

A guide to Primary Cutaneous Melanoma Histopathology Reporting



Includes the  International Collaboration on Cancer reporting dataset denoted by *

Clinical details		
S1.02	Clinical information provided on request form (complete as narrative or use the structured format below)	Text
	*Tumour site	Not provided OR Text
	*Specimen laterality	Left Midline Right Not provided
	Clinical or differential diagnosis	Text
	*Specimen type	See p2
	If re-excision report the following:	
	Previous laboratory	Text
	Previous pathology accession number	
	Findings in previous biopsy	
	History and timing of lesional trauma, biopsy, irritation or treatment with topical agent	Text
	Past history of melanoma	Yes/No
	If yes, give details (e.g. site, thickness, timing, treatment etc)	Text
	Evidence of metastatic disease	Yes/No
	If yes, describe and consider recording serum LDH	Text
	Serum lactate dehydrogenase	___IU
	Other relevant history	Text
	Details of specimen orientation	Text
	Any clinically or dermatoscopically identified suspicious areas	Yes/No
	If yes, describe	Text
	Clinical or other relevant diagnostic imaging results	Text
	New primary melanoma or recurrence	See p2
S1.03	Pathology accession number	Text
S1.04	Principal clinician caring for the patient	Text
G1.01	Other clinical information received	Text
Macroscopic findings		
G2.01	*Specimen description	Text
G2.03	*Specimen dimensions	_x_x_mm
G2.04	*Specimen orientation	Not provided OR Text
G2.05	*Macroscopic primary lesion description	Text
G2.06	*Macroscopic primary lesion dimensions (<i>length x width x depth; depth is optional</i>)	_x_x_mm OR Indeterminate

Macroscopic findings (cont.)		
G2.07	*Other lesion(s)	Not identified Present
	*If yes, record macroscopic description of other lesion(s)	Text
G2.08	*Block identification key	Text
G2.09	Other comments	Text
Microscopic findings		
G3.01	Microscopic description	Text
S3.01	* Breslow thickness (** <i>measurement should be to a minimum of 1 decimal point and to a degree of precision as to allow accurate AJCC staging</i>)	Indeterminate OR ___mm** OR At least: ___mm**
S3.02	*SURGICAL MARGIN/TISSUE EDGE STATUS	
	*In situ component:	Cannot be assessed
	Peripheral margin (** <i>by melanoma in situ</i>)	Not involved** Involved**
	If not involved, record ..	
	*distance of melanoma in situ from closest margin	___mm
	*locations of closest uninvolved margin if possible	Text
	If involved, record	
	*locations of involved margins if possible	Text
	*Invasive component:	Cannot be assessed
	Peripheral margin (** <i>by invasive melanoma</i>)	Not involved** Involved**
	If not involved, record ..	
	*distance of invasive melanoma from closest margin	___mm
	*locations of closest uninvolved margin if possible	Text
	If involved, record ..	
	*locations of involved margins if possible	Text
	*Invasive component:	Cannot be assessed
	Deep margin (** <i>by invasive melanoma</i>)	Not involved** Involved**
	If not involved, record ..	
	*distance of invasive melanoma from closest margin	___mm
	*locations of closest uninvolved margin if possible	Text
	If involved, record	
	*locations of involved margins if possible	Text

Microscopic findings (cont.)		
S3.03	*Ulceration If present, consider G3.02	Not identified Present Indeterminate
G3.02	*Extent of ulceration	___ mm
S3.04	*Mitotic count	___ per mm ²
S3.05	*Satellites If present, record *Satellites: margin involvement	Not identified Present Indeterminate Cannot be assessed Not involved by sat. Involved by satellite
G3.03	*Clark level	See p2
S3.06	*Lymphovascular invasion	Not identified Present Indeterminate
G3.04	*Tumour-infiltrating lymphocytes (early regression)	Not identified Brisk Non-brisk
G3.05	*Tumour regression (intermediate and late) If present record the Extent of regression and consider recording G3.06	Not identified Present Indeterminate ___mm
G3.06	*Tumour regression (intermediate and late): margins If not involved, record *Clearance from margins of excision	Cannot be assessed Not involved by reg. Involved by reg. ___mm
S3.07	*Desmoplastic melanoma component If present, record if *Pure or mixed	Not identified Present See p3
S3.08	*Neurotropism	Not identified Present Indeterminate
G3.07	*Associated melanocytic lesion If yes, describe	Not identified Present Text
G3.08	Intraepidermal melanoma growth pattern	Pagetoid Lentiginous Mixed pattern
G3.09	*Melanoma subtype	See p3
S3.09	*LYMPH NODE STATUS (If lymph nodes are not received these elements should NOT be reported.)	
	*Number of sentinel nodes examined	___
	*Number of positive sentinel nodes If >1 consider reporting G3.10	___
	*Total number of nodes examined (sentinel and non-sentinel)	___
	*Total number of positive nodes examined (sentinel and non-sentinel)	___

