Lung Cancer Histopathology Reporting Guide
International Collaboration on Cancer Reporting (ICCR)

Family/Last name
Given name(s)
Patient identifiers

Date of birth
Date of request
Accession/Laboratory number

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

OPERATIVE PROCEDURE
- Wedge resection
- Segmentectomy
- Other, specify
- Lobectomy
- Bilobectomy
- Pneumonectomy

SPECIMEN LATERALITY
- Left
- Right
- Not provided

ATTACHED ANATOMICAL STRUCTURES
- Submitted
- None submitted

ACCOMPANYING SPECIMENS
- None submitted
- Lymph nodes
- Other, specify

TUMOUR SITE
- Upper lobe
- Middle lobe
- Lower lobe
- Bronchus, specify site

SEPARATE TUMOUR NODULES
- Absent
- Cannot be assessed
- Synchronous primaries (CORE elements should be reported for each synchronous primary)
- Present

Number of tumours
Site
- Same lobe
- Different ipsilateral lobe
- Contralateral lung

MACROSCOPIC APPEARANCE OF PLEURA OVERLYING TUMOUR

ATELECTASIS/OBSTRACTIVE PNEUMONITIS EXTENDING TO HILAR REGION
- Present
- Absent
- Not assessable

MAXIMUM TUMOUR DIMENSION

TUMOUR INVOLVES MAIN BRONCHUS
- Not applicable
- Not identified
- Not assessable
- Present

TUMOUR INVOLVES CARINA
- Not applicable
- Not identified
- Not assessable
- Present

HISTOLOGICAL TUMOUR TYPE
(Select all that apply)
- Squamous cell carcinoma
- Keratinizing
- Non-keratinizing
- Basaloid
- Large cell neuroendocrine carcinoma
- Large cell carcinoma
- Small cell carcinoma
- Adenocarcinoma

Classification of Adenocarcinoma
- Adenocarcinoma in situ (AIS)
- Non-mucinous
- Mucinous
- Minimally invasive adenocarcinoma (MIA)
- Non-mucinous
- Mucinous
- Invasive adenocarcinoma

PREDOMINANT PATTERN
- Lepidic
- Acinar
- Papillary
- Micropapillary
- Solid
- Invasive mucinous
- Colloid
- Fetal
- Enteric

OTHER PATTERNS (if present)

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DISTANCE OF TUMOUR TO CLOSEST RESECTION MARGIN  

HISTOLOGICAL GRADE  
- Well differentiated
- Moderately differentiated
- Poorly differentiated
- Undifferentiated
- Not applicable

RESPONSE TO NEOADJUVANT THERAPY  
- Not applicable
- Less than 10% residual viable tumour
- Greater than 10% residual viable tumour
- Treatment history not known

DIRECT INVASION OF ADJACENT STRUCTURES  
- Trachea
- Chest wall
- Diaphragm
- Oesophagus
- Heart
- Great vessels
- Vertebral body
- Phrenic nerve
- Mediastinum
- Mediastinal fat
- Mediastinal pleura
- Parietal pericardium
- Recurrent laryngeal nerve

LYMPHOVASCULAR invASION  
- Present
- Not identified
- Indeterminate

VIScERAL PLEURAL invASION  
- Present
- Not identified
- Indeterminate
- Cannot be assessed

PERineURAL invASION  
- Present
- Not identified
- Indeterminate

OTHER NEOPLASTIC PROCESSES  
(e.g. tumourlets, NEH, AAH, dysplasia)

NON-NEOPLASTIC LUNG DISEASE

SURGICAL MARGIN STATUS  
Bronchial margin  
- Involved by invasive carcinoma
- Not involved
- Involved by carcinoma in situ only
- Not applicable
- Only peribronchial soft tissue involved

Vascular margin  
- Involved
- Not involved
- Not applicable
- Only perivascular soft tissue involved

Other margin 1 (specify e.g. parenchymal, chest wall)  
- Involved
- Not involved
- Not applicable

Other margin 2 (specify e.g. parenchymal, chest wall)  
- Involved
- Not involved
- Not applicable

LYMPH NODES STATUS  
Station(s) examined, specify

- Not involved
- Involved by micrometastasis only
- Involved

Involved station 1
- Number of involved lymph nodes
- Total number of lymph nodes from this site
- Number cannot be determined

Involved station 2
- Number of involved lymph nodes
- Total number of lymph nodes from this site
- Number cannot be determined

Involved station 3
- Number of involved lymph nodes
- Total number of lymph nodes from this site
- Number cannot be determined
ANCILLARY STUDIES

Immunohistochemical markers

<table>
<thead>
<tr>
<th>Positive Abs</th>
<th>Negative Abs</th>
<th>Equivocal Abs</th>
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Conclusions:

Molecular data

EGFR result

- Mutation absent
- Mutation present

Describe

Other, specify

Test | Result
---|---

PATHOLOGICAL STAGING (TNM 8th edition)##

- m - multiple primary tumours at a single site
- r - recurrent tumours after a disease free period
- y - classification is performed during or following multimodality treatment

T - Primary tumour

- TX Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy.
- T0 No evidence of primary tumour
- Tis Carcinoma in situ
- T1 Tumour 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobare branchus (i.e., not in the main bronchus)
  - T1mi Minimally invasive adenocarcinoma
  - T1a Tumour 1 cm or less in greatest dimension
  - T1b Tumour more than 1 cm but not more than 2 cm in greatest dimension
  - T1c Tumour more than 2 cm but not more than 3 cm in greatest dimension
- T2 Tumour more than 3 cm but not more than 5 cm; or tumour with any of the following features:
  - Involves main bronchus regardless of distance to the carina, but without involvement of the carina
  - Invades visceral pleura
  - Associated with atelectasis or obstructive pneumonitis that extends to the hilar region either involving part of or the entire lung.
  - T2a Tumour more than 3 cm but not more than 4 cm in greatest dimension.
  - T2b Tumour more than 4 cm but not more than 5 cm in greatest dimension.
- T3 Tumour more than 5 cm but not more than 7 cm in greatest dimension or one that directly invades any of the following: parietal pleura, chest wall (including superior sulcus tumours) phrenic nerve, parietal pericardium; or separate tumour node(s) in the same lobe as the primary.
  - T4 Tumour more than 7 cm or of any size that invades any of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, oesophagus, vertebral body, carina; separate tumour node(s) in a different ipsilateral lobe to that of the primary.

N - Regional lymph nodes

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Metastasis in ipsilateral peribronchial and/ or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
- N2 Metastasis in ipsilateral mediastinal and/ or subcarinal lymph node(s)
- N3 Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

M - Distant metastasis

- Not applicable
- M0 No distant metastasis
- M1 Distant metastasis
  - M1a Separate tumour node(s) in a contralateral lobe; tumour with pleural or pericardial nodules or malignant pleural or pericardial effusion
  - M1b Single extrathoracic metastasis in a single organ
  - M1c Multiple extrathoracic metastasis in a single or multiple organs