

A guide to Thymic Epithelial Tumours 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
	*Clinical information	See p3
	Operative procedure	Extended thymect. Radical thymectomy Partial thymectomy Total thymectomy Other (specify)
	Previous relevant biopsy or procedure	Text
	New primary tumour or recurrence	New primary Local recurrence Distant met.
	If regional (local) recurrence or distant metastasis describe	Text
S1.03	Pathology accession number	Text
S1.04	Principal clinician	Text
G1.01	Comments	Text

Macroscopic findings

S2.02	Specimen labelled as	Text
G2.01	*Operative procedure	Not specified Extended thymect. Radical thymectomy Partial thymectomy Total thymectomy Other (specify)
G2.02	Specimen weight	___ g
S2.03	* Specimen(s) submitted	See p3
G2.03	Lymph nodes per cassette	___
G2.04	Dimensions of thymus	__x__x__mm
G2.05	Dimensions of other submitted specimen(s) (Note: Repeat for each other specimen submitted.)	__x__x__mm
S2.04	* Specimen integrity	Cannot be assessed Surface disrupted Intact specimen Fragmented spec.
S2.05	* Macroscopic site of primary tumour	Not specified Thymic Single tumour >1 tumour Ectopic
	If ectopic specify sites	Text
S2.06	* Maximum dimension of primary tumour	Cannot be assessed OR __mm
G2.06	OTHER TUMOUR NODULE(S) (Note: Repeat for each other tumour identified)	
	Site of tumour nodule	Text
	Maximum dimension	Cannot be assessed OR __mm
	Distance to primary tumour	Cannot be assessed OR __mm

Macroscopic findings

S2.07	Extent of tumour spread	See p3
G2.07	Closest margin to tumour	Text
	Distance of tumour to closest margin	___mm
G2.08	Appearance of non-lesional tissue	Text
S2.08	* Block identification key	Text
G2.09	Other macroscopic description	Text

Microscopic findings

S3.01 ***HISTOLOGICAL TUMOUR TYPE** (Use the 2015 WHO classification. Where relevant, if more than one subtype, list in 10% increments)

Thymoma Not identified
Present

If present, consider reporting

Predominant subtype (in 10% increments) Text AND ___%

and

Other thymoma types (in 10% increments). Text AND ___%

Thymic carcinoma Not identified
Present

If present, report the....

Predominant subtype (in 10% increments) Text AND ___%

and

Other thymic carcinoma patterns (in 10% increments). Text AND ___%

Thymic neuroendocrine tumours Not identified
Present

If present, record the percentage of the following...

Typical carcinoid tumour ___%

Atypical carcinoid tumour ___%

Large cell neuroendocrine carcinoma ___%

Small cell carcinoma ___%

Final histological diagnosis Text
(Use 2015 WHO classification for combined tumours)

Microscopic findings (cont.)		Microscopic findings (cont.)	
<u>S3.02</u> *EXTENT OF DIRECT INVASION		<u>G3.02</u> *Coexistent pathology	Thymic hyperplasia Follicular Epithelial True Cystic changes In tumour In adjacent thymus Other (specify)
Tumour capsule	See p3		
Mediastinal pleura	Cannot be assessed Not applicable Not involved Involved		
Pericardium	Cannot be assessed Not applicable Not involved Involved		
Lung (pulmonary parenchyma, visceral pleura, or both)	Cannot be assessed Not applicable Not involved Involved	If involved, record if macroscopic or microscopic , AND Specify margin(s) , (if possible)	Macroscopic Microscopic Text
If involved, record the specific lobes of lung	Text		
GREAT VESSELS		<u>S3.04</u> *Margin status	Cannot be assessed Not involved Involved
Brachiocephalic (innominate) vein	Cannot be assessed Not applicable Not involved Involved	If involved consider recording G3.03	
Superior vena cava	Cannot be assessed Not applicable Not involved Involved		
Extrapericardial pulmonary artery or veins	Cannot be assessed Not applicable Not involved Involved		
Aorta (ascending, arch or descending)	Cannot be assessed Not applicable Not involved Involved		
Arch vessels	Cannot be assessed Not applicable Not involved Involved		
Intrapericardial pulmonary artery	Cannot be assessed Not applicable Not involved Involved		
Phrenic nerve	Cannot be assessed Not applicable Not involved Involved		
Other involved organ(s)/ site(s) by direct spread	Text	<u>S3.05</u> *LYMPH NODE STATUS	No nodes submitted or found Not involved Involved
		If involved consider recording G3.03	
<u>S3.03</u> *SEPARATE EXTRATHYMIC TUMOUR NODULES/ METASTASES Report only if applicable specimens submitted		<u>G3.03</u> *Involved Lymph nodes	See p3
Pleural and/or pericardial	Not identified Present	<u>G3.04</u> Additional microscopic comment	Text
If present specify the: location(s) and consider recording number per location	Text —		
Pulmonary intraparenchymal	Not identified Present		
Distant organ	Not identified Present		
If present specify the: Specific site(s)	Text		
<u>G3.01</u> *Response to neoadjuvant therapy	Cannot be assessed Prior treat not known No prior treatment No response Positive response		
If positive, specify: % residual viable tumour on cross-section	___%		
		Ancillary test findings	
		<u>G4.01</u> *Immunohistochemical markers	Not performed Performed
		If performed, record the markers AND	Positive markers Negative markers Equivocal markers
		Interpretation and conclusion	Text
		<u>G4.02</u> *Molecular studies	Not performed Performed (specify)
		<u>G4.03</u> Other ancillary findings	Text
		Synthesis and overview	
		<u>S5.01</u> *Pathologic staging for thymomas and thymic carcinomas – modified masaoka (with updated ITMIG definitions)	See p3
		<u>G5.01</u> *PROPOSED TNM PATHOLOGIC STAGING FOR THYMIC CARCINOMA	See p3
		<u>S5.02</u> Year and edition of staging system(s).	Text
		<u>G5.02</u> Diagnostic summary	Text
		Include: a. Specimen submitted b. Tumour site c. Tumour type d. Tumour stage e. Completeness of excision	
		<u>S5.03</u> Overarching comment (if applicable)	Text
		<u>G5.03</u> Edition/version number of the RCPA protocol on which the report is based	Text

