Carcinomas of the Adrenal Cortex Histopathology Reporting Proforma
Includes the International Collaboration on Cancer reporting dataset denoted by *

<table>
<thead>
<tr>
<th>Clinical information</th>
<th>Macroscopic findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1.02/S2.02  ○ Not provided  OR</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>□ *Previous history of endocrine/adrenal tumour or related abnormality</td>
<td></td>
</tr>
<tr>
<td>□ *Relevant biopsy/cytology results</td>
<td></td>
</tr>
<tr>
<td>□ *Previous surgery/therapy</td>
<td></td>
</tr>
<tr>
<td>□ *Relevant familial history</td>
<td></td>
</tr>
<tr>
<td>□ *Functional status</td>
<td></td>
</tr>
<tr>
<td>□ Primary aldosteronism (PA)  ○ Virilization</td>
<td></td>
</tr>
<tr>
<td>□ Conn syndrome  ○ Feminization</td>
<td></td>
</tr>
<tr>
<td>□ Other, specify</td>
<td></td>
</tr>
<tr>
<td>□ *Imaging findings</td>
<td></td>
</tr>
<tr>
<td>S1.04 PRINCIPAL CLINICIAN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Male</td>
</tr>
<tr>
<td>○ Female</td>
</tr>
<tr>
<td>○ Intersex/indeterminate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Unknown</td>
</tr>
<tr>
<td>○ Aboriginal/Torres Strait Islander (AU)</td>
</tr>
<tr>
<td>○ Māori (NZ)</td>
</tr>
<tr>
<td>○ Other ethnicity:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Given name(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient identifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. MRN, IHI or NHI (please indicate which)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of request</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>S1.03 Accession number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Requesting doctor - name and contact details</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mandatory questions (i.e. protocol standards) are in bold (e.g. S1.03).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Macroscopic findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2.01 SPECIMEN LABELLED AS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S2.03 *OPERATIVE PROCEDURE (select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Not specified</td>
</tr>
<tr>
<td>○ Adrenalectomy, total</td>
</tr>
<tr>
<td>○ Adrenalectomy, partial</td>
</tr>
<tr>
<td>○ Left  ○ Right</td>
</tr>
<tr>
<td>○ Open or laproscopic</td>
</tr>
<tr>
<td>□ Biopsy (incisional, excisional), specify</td>
</tr>
<tr>
<td>□ Other, specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S2.04 *SPECIMEN(S) SUBMITTED (select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Not specified</td>
</tr>
<tr>
<td>○ Adrenal tumour</td>
</tr>
<tr>
<td>□ Left  □ Right</td>
</tr>
<tr>
<td>□ Lymph nodes, specify site(s) and laterality</td>
</tr>
<tr>
<td>□ Other (e.g., metastatic site), specify site(s) and laterality</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G2.01 *SPECIMEN DIMENSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm  x  mm  x  mm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S2.05 *TUMOUR SITE (select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Not specified</td>
</tr>
<tr>
<td>○ Adrenal</td>
</tr>
<tr>
<td>□ Left  □ Right</td>
</tr>
<tr>
<td>□ Other, specify site(s) and laterality</td>
</tr>
</tbody>
</table>

Version 1.0 Proforma: Carcinomas of the Adrenal Cortex Structured Reporting Protocol 1st Edition
**S2.06 NUMBER OF LESIONS**

**S2.07 MACROSCOPIC APPEARANCE OF LESION(S)**
Macroscopic appearance will need to be repeated for each primary tumour identified.

**Location**
- [ ] Cortex
- [ ] Indeterminate
- [ ] Other

**Details**

**Borders**
- [ ] Encapsulated
- [ ] Infiltrative

**Description**

**Size in greatest dimension**

**Distance to nearest excision margin**

**S2.08 APPEARANCE OF UNINVOLVED ADRENAL GLAND**

Cortex
- [ ] Unremarkable
- [ ] Atrophic (thin)
- [ ] Not identified
- [ ] Hypertrophic (thickened)

Cortical nodules
- [ ] Absent
- [ ] Present
- [ ] Not assessable

**Size of largest nodule**

**Distance to nearest excision margin**

**S2.09 *SPECIMEN INTEGRITY***
- [ ] Specimen intact
- [ ] Capsule disrupted
- [ ] Fragmented specimen
- [ ] Cannot be assessed, specify

**S2.10 *TUMOUR DIMENSIONS***
Repeat tumour identification and maximum dimension for each tumour identified.

**Tumour identification**

**Maximum tumour dimension (largest tumour)**

**Additional dimensions (largest tumour)**

**Tumour identification**

**Maximum tumour dimension (largest tumour)**

**Additional dimensions (largest tumour)**

**Cannot be assessed, specify**

**S2.11 *TUMOUR WEIGHT***

| 9 |

**G2.02 ANY ACCOMPANYING SPECIMENS**

**Lymph nodes**
- [ ] Absent
- [ ] Present

**Other adjacent structures**

**G2.03 BLOCK IDENTIFICATION KEY**

**G2.04 ADDITIONAL MACROSCOPIC COMMENTS**

**Microscopic findings**

**S3.01 *HISTOLOGICAL TUMOUR TYPE***
(Value list based on the World Health Organization (WHO) Classification of Tumours: Pathology and Genetics of Tumours of Endocrine Organs (2017))

