# A guide to Adrenal Cortical Tumours Histopathology Reporting

Includes the International Collaboration on Cancer reporting dataset denoted by *

## Clinical details

<table>
<thead>
<tr>
<th>S1.02</th>
<th>Clinical info. on request form</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(complete as narrative or use the structured format below)</td>
<td></td>
</tr>
</tbody>
</table>

- Previous history of endocrine / adrenal tumour or related abnormality
- Relevant biopsy/cytology results
- Previous surgery/therapy
- Relevant familial history

## Functional status

(Select all that apply)

- Cushing syndrome
- Primary aldosteronism
- Conn syndrome
- Virilization
- Feminization
- Other, specify

## Imaging findings

Text

G1.01 Copy to doctor

S1.03 Pathology accession number

S1.04 Principal clinician

G1.02 Comments

## Macroscopic findings

<table>
<thead>
<tr>
<th>S2.01</th>
<th>Specimen labelled as</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not specified OR Adrenal tumour (left, right) Lymph nodes, specify site(s) and laterality Other (e.g. metastatic site), specify site(s) and laterality</td>
<td></td>
</tr>
</tbody>
</table>

Location

- Cortex
- Indeterminate
- Other

G2.01 Specimen dimensions

S2.03 Operative procedure

See p2

## Tumour dimensions

Note: Repeat tumour identification and maximum dimension for each tumour identified.

<table>
<thead>
<tr>
<th>S2.10</th>
<th>Tumour dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Can't be assess'd, specify OR Text AND __ mm maximum dimension</td>
</tr>
</tbody>
</table>

Additional dimensions (largest tumour)

- __ mm x __ mm

## Microscopic findings

<table>
<thead>
<tr>
<th>S3.01</th>
<th>Histological tumour type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See p2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S3.02</th>
<th>Microscopic tumour dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Can't be assess'd, specify OR Text AND __ mm maximum tumour dimension (largest tumour) OR Additional dimensions (largest tumour) __ mm x __ mm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S3.03</th>
<th>Extent of invasion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See p2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S3.04</th>
<th>Sinusoidal invasion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Absent</td>
</tr>
<tr>
<td></td>
<td>Present</td>
</tr>
</tbody>
</table>

**Involved organs**

Text

<table>
<thead>
<tr>
<th>S3.05</th>
<th>Tumour architecture</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not identified Indeterminate Nested/non-diffuse Diffuse (solid or pattern-less)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S3.06</th>
<th>Lipid rich cells</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not identified Indeterminate ≤25% &gt;25%</td>
</tr>
</tbody>
</table>
Synthesis and overview

G5.01 Diagnostic summary
- Include: Specimen submitted;
  - Histological tumour type;
  - Diameter of largest tumour;
  - Completeness of excision;
  - Tumour stage.

G5.02 Edition/version of RCPA protocol
- Text

S2.02 Operative procedure
- Not specified
- OR (Select all that apply)
  - Adrenalectomy, total
  - Adrenalectomy, partial
    - Left
    - Right
  - Open or laparoscopic
  - Biopsy (Incisional, excisional), specify
  - Other, specify

Notes: *If a neck dissection is submitted, then a separate protocol is used to record the information.

S2.08 Appearance of uninvolved adrenal gland
- Cortex
  - Unremarkable
  - Atrophic (thin)
  - Hypertrophic (thickened)
  - Not identified

- Cortical nodules
  - Absent
  - Present
  - Not assessable

- Size of largest nodule __mm OR <10 mm

S3.01 Histological tumour type
- Select all that apply:
  - 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, specify

*Note: This is not considered a distinct entity under the WHO classification.

S3.03 Extent of invasion
- Cannot be assessed, specify
- OR
  - Select all that apply:
    - Confined to adrenal gland
    - Invasion into/through adrenal capsule
    - Invasion into extra-adrenal structures, specify
    - Invasion into adjacent organs, specify
S3.09 Vascular invasion

- Not identified
- Present
  - Capillary/lymphatic sized vessels
  - Vein size
    - Adrenal vein
    - Vena cava
    - 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)