

Carcinoma of the Thyroid Histopathology Reporting Guide



Family/Last name

Date of birth

Given name(s)

Patient identifiers

Date of request

Accession/Laboratory number

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.

indicates multi-select values indicates single select values

SCOPE OF THIS DATASET

CLINICAL INFORMATION (select all that apply) (Note 1)

- Information not provided
- Previous history of thyroid tumour or related abnormality, *specify*
- Relevant biopsy/cytology results, *specify*
- Imaging findings, *specify*
- Previous surgery/therapy, *specify*
- Relevant familial history, *specify*
- Presence of clinical syndrome, *specify*
- Other, *specify*

OPERATIVE PROCEDURE (select all that apply) (Note 2)

- Not specified
- Total thyroidectomy
- Near total thyroidectomy
- Hemithyroidectomy
- Lobectomy
- Isthmusectomy
- Partial excision,^a *specify type if possible*
- Lymph node dissection
- Other, *specify*

^a Anything less than a lobectomy excluding isthmusectomy, including substernal excision.

OPERATIVE FINDINGS (Note 3)

- Not specified
- Intra-operative macroscopic evidence of extrathyroidal extension**
 - Yes, *specify location and tissue invaded*
 - No
 - Information not available
- Intra-operative impression of completeness of excision**
 - R0/R1
 - R2, *specify location*
 - Information not available
- Other, *specify***

SPECIMEN(S) SUBMITTED (select all that apply) (Note 4)

- Not specified
- Thyroid gland
 - Left Right Isthmus
- Parathyroid gland(s)
- Lymph node(s), specify site(s) and laterality
- Other, specify site(s) and laterality

TUMOUR FOCALITY (Note 5)

(For the most clinically relevant tumour)

- Unifocal
- Multifocal, specify number of tumours in specimen (if >5 state such but no need to specify the number)
- Cannot be assessed, specify

TUMOUR SITE (select all that apply) (Note 6)

(For the most clinically relevant tumour)

- Not specified
- Lobe
 - Left Right
- Isthmus
- Pyramidal lobe
- Soft tissue or muscle, specify site(s) and laterality
- Other, specify site(s) and laterality

TUMOUR DIMENSIONS (Note 7)

Maximum tumour dimension (largest tumour)

mm

Additional dimensions (largest tumour)

mm x mm

- Cannot be assessed, specify

HISTOLOGICAL TUMOUR TYPE (select all that apply) (Note 8)

(Value list from the World Health Organization Classification of Tumours: Pathology and Genetics of Tumours of Endocrine Organs (2017))

- Papillary thyroid carcinoma
 - Classic (usual, conventional)
 - Columnar cell variant
 - Cribriform-morular variant
 - Diffuse sclerosing variant
 - Encapsulated variant
 - Encapsulated/well demarcated follicular variant with invasion
 - Infiltrative follicular variant
 - Hobnail variant
 - Microcarcinoma
 - Oncocytic variant
 - Solid variant
 - Tall cell variant
 - Warthin-like variant
 - Other variant, specify
- Follicular thyroid carcinoma (FTC)
 - FTC, minimally invasive
 - FTC, encapsulated angioinvasive
 - FTC, widely invasive
- Hürthle (oncocytic) cell tumours
 - Hürthle cell carcinoma, minimally invasive
 - Hürthle cell carcinoma, encapsulated angioinvasive
 - Hürthle cell carcinoma, widely invasive
- Poorly differentiated thyroid carcinoma
- Anaplastic thyroid carcinoma
- Squamous cell carcinoma
- Medullary thyroid carcinoma
- Mixed medullary and follicular thyroid carcinoma
- Mucoepidermoid carcinoma
- Sclerosing mucoepidermoid carcinoma with eosinophilia
- Mucinous carcinoma
- Spindle epithelial tumour with thymus-like differentiation
- Intrathyroid thymic carcinoma
- Other, specify

MITOTIC ACTIVITY^b (Note 9)

- Not identified/low (<3 mitoses/2 mm²)
- High (≥3 mitoses/2 mm²)

Number of mitoses per 2 mm²

- Cannot be assessed

^b 2 mm² approximates 10 HPFs on some microscopes.