- [ ] Adrenal cortical carcinoma, not otherwise specified (NOS)
- [ ] Adrenal cortical carcinoma, oncocytic type
- [ ] Adrenal cortical carcinoma, myxoid type
- [ ] Adrenal cortical carcinoma, sarcomatoid type
- [ ] Adrenal cortical neoplasm of uncertain malignant potential

**G2.05**

**S3.02 *MICROSCOPIC TUMOUR DIMENSION***
Repeat tumour identification and maximum dimension for each tumour identified.

**Maximum tumour dimension (largest tumour)**

**Additional dimensions (largest tumour)**

**Cannot be assessed, specify**

*This is not considered a distinct entity under the WHO Classification.*
**S3.03 **EXTENT OF INVASION (select all that apply)
- Cannot be assessed
- Confined to adrenal gland
- Invasion into/through adrenal capsule
- Invasion into extra-adrenal structures, specify
- Invasion into adjacent organs, specify

**S3.04 **SINUSOIDAL INVASION
- Absent
- Present

**Involved organs**

**S3.05 **TUMOUR ARCHITECTURE
- Not identified
- Indeterminate
- Diffuse (solid or pattern-less)
- Nested/non-diffuse

**S3.06 **LIPID RICH CELLS
- Not identified
- Indeterminate
- ≤25%
- >25%

**S3.07 **CAPSULAR INVASION
- Not identified
- Present
- Cannot be assessed, specify

**S3.08 **LYMPHATIC INVASION
- Not identified
- Present
- Cannot be assessed, specify

**S3.09 **VASCULAR INVASION
- Not identified
- Present (select all that apply)
  - Capillary/lymphatic sized vessels
  - Vein size (select all that apply)
    - Adrenal vein
    - Vena cava
    - Other, specify
- Cannot be assessed, specify

**S3.10 **ATYPICAL MITOTIC FIGURES
- Not identified
- Present

**S3.11 **NECROSIS
- Not identified
- Present
  - Extent
    - Focal
    - Extensive

**S3.12 **NUCLEAR GRADE (Fuhrman criteria)
- Low (Grade 1 or 2)
- High (Grade 3 or 4)

**S3.13 **MITOTIC COUNT AND HISTOLOGICAL TUMOUR GRADE
- Mitotic figures/10 mm²
  - Present
  - Not identified

**S3.14 **KI-67 PROLIFERATION INDEX
- Ki-67
  - %
  - Cannot be assessed, specify

**G3.01 **RETICULIN FRAMEWORK
- Intact/preserved
- Altered/absent
- Cannot be assessed, specify

**G3.02 **MULTIFACTORIAL SCORING SYSTEMS
- Specify scoring system(s) used and score(s)
  - Weiss system for conventional adrenal cortical neoplasms
  - Modified Weiss system (Aubert) for conventional adrenal cortical neoplasms
  - Lin-Weiss-Bisceglia system for oncocytic adrenal cortical neoplasm
  - Helsinki system for diagnosis and prognosis of conventional and oncocytic adrenal cortical neoplasms
  - Reticulin algorithm for the diagnosis of conventional and oncocytic adrenal cortical neoplasms
  - Wieneke/AFIP algorithm for paediatric adrenal cortical neoplasms

**S3.15 **TUMOUR COMPRISING CLEAR OR VACUOLATED CELLS
- %
S3.16 NON-TUMOUR ADRENAL GLAND (select all that apply)
- Unremarkable
- Not identified/not assessable
- Adrenal cortical atrophy
- Hyperplasia
- Cortical nodules
- Medullary hyperplasia/nodule

Ancillary findings
G4.01 *ANCILLARY STUDIES
- Not performed
- Performed, specify

S3.17 *MARGIN STATUS
- Not involved (R0)
- Involved
  - Extent
    - R1 (microscopic), specify if possible
    - R2 (macroscopic), specify if possible
- Cannot be assessed, specify

Distance of tumour to closest margin mm

S3.18 *LYMPH NODE STATUS
- No nodes submitted or found
- Number of lymph nodes examined
- Not involved
- Involved
  - Number of positive lymph nodes
  - Number cannot be determined

Extranodal extension
- Not identified
- Present
- Cannot be assessed, specify

S3.19 *DISTANT METASTASES
- Not identified
- Not assessed
- Present, specify site(s)

Synthesis and overview
S5.01 *PATHOLOGICAL STAGING (AJCC TNM 8th edition)

TNM Descriptors (only if applicable) (select all that apply)
- m - multiple primary tumours
- r - recurrent
- y - post-therapy

Primary tumour (T)
- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- T1 Tumour ≤5 cm in greatest dimension, no extra-adrenal invasion
- T2 Tumour >5 cm, no extra-adrenal invasion
- T3 Tumour of any size with local invasion but not invading adjacent organs
- T4 Tumour of any size that invades adjacent organs (kidney, diaphragm, pancreas, spleen or liver) or large blood vessels (renal vein or vena cava)

Regional lymph nodes (N)
- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Metastasis in regional lymph node(s)

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S5.02 Year and edition of staging system

G5.01 DIAGNOSTIC SUMMARY
Include: Specimen submitted, Histological tumour type, Diameter of largest tumour, Completeness of excision, Tumour stage.

G5.03 OVERARCHING COMMENT

G5.02 Edition/version number of the Cancer Structured Reporting Protocol.