Scope

The dataset has been developed for the pathology reporting of thyroid resection specimens for carcinoma. Core needle biopsies and metastasis to the thyroid gland are not included. Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP), tumours of uncertain malignant potential (UMP), thyroid carcinomas arising from struma ovarii, thyroid carcinomas arising in thyroglossal duct cysts, sarcoma and lymphoma are not covered in the dataset.

This dataset is designed for the reporting of a total thyroidectomy or a single laterality specimen i.e., left or right. If both are submitted separately or if surgeries are done at different time points (e.g., completion thyroidectomy after initial lobectomy), then separate datasets should be completed. If multiple carcinomas are found in the same specimen, the dataset should be completed for the most clinical relevant tumour which is the one with the highest T stage and/or the one that has the most aggressive histologic features. For example, in the case of a papillary thyroid carcinoma with gross extension into muscle associated with a papillary carcinoma without adverse histologic features, the dataset should be filled for the tumour with gross extra-thyroid extension. The less aggressive tumour should be reported with a description limited to basic histopathologic features (such as size and location) under the tumour focality element. If tumours of different lineage coincide in the same specimen, then a dataset should be completed for each of these tumours. For example, if a lobectomy contains separate medullary and papillary carcinoma, a dataset should be completed for each of these carcinomas.