

# Lung Cancer Histopathology Reporting Proforma



Includes the  International Collaboration on Cancer reporting dataset denoted by \*

Family name

Given name(s)

Date of birth

Sex

- Male  
 Female  
 Intersex/indeterminate

Ethnicity

- Unknown  
 Aboriginal/Torres Strait Islander  
 Other ethnicity:

Patient identifiers

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

Date of request

**S1.03 Accession number**

Requesting doctor - name and contact details

## Nature of the resection

- Wedge resection  
 Segmentectomy  
 Bilobectomy  
 Lobectomy  
 Pneumonectomy

Other:

## Additional extrapulmonary tissue

No  Yes

Type of extrapulmonary tissue:

## Site and laterality of tumour

- Right upper lobe  Left upper lobe   
Right middle lobe  Left lower lobe   
Right lower lobe  Main bronchus

Results of previous cytological investigations or biopsies

Details of any previous treatment of the current tumour

## Details of previous cancer diagnosis

Risk factors for lung cancer (including smoking history, ethnicity and asbestos exposure)

Clinical tumour stage

## New primary cancer or recurrence

- New primary  
 Recurrence - regional  
 Recurrence - distant

## S1.04 Principal clinician caring for the patient

G1.01 Other clinical information received



**S2.14 \*Atelectasis/obstructive pneumonitis**

- Absent  Not assessable
- Present
- Extent:
- Involves entire lobe
- Involves entire lung

**S2.15 Non-neoplastic lung**


**G2.02 Other relevant information and comments**


**Microscopic findings**

**S3.01 \*Histological tumour type**

- Squamous cell carcinoma
- Small cell carcinoma
- Adenocarcinoma
- Large cell carcinoma
- Adenosquamous carcinoma
- Sarcomatoid carcinoma
- Carcinoid tumour
- Other
- |  |
|--|
|  |
|--|

**S3.02 \*Histological grade**

- Well differentiated
- Moderately differentiated
- Poorly differentiated
- Undifferentiated
- Not applicable

**S3.03 \*Visceral pleural invasion**

- Cannot be assessed
- Indeterminate
- Not identified
- Present

**G3.02 \*Extent of pleural involvement**

- PL1
- PL2
- PL3

**G3.01 \* Adenocarcinoma classification**

(Select all that apply)

- Adenocarcinoma in situ (AIS)
- Non-mucinous
- Mucinous
- Minimally invasive adenocarcinoma (MIA)
- Non-mucinous
- Mucinous
- Invasive adenocarcinoma
- Predominant pattern*
- Lepidic  %
- Acinar  %
- Papillary  %
- Micropapillary  %
- Solid  %

*Other patterns (if present)*

TYPE OF PATTERN	%
TYPE OF PATTERN	%
TYPE OF PATTERN	%
TYPE OF PATTERN	%

- Mucinous
- Colloid
- Fetal
- Enteric

**S3.04 \*Lymphovascular invasion**

- Indeterminate
- Not identified
- Present

**G3.03 Vessel(s) involved**

- Artery
- Focal
- Extensive
- Vein
- Focal
- Extensive
- Lymphatic
- Focal
- Extensive

**G3.04 \*Perineural invasion**

- Indeterminate
- Not identified
- Present

**S3.05 SURGICAL MARGIN STATUS**

**\*Bronchial resection margin**

- Not applicable
- Not involved
- Involved by invasive carcinoma
- Involved by CIS only

If involved by invasive carcinoma, record:

Tissues involved

- Bronchial
- Peribronchial soft tissue
- Both

If not involved record:

Microscopic clearance

mm

**\*Vascular resection margin**

- Not applicable
- Not involved
- Involved

If involved, record:

Nature of involvement

**\*Other margins**

\*Margin 1

- Not applicable
- Involved
- Not involved

Microscopic clearance

mm

\*Margin 2

- Not applicable
- Involved
- Not involved

Microscopic clearance

mm

**S3.06 \*Direct invasion of adjacent structures**

- Not identified
- Not applicable
- Trachea
- Chest wall
- Diaphragm
- Oesophagus
- Heart
- Great vessels
- Vertebral body
- Phrenic nerve
- Mediastinum
- Mediastinal fat
- Mediastinal pleura
- Parietal pericardium
- Recurrent laryngeal nerve

