR SPREAD**

(Select all that apply)

- Cannot be assessed
- Macroscopic extension into mediastinal fat
- Pulmonary parenchyma, specify lobe
- Pleura, specify location
- Pericardium
- Diaphragm
- Other, describe

**CLOSEST MARGIN TO TUMOUR**

**DISTANCE OF TUMOUR TO CLOSEST MARGIN**

mm

**APPEARANCE OF NON-LESIONAL TISSUE**

**HISTOLOGICAL TUMOUR TYPE**

*Thymoma*

- Present
- Not identified

**Predominant subtype**

**Other thymoma types**

**Thymic carcinoma**

- Present
- Not identified

**Predominant subtype**

**Other thymic carcinoma patterns**

**Thymic neuroendocrine tumours**

- Present
- Not identified

**Typical carcinoid tumour**

**Atypical carcinoid tumour**

**Large cell neuroendocrine carcinoma**

**Small cell carcinoma**

**Final histological diagnosis**

(Use 2015 WHO classification for combined tumours)
### S3.02  *EXTENT OF DIRECT INVASION*

#### Tumour capsule
- No invasion beyond capsule or limit of the thymus
- Microscopic invasion
- Macroscopic invasion limited to the mediastinum
- Macroscopic invasion beyond the mediastinum

#### Mediastinal pleura
- Cannot be assessed
- Not applicable
- Not involved
- Involved

#### Pericardium
- Cannot be assessed
- Not applicable
- Not involved
- Involved

#### Lung (pulmonary parenchyma, visceral pleura, or both)
- Cannot be assessed
- Not applicable
- Not involved
- Involved

#### GREAT VESSELS

##### Brachiocephalic (innominate) vein
- Cannot be assessed
- Not applicable
- Not involved
- Involved

##### Superior vena cava
- Cannot be assessed
- Not applicable
- Not involved
- Involved

##### Extrapericardial pulmonary artery/veins
- Cannot be assessed
- Not applicable
- Not involved
- Involved

##### Aorta (ascending, arch or descending)
- Cannot be assessed
- Not applicable
- Not involved
- Involved

### S3.03  *SEPARATE EXTRATHYMIC TUMOUR NODULES/METASTASES*

#### Pleural and/or pericardial
- Present
- Not identified

Specify location(s) Specify no./location

#### Pulmonary intraparenchymal
- Present
- Not identified

#### Distant organ
- Present
- Not identified

Specify site(s)

### G3.01  *RESPONSE TO NEOADJUVANT THERAPY*

- Cannot be assessed
- Prior treatment not known
- No prior treatment
- No response
- Positive response

Residual viable tumour on cross-section
**G3.02  COEXISTENT PATHOLOGY**
- Thymic hyperplasia
  - Follicular
  - Epithelial
  - True
- Cystic changes
  - In tumour
  - In adjacent thymus
- Other (specify)

**S3.04  MARGIN STATUS**
- Cannot be assessed
- Not involved
- Involved
  - Macroscopic
    - Specify margin(s), if possible
  - Microscopic
    - Specify margin(s), if possible

**S3.05  LYMPH NODE STATUS**
- No nodes submitted or found
- Not involved
- Involved (consider reviewing the details under G3.03)

**G3.03  INVOLVED LYMPH NODES**
- Anterior (perithymic) nodes (zone 1)
  - Number of lymph nodes examined
  - Number of positive lymph nodes
    - Number cannot be determined
- Deep intrathoracic / cervical nodes (zone 2)
  - Number of lymph nodes examined
  - Number of positive lymph nodes
    - Number cannot be determined

**G3.04  ADDITIONAL MICROSCOPIC COMMENT**

---

**Ancillary test findings**

**G4.01  IMMUNOHISTOCHEMICAL MARKERS**
- Not performed
- Performed
  - Positive markers
  - Negative markers
  - Equivocal markers