HISTOLOGICAL TUMOUR GRADE (Note 10)

- Well-differentiated
- Poorly differentiated
- Undifferentiated/anaplastic

TUMOUR ENCAPSULATION/CIRCUMSCRIPTION (Note 11)

- Encapsulated
 Infiltrative
 Other, *specify*

CAPSULAR INVASION (Note 12)

- Not applicable
 Uncertain
 Not identified
 Present
 Cannot be assessed, *specify*

LYMPHOVASCULAR INVASION (Note 13)

- Not identified
 Present, for encapsulated neoplasms, *specify*
- Focal, <4 foci
 Extensive, ≥4 foci

Extrathyroid lymphovascular invasion

- Not identified
 Present
 Cannot be assessed, *specify*

NECROSIS (Note 14)

- Not identified
 Present

EXTRATHYROIDAL EXTENSION (select all that apply) (Note 15)

- Cannot be assessed
 Not identified
 Invasion into perithyroid fibroadipose tissue
 Invasion into skeletal muscle
 Invasion into subcutaneous soft tissue, larynx, trachea, oesophagus or recurrent laryngeal nerve
 Invasion into prevertebral fascia or encasing the carotid artery or mediastinal vessel

MARGIN STATUS (Note 16)

- Not involved
 Distance of tumour to closest margin mm
- Involved, *specify (anterior or posterior)*
- Cannot be assessed, *specify*

LYMPH NODE STATUS (Note 17)

- No nodes submitted or found
 Number of lymph nodes examined
- Not involved
 Involved
 Number of positive lymph nodes
- Number cannot be determined

Location of involved lymph nodes, *specify*

Greatest dimension of largest lymph node with metastasis mmGreatest dimension of largest metastatic focus in lymph node mm**Extranodal extension**

- Not identified
 Present
 Cannot be determined

C-CELL HYPERPLASIA (Note 18)
(*Medullary carcinoma only*)

- Not identified
 Present
 Unilateral
 Bilateral

COEXISTENT PATHOLOGY (select all that apply) (Note 19)

- None identified
 Nodular hyperplasia
 Diffuse hyperplasia
 Dyshormonogenetic goitre
 Chronic lymphocytic thyroiditis
 Follicular adenoma
 Hürthle cell adenoma
 Noninvasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)
 Other, *specify*

PARATHYROID GLAND STATUS (Note 20)

- Not identified
 Present
 Number of parathyroid gland(s) found
- Normal
 Involved by carcinoma
 Hypercellular/enlarged

ANCILLARY STUDIES (Note 21)

- Not performed
- Performed, *specify*

▼

HISTOLOGICALLY CONFIRMED DISTANT METASTASES (Note 22)

- Not identified
- Not assessed
- Present, *specify site(s)*

▼

PATHOLOGICAL STAGING (UICC TNM 8th edition)^c (Note 23)

TNM Descriptors (only if applicable) (select all that apply)

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

Primary tumour (pT)^d

- TX Primary tumour cannot be assessed
- T1 Tumour 2 cm or less in greatest dimension, limited to the thyroid
 - T1a Tumour 1 cm or less in greatest dimension, limited to the thyroid
 - T1b Tumour more than 1 cm but not more than 2 cm in greatest dimension, limited to the thyroid
- T2 Tumour more than 2 cm but not more than 4 cm in greatest dimension, limited to the thyroid
- T3 Tumour more than 4 cm in greatest dimension, limited to the thyroid or with gross extrathyroidal extension invading only strap muscles (sternohyoid, sternothyroid, or omohyoid muscles)
 - T3a Tumour more than 4 cm in greatest dimension, limited to the thyroid
 - T3b Tumour of any size with gross extrathyroidal extension invading strap muscles (sternohyoid, sternothyroid, or omohyoid muscles)
- T4^e Includes gross extrathyroidal extension into major neck structures
 - T4a Tumour extends beyond the thyroid capsule and invades any of the following: subcutaneous soft tissues, larynx, trachea, oesophagus, recurrent laryngeal nerve
 - T4b Tumour invades prevertebral fascia, mediastinal vessels, or encases carotid artery

^d Including papillary, follicular, poorly differentiated, Hürthle cell and anaplastic carcinomas.

^e T4 has been added for clarity from AJCC TNM 8th edition.

Regional lymph nodes (pN)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Regional lymph node metastasis
 - N1a Metastasis in level VI (pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes) or upper/superior mediastinum
 - N1b Metastasis in other unilateral, bilateral or contralateral cervical (levels I, II, III, IV or V) or retropharyngeal

^c Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley-Blackwell.