**Tumour at resection margin(s) for involved structures? (list structure)**

Structure 1

Absent

Closest microscopic clearance

mm

Present

Involved margins

Structure 2

Absent

Closest microscopic clearance

mm

Present

Involved margins

**S3.07 In situ carcinoma**

- Absent
- Present

**S3.08 \*Response to neoadjuvant therapy**

- Not applicable
- Less than 10% residual viable tumour
- Greater than 10% residual viable tumour
- Treatment history not known

**S3.09 LYMPH NODES**

\*Station(s) examined (specify)

\*Involved  Not involved

\*Station(s) involved (specify)

Number of positive nodes

 / 

(no. of positive nodes/total no. of nodes per station)

G3.05 Lymph node replacement

- Focal
- Extensive
- Complete

Nodal involvement due to:

- Metastatic spread
- Direct invasion

G3.06 Extracapsular extension

- Absent
- Present

G3.07 \*Non-neoplastic lung disease

G3.08 \*Other neoplastic processes (eg tumourlets, NEH, AAH, dysplasia)

G3.09 Other relevant comments

**Ancillary test findings**

G4.01 \*Immunohistochemical markers

Positive Abs	
Negative Abs	
Equivocal Abs	

\*Conclusions:

G4.02 \*EGFR result

G4.03 \*Other molecular data

Test	Result

**Synthesis and overview**

**S5.01 \*PATHOLOGICAL STAGING (AJCC 7TH EDITION)** (Refer page 6)

\*Suffices

\*Primary tumour (T)

\*Regional lymph nodes (N)

\*Distant metastasis (M)

**S5.02 Year of publication and edition of cancer staging system**

- G5.01 Residual tumour status\*\*
- RX: Presence of residual tumour cannot be assessed
  - R0: No residual tumour
  - R1: Microscopic residual tumour. Residual tumour at the bronchial margin may be:
    - R1: Invasive mucosal carcinoma or peribronchial infiltration
    - R1(is): Carcinoma in situ
  - R2: Macroscopic residual tumour.

- G5.02 Completeness of surgical resection
- Complete
  - Incomplete
  - Uncertain

G5.03 Diagnostic summary  
 Include: Operative procedure; Specimen laterality; Tumour site; Tumour type; Tumour stage; Residual tumour status; Completeness of surgical resection


**S5.03 Overarching comment**


\*\*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.

Worksheet prepared by:

On:

**S5.01 Pathological Staging (AJCC 7th Ed.)\*\***

**Suffixes (choose if applicable)**

m - multiple primary tumours r - recurrent  
 y - posttreatment

**Primary tumour (T)**

- TX Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualised by imaging or bronchoscopy.
- T0 No evidence of primary tumour
- Tis Carcinoma in situ
- T1 Tumour 3cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (ie not in the main bronchus)
- T1a Tumour 2cm or less in greatest dimension
- T1b Tumour more than 2cm but 3cm or less in greatest dimension
- T2 Tumour more than 3cm but 7cm or less or tumour with any of the following features (T2 tumours with these features are classified T2a if 5cm or less); Involves main bronchus 2cm or more distal to the carina Invades visceral pleura (PL1 or PL2); Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
- T2a Tumour more than 3 cm but 5cm or less in greatest dimension
- T2b Tumour more than 5 cm but 7cm or less in greatest dimension
- T3 Tumour more than 7cm or one that directly invades any of the following: parietal pleural (PL3) chest wall (including superior sulcus tumours), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium; or tumour in the main bronchus (less than 2cm distal to the carina\*) but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung or separate tumour nodule(s) in the same lobe
- T4 Tumour of any size that invades any of the following: mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, oesophagus, vertebral body, carina; separate tumour nodule(s) in a different ipsilateral lobe

\* The uncommon superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximally to the main bronchus, is also classified as T1a.

**Regional lymph nodes (N)**

- NX Regional lymph nodes cannot be assessed
- N0 No regional node metastasis
- N1 Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
- N2 Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
- N3 Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

**Distant metastasis (M)**

- M0 No distant metastasis
- M1 Distant metastasis
- M1a Separate tumour nodule(s) in a contralateral lobe; tumour with pleural nodules or malignant pleural (or pericardial) effusion\*\*
- M1b Distant metastasis

\*\* Most pleural (and pericardial) effusions with lung cancer are due to tumour. In a few patients, however, multiple cytopathologic examinations of pleural (pericardial) fluid are negative for tumour, and the fluid is nonbloody and is not an exudate. Where these elements and clinical judgement dictate that the effusion is not related to the tumour, the effusion should be excluded as a staging element and the patient should be classified as M0.