**G4.02  MOLECULAR STUDIES**
- Not performed
- Performed
  - Specify tests and results

**G4.03  OTHER ANCILLARY FINDINGS**
## Synthesis and overview

**S5.01** *PATHOLOGICAL STAGING FOR THYMOMAS AND THYMIC CARCINOMAS – MODIFIED MASAOKA*  
(with updated ITMIG definitions - REFER ADJACENT TABLE)

<table>
<thead>
<tr>
<th>Suffices</th>
<th>Primary tumour (T)</th>
<th>Regional lymph nodes (N)</th>
<th>Distant metastases (M)</th>
</tr>
</thead>
</table>

**G5.01** *PROPOSED TNM PATHOLOGIC STAGING FOR THYMIC CARCINOMA*  
(REFER ADJACENT TABLE)

**G5.02** YEAR OF PUBLICATION AND EDITION OF CANCER STAGING SYSTEM(S)

**G5.03** OVERARCHING COMMENT

**G5.03** EDITION/VERSION NUMBER OF THE RCPA PROTOCOL ON WHICH THE REPORT IS BASED  
THYMIC EPITHELIAL TUMOURS STRUCTURED REPORTING PROTOCOL (1st Edition 2016)

## Pathologic Staging for Thymomas and Thymic Carcinomas

### PROPOSED TNM PATHOLOGIC STAGING FOR THYMIC CARCINOMAS - MODIFIED MASAOKA (with updated ITMIG definitions)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Grossly and microscopically completely encapsulated tumour</td>
</tr>
<tr>
<td>IIa</td>
<td>Microscopic transcapsular invasion</td>
</tr>
<tr>
<td>IIb</td>
<td>Macroscopic invasion into thymic or surrounding fatty tissue, or grossly adherent to but not breaking through mediastinal pleura or pericardium</td>
</tr>
<tr>
<td>III</td>
<td>Macroscopic invasion into neighbouring organ (i.e. pericardium, great vessel or lung)</td>
</tr>
<tr>
<td>IVa</td>
<td>Pleural or pericardial metastases</td>
</tr>
<tr>
<td>IVb</td>
<td>Lymphogenous or haematogenous metastases</td>
</tr>
</tbody>
</table>

### PROPOSED TNM PATHOLOGIC STAGING FOR THYMIC EPITHELIAL TUMOURS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TX</td>
<td>Primary tumour can not be assessed.</td>
</tr>
<tr>
<td>T0</td>
<td>No evidence of primary tumour</td>
</tr>
<tr>
<td>T1</td>
<td>A tumour that either is limited to the thymus with or without encapsulation, directly invades into the mediastinum only or directly invades the mediastinal pleura but does not involve any other mediastinal structure</td>
</tr>
<tr>
<td>T1a</td>
<td>No mediastinal pleural involvement</td>
</tr>
<tr>
<td>T1b</td>
<td>Direct invasion of the mediastinal pleura</td>
</tr>
<tr>
<td>T2</td>
<td>A tumour with direct invasion of the pericardium (either partial or full-thickness)</td>
</tr>
<tr>
<td>T3</td>
<td>A tumour with direct invasion into any of the following: Lung, brachiocephalic vein, superior vena cava, phrenic nerve, chest wall, or extrapericardial pulmonary artery or veins</td>
</tr>
<tr>
<td>T4</td>
<td>A tumour with invasion into any of the following: aorta (ascending, arch, or descending), arch vessels, intrapericardial pulmonary artery, myocardium, trachea, or oesophagus</td>
</tr>
</tbody>
</table>

### Regional lymph nodes (pN)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N0</td>
<td>No nodal involvement</td>
</tr>
<tr>
<td>N1</td>
<td>Anterior (perithymic) nodes</td>
</tr>
<tr>
<td>N2</td>
<td>Deep intrathoracic or cervical nodes</td>
</tr>
</tbody>
</table>

### Distant metastases (pM)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>pM1a</td>
<td>Separate pleural or pericardial nodule(s)</td>
</tr>
<tr>
<td>pM1b</td>
<td>Pulmonary intraparenchymal nodule or distant organ metastasis</td>
</tr>
</tbody>
</table>