Microscopic findings (cont.)		
G3.10	*Sentinel lymph node metastasis: location of tumour within the lymph node	Subcapsular Intraparenchymal Both subcapsular & intraparenchymal
	*Sentinel lymph node metastasis: extranodal extension	Not identified Present Indeterminate
	*Sentinel lymph node metastasis: maximum single dimension of the largest discrete metastasis	___mm
G3.11	Additional comment	Text

Synthesis and overview		
S5.01	*PATHOLOGICAL STAGING (AJCC 7TH EDITION) *Primary tumour (T)	See p3
S5.02	*Regional lymph nodes (N)	See p3
S5.03	Year and edition of staging system	Text
G5.01	Diagnostic summary (Include:specimen type, tumour site and laterality, tumour type, tumour pT stage, tumour pN stage, whether or not the specimen margins are involved)	Text
S5.04	Overarching comment	Text

Notes

Specimen type

- Not provided
- Re-excision
- Excision
- Punch
- Incision
- Shave
- Curette
- Other (specify)

New primary melanoma or recurrence

- New primary
- Recurrence – local
- Recurrence – intransit metastasis (between primary site and regional node field)
- Recurrence – regional
- Recurrence – distant
- Not stated

G3.03 Clark level

- Confined to epidermis (I)
- Infiltrates but does not fill papillary dermis (II)
- Fills/expands papillary dermis (III)
- Infiltrates into reticular dermis (IV)
- Infiltrates into subcutaneous fat (V)

S3.07 Desmoplastic melanoma component

- Pure desmoplastic melanoma (>90% desmoplastic features)
- Mixed (mixed desmoplastic / non-desmoplastic melanoma)

G3.09 Melanoma subtype

Choose all that apply

- Superficial spreading melanoma
- Nodular melanoma
- Lentigo maligna melanoma
- Acral-lentiginous melanoma
- Desmoplastic melanoma
- Melanoma arising from blue naevus
- Melanoma arising in giant congenital naevus
- Melanoma of childhood
- Naevoid melanoma
- Persistent melanoma
- Melanoma, not otherwise classified
- Other (specify)

Pathological Staging (AJCC 7th Ed.)##

T classification

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- Tis Melanoma in situ
- T1 Melanomas ≤ 1.0 mm in thickness
 - T1a Without ulceration and mitosis $< 1/\text{mm}^2$
 - T1b With ulceration or mitoses $\geq 1/\text{mm}^2$
- T2 Melanomas 1.01–2.0 mm
 - T2a without ulceration
 - T2b with ulceration
- T3 Melanomas 2.01–4.0 mm
 - T3a without ulceration
 - T3b with ulceration
- T4 Melanomas > 4.0 mm
 - T4a without ulceration
 - T4b with ulceration

N classification

No nodes submitted or found
OR

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 1 node
 - N1a micrometastasis*
 - N1b macrometastasis**
- N2 2–3 nodes
 - N2a micrometastasis*
 - N2b macrometastasis**
 - N2c in transit met(s)/satellite(s) without metastatic nodes
- N3 4 or more metastatic nodes, or matted nodes, or in transit met(s)/satellite(s) with metastatic node(s)

* Micrometastases are diagnosed after sentinel lymph node biopsy and completion lymphadenectomy (if performed).

** Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or when nodal metastasis exhibits gross extracapsular extension.

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.