

A guide to Adrenal Cortical Tumours Histopathology Reporting



Includes the  International Collaboration on Cancer reporting dataset denoted by *

Clinical details		Macroscopic findings cont.		
S1.02	Clinical info. on request form (complete as narrative or use the structured format below)	Text	Size in greatest dimension ___ mm Distance to nearest excision margin ___ mm	
	*Previous history of endocrine / adrenal tumour or related abnormality	Text	S2.08 APPEARANCE OF UNINVOLVED ADRENAL GLAND See p2	
	*Relevant biopsy/ cytology results	Text	S2.09 *Specimen integrity Specimen intact Capsule disrupted Fragmented specimen Can't be assess'd, <i>specify</i>	
	*Previous surgery/ therapy	Text	S2.10 *Tumour dimensions Can't be assess'd, <i>specify</i> OR Text AND ___ mm maximum dimension	
	*Relevant familial history	Text	Note: Repeat tumour identification and maximum dimension for each tumour identified. Additional dimensions (largest tumour) ___ mm x ___ mm	
	*Functional status (Select all that apply) Cushing syndrome Primary aldosteronism (PA) Conn syndrome Virilization Feminization Other, <i>specify</i>		S2.11 *Tumour weight Can't be assess'd, <i>specify</i> OR ___ g Notes: Measure weight with other organs and fat removed.	
	*Imaging findings	Text	G2.02 ANY ACCOMPANYING SPECIMENS Lymph nodes (absent, present) Other adjacent structures Text	
G1.01	Copy to doctor	Text	S2.12 Block identification key Text	
S1.03	Pathology accession number	Text	G2.03 Other macroscopic comment Text	
S1.04	Principal clinician	Text	Microscopic findings	
G1.02	Comments	Text	S3.01 *Histological tumour type See p2	
Macroscopic findings			S3.02 *Microscopic tumour dimension Can't be assess'd, <i>specify</i> OR ___ mm maximum tumour dimension (largest tumour) OR Additional dimensions (largest tumour) ___ mm x ___ mm	
S2.01	Specimen labelled as	Text	S3.03 *Extent of invasion See p2	
S2.02	*Clinical information	Text	S3.04 Sinusoidal invasion Absent Present	
S2.03	*Operative procedure	See p2	Involved organs Text	
S2.04	*Specimen submitted (Select all that apply) Not specified OR Adrenal tumour (left, right) Lymph nodes, <i>specify site(s) and laterality</i> Other (e.g. metastatic site), <i>specify site(s) and laterality</i>		S3.05 *Tumour architecture Not identified Indeterminate Nested/non-diffuse Diffuse (solid or pattern-less)	
	Location Cortex Indeterminate Other		S3.06 *Lipid rich cells Not identified Indeterminate ≤25% >25%	
G2.01	Specimen dimensions	__x__x__ mm		
S2.05	*Tumour site Not specified OR Adrenal tumour (left, right) Other, <i>specify site(s) and laterality</i>			
S2.06	*Number of lesions	___		
S2.07	MACROSCOPIC APPEARANCE OF LESION(S) Cortex Indeterminate Other, <i>specify</i>			
	Borders Encapsulated Infiltrative			
	Description Text			