NOTES

S1.02 Clinical information

- Myasthenia gravis
- Pure Red Cell Aplasia (PRCA)
- Rheumatoid arthritis
- Hypogammaglobulinemia (Good's syndrome)
- Lupus
- Addison's disease
- Cushing's disease
- Previous neoplasm (specify)
- Preoperative therapy (specify)
- Other disorders (specify)

S2.03 Specimen(s) submitted

- Not specified
- OR
- Partial thymus
 - Complete thymus
 - Thymus plus surrounding tissue (radical thymectomy)
 - Mediastinal pleura
 - Pericardium
 - Lung
 - Right
 - Wedge
 - Lobe
 - Entire Lung
 - Left
 - Wedge
 - Lobe
 - Entire Lung
 - Phrenic nerve
 - Right
 - Left
 - Great vessels
 - Brachiocephalic (innominate) vein
 - Superior vena cava
 - Extrapericardial pulmonary artery/veins
 - Aorta (ascending, arch or descending)
 - Arch vessels
 - Intrapericardial pulmonary artery
 - Myocardium
 - Diaphragm
 - Separate extrathymic tumour nodules
 - Lymph nodes
 - Other (specify)

S2.07 Extent of tumour spread

- Cannot be assessed

OR

Multi select value list (select all that apply):

- Macroscopic extension into mediastinal fat
- Pulmonary parenchyma, specify lobe
- Pleura, specify location
- Pericardium
- Diaphragm
- Other, describe

S3.02 Extent of direct invasion - Tumour capsule

- No invasion beyond capsule or limit of the thymus
- Microscopic invasion
- Macroscopic invasion limited to the mediastinum
- Macroscopic invasion beyond the mediastinum

G3.03 Involved lymph nodes

(select all that apply):

- Anterior (perithymic) nodes (zone 1)
- Deep intrathoracic or cervical nodes (zone 2)
- Unspecified location within zones 1 or 2
- Location(s) outside zones 1 or 2 (M1 disease)

AND for each record....

Number of lymph nodes examined: _____

Numeric of positive lymph nodes: _____

OR Number cannot be determined

S5.01 Masaoka stage

Not applicable

Cannot be determined

I - Grossly and microscopically completely encapsulated tumour

IIa - Microscopic transcapsular invasion

IIb - Macroscopic invasion into thymic or surrounding fatty tissue, or grossly adherent to but not breaking through mediastinal pleura or pericardium

III - Macroscopic invasion into neighbouring organ (i.e. pericardium, great vessel or lung)

IVa - Pleural or pericardial metastases

IVb - Lymphogenous or haematogenous metastases

G5.01 Proposed TNM stage

m - multiple primary tumours

y - post treatment

r - recurrent

Primary tumour (pT)

TX Primary tumour can not be assessed.

T0 No evidence of primary tumour

T1 A tumour that either is limited to the thymus with or without encapsulation, directly invades into the mediastinum only or directly invades the mediastinal pleura but does not involve any other mediastinal structure

T1a no mediastinal pleural involvement

T1b direct invasion of the mediastinal pleura

T2 A tumour with direct invasion of the pericardium (either partial or full-thickness)

T3 A tumour with direct invasion into any of the following: Lung, brachiocephalic vein, superior vena cava, phrenic nerve, chest wall, or extrapericardial pulmonary artery or veins

T4 A tumour with invasion into any of the following: aorta (ascending, arch, or descending), arch vessels, intrapericardial pulmonary artery, myocardium, trachea, or oesophagus

Regional lymph nodes(pN)

No nodes submitted or found

N0 No nodal involvement

N1 Anterior (perithymic) nodes

N2 Deep intrathoracic or cervical nodes

Distant metastases (pM)

Not applicable

pM1a Separate pleural or pericardial nodule(s)

pM1b Pulmonary intraparenchymal nodule or distant organ metastasis