

# Thymic Epithelial Tumours Reporting Proforma



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

Family name

Sex

- Male  
 Female

Given name(s)

Ethnicity

- Unknown  
 Aboriginal/Torres Strait Islander  
 Other ethnicity:

Date of birth

Date of request

Patient identifiers

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

Date of request

**S1.03** Accession number

Requesting doctor - name and contact details

## \* CLINICAL INFORMATION

- Myasthenia gravis       Lupus  
 Pure Red Cell Aplasia (PRCA)       Addison's disease  
 Rheumatoid arthritis       Cushing's disease  
 Hypogammaglobulinemia (Good's syndrome)

Previous neoplasm (specify)

Preoperative therapy (specify)

Other disorders (specify)

## OPERATIVE PROCEDURE

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

## PREVIOUS RELEVANT BIOPSY OR PROCEDURE

## NEW PRIMARY TUMOUR OR RECURRENCE

- New primary  Regional (local) recurrence   
Distant metastases

Details:

## S1.04 PRINCIPAL CLINICIAN

## G1.01 OTHER RELEVANT COMMENTS

## Macroscopic findings

### S2.02 SPECIMEN LABELLED AS

### G2.01 \* OPERATIVE PROCEDURE

- Extended thymectomy       Not specified  
 Radical thymectomy  
 Partial thymectomy  
 Total thymectomy  
 Other (specify)

G2.02 SPECIMEN WEIGHT

g

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

- Partial thymus  Not specified
- Complete thymus
- Thymus plus surrounding tissue (radical thymectomy)
- Mediastinal pleura
- Pericardium
- Lung
  - Right
    - Wedge
    - Lobe Lobe
    - Entire Lung
  - Left
    - Wedge
    - Lobe 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)

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

**S2.04 \*SPECIMEN INTEGRITY**

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

**S2.05 \*MACRO. SITE OF PRIMARY TUMOUR**

- Thymic  Not specified
  - Single tumour
  - >1 tumour  
(If thymic >1 tumour, consider recording the details under G2.06)
- Ectopic (specify site(s))

**S2.06 \*MAX. DIMENSION OF PRIMARY TUMOUR**

mm  Cannot be assessed

G2.06 OTHER TUMOUR NODULE(S)

Site of tumour nodule 1

Max. dimension  mm

Cannot be assessed

Dist. to primary tumour  mm

Cannot be assessed

Site of tumour nodule 2

Max. dimension  mm

Cannot be assessed

Dist. to primary tumour  mm

Cannot be assessed

Site of tumour nodule 3

Max. dimension  mm

Cannot be assessed

Dist. to primary tumour  mm

Cannot be assessed

**S2.07 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

**G2.07 CLOSEST MARGIN TO TUMOUR**

DISTANCE OF TUMOUR TO CLOSEST MARGIN

**G2.08 APPEARANCE OF NON-LESIONAL TISSUE**

**S2.08 \*BLOCK IDENTIFICATION KEY**


**G2.09 OTHER MACROSCOPIC DESCRIPTION**

**Microscopic findings**

**S3.01 \*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 (Specify lobe(s) of the lung)

▼

**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

**Arch vessels**

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

**Intrapericardial pulmonary artery**

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

**Phrenic nerve**

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

**Other involved organ(s)/site(s) by direct spread**


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

**Pleural and/or pericardial**

- Present
- Not identified



**Specify location(s)**

Specify no./location

<input type="text"/>	⇒	<input type="text"/>
<input type="text"/>	⇒	<input type="text"/>
<input type="text"/>	⇒	<input type="text"/>

**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 recording 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

- Unspecified location within zones 1 or 2

Number of lymph nodes examined

Number of positive lymph nodes

- Number cannot be determined

- Location(s) outside zones 1 or 2 (M1 disease)

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	

Interpretation and conclusions

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)

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

Suffices

Primary tumour (T)

Regional lymph nodes (N)

Distant metastases (M)

### S5.02 YEAR OF PUBLICATION AND EDITION OF CANCER STAGING SYSTEM(S)

### G5.02 DIAGNOSTIC SUMMARY

Include: Specimen submitted; Tumour site; Tumour type; Tumour stage and completeness of excision.

  
  

### S5.03 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 - MODIFIED MASAOKA (with updated ITMIG definitions)

Not applicable

Cannot be determined

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

### PROPOSED TNM PATHOLOGIC STAGING FOR THYMIC EPITHELIAL TUMOURS

m - multiple primary tumors

y - post treatment

r - recurrent

#### Primary tumour (pT)

- TX Primary tumour can not be assessed.
- T0 No evidence of primary tumour
- T1 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
  - T1a no mediastinal pleural involvement
  - T1b direct invasion of the mediastinal pleura
- T2 A tumour with direct invasion of the pericardium (either partial or full-thickness)
- T3 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
- T4 A tumour with invasion into any of the following: aorta (ascending, arch, or descending), arch vessels, intrapericardial pulmonary artery, myocardium, trachea, or oesophagus

#### Regional lymph nodes(pN)

No nodes submitted or found

- N0 No nodal involvement
- N1 Anterior (perithymic) nodes
- N2 Deep intrathoracic or cervical nodes

#### Distant metastases (pM)

Not applicable

- pM1a Separate pleural or pericardial nodule(s)
- pM1b Pulmonary intraparenchymal nodule or distant organ metastasis