Microscopic findings cont.		Ancillary findings	
S3.07 *Capsular invasion	Not identified Present Can't be assess'd	G4.01 *Ancillary studies	Not performed Performed, <i>specify</i>
S3.08 *Lymphatic invasion	Not identified Present Can't be assess'd	Synthesis and overview	
S3.09 *Vascular invasion	See p3	S5.01 *PATHOLOGICAL STAGING	See p3
S3.10 *Atypical mitotic figures	Not identified Present	S5.02 Year and edition of staging system	Text
S3.11 *Necrosis	Not identified Present, <i>specify focal or extensive</i>	G5.01	Diagnostic summary Text Include: Specimen submitted; Histological tumour type; Diameter of largest tumour; Completeness of excision; Tumour stage.
S3.12 *Nuclear grade	Low (Grade 1 or 2) High (Grade 3 or 4)	S5.03 Overarching comment	Text
S3.13 *Mitotic count and histological tumour grade	___ mitotic figures/10 mm ² OR Low grade (<20 mitoses) High grade (>20 mitoses) Can't be assess'd, <i>specify</i>	G5.02 Edition/version of RCPA protocol	Text
S3.14 *Ki-67 proliferation index	___ % OR Can't be assess'd, <i>specify</i>	S2.02 Operative procedure Not specified OR (<i>Select all that apply</i>) <ul style="list-style-type: none"> Adrenalectomy, total Adrenalectomy, partial <ul style="list-style-type: none"> Left Right Open or laparoscopic Biopsy (Incisional, excisional), <i>specify</i> Other, <i>specify</i> Notes: *If a neck dissection is submitted, then a separate protocol is used to record the information	
G3.01 *Reticulin framework	Intact/preserved Altered/absent Can't be assess'd, <i>specify</i>	S2.08 Appearance of uninvolved adrenal gland Cortex <ul style="list-style-type: none"> Unremarkable Atrophic (thin) Hypertrophic (thickened) Not identified Cortical nodules <ul style="list-style-type: none"> Absent Present Not assessable Size of largest nodule ___mm OR <10 mm	
G3.02 *Multifactorial scoring systems	See p3		
S3.15 Tumour comprising clear or vacuolated cells	___ %		
S3.16 Non-tumour adrenal gland	See p3		
S3.17 *Margin status	Not involved (R0), specify distance to closest margin Involved, specify extent of involvement Can't be assess'd, <i>specify</i> ___mm R1 (microscopic), <i>specify if possible</i> ___mm R2 (macroscopic), <i>specify if possible</i> ___mm Text		
Extent of margin involvement			
Distance to closest margin Location			
S3.18 *Lymph node status	No nodes submitted or found Not involved Involved Number can't be determined OR ___ Not identified Present Cannot be determined	S3.01 Histological tumour type Select all that apply: <ul style="list-style-type: none"> 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* Other, <i>specify</i> *Note: This is not considered a distinct entity under the WHO classification.	
No. of lymph nodes examined			
No. of positive lymph nodes Extranodal extension		S3.03 Extent of invasion Cannot be assessed, <i>specify</i> OR Select all that apply: <ul style="list-style-type: none"> Confined to adrenal gland Invasion into/through adrenal capsule Invasion into extra-adrenal structures, <i>specify</i> Invasion into adjacent organs, <i>specify</i> 	
G3.03 *Coexistent pathology	See p3		
S3.19 *Distant metastases	See p3		
G3.04 Other microscopic comment	Text		

S3.09 Vascular invasion

- Not identified
- Present
 - o Capillary/lymphatic sized vessels
 - o Vein size
 - o Adrenal vein
 - o Vena cava
 - o Other, specify
- Cannot be assessed, *specify*

G3.01 Multifactorial scoring system

- Weiss system for conventional adrenal cortical neoplasms
- Modified Weiss system (Aubert) for conventional adrenal cortical neoplasms
- Lin-Weiss-Bisceglia system for oncocytic adrenal cortical neoplasms
- 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
- Weineke/AFIP algorithm for paediatric adrenal cortical neoplasms

S3.16 Non-tumour adrenal gland

Unremarkable

OR

Not identified/not assessable

OR

Select all that apply

- Adrenal cortical atrophy
- Hyperplasia
- Cortical nodules
- Medullary hyperplasia/nodule

G3.03 Coexistent pathology

None identified

OR

- Adenoma
- Hyperplasia
- Other, specify

S3.19 Distant metastases

None identified

OR

- Not identified
- Not assessed
- Present, *specify sites*

S5.01 Stage & stage group##

Suffixes

m - multiple primary tumours; y - post therapy; r - recurrent

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

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