Carcinoma of the Adrenal Cortex
Histopathology Reporting Guide

Family/Last name | Date of birth DD – MM – YYYY

Given name(s)

Patient identifiers | Date of request DD – MM – YYYY | 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)

- ◯ Information not provided
- ☐ Previous history of endocrine/adrenal tumour or related abnormality, *specify*
- ☐ Relevant biopsy/cytology results, *specify*
- ☐ Previous surgery/therapy, *specify*
- ☐ Relevant familial history, *specify*
- ☐ Functional status, *specify*
  - ☐ Cushing syndrome
  - ☐ Primary aldosteronism (PA)
  - ☐ Conn syndrome
  - ☐ Virilization
  - ☐ Feminization
  - ☐ Other, *specify*
- ☐ Imaging findings, *specify*
- ☐ Other, *specify*

OPERATIVE PROCEDURE (select all that apply)

- ◯ Not specified
- ☐ Adrenalectomy, total
- ☐ Adrenalectomy, partial
- ☐ Open or laproscopic
- ☐ Biopsy (incisional, excisional), *specify*
- ☐ Other, *specify*

SPECIMEN(S) SUBMITTED (select all that apply)

- ◯ Not specified
- ☐ Adrenal tumour
  - ☐ Left ☐ Right
- ☐ Lymph nodes, *specify site(s) and laterality*
- ☐ Other (e.g., metastatic site), *specify site(s) and laterality*

TUMOUR SITE (select all that apply)

- ◯ Not specified
- ☐ Adrenal
  - ☐ Left ☐ Right
- ☐ Other, *specify site(s) and laterality*

SPECIMEN INTEGRITY

- ◯ Specimen intact
- ◯ Capsule disrupted
- ◯ Fragmented specimen
- ◯ Cannot be assessed, *specify*

TUMOUR DIMENSIONS

Maximum tumour dimension (largest tumour)

mm

Additional dimensions (largest tumour)

mm x mm

- ◯ Cannot be assessed, *specify*

TUMOUR WEIGHT[a]

g

- ◯ Cannot be assessed, *specify*

[a] *With other organs and fat removed.*

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HISTOLOGICAL TUMOUR TYPE

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

- ◯ 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[b]
- ◯ Other, *specify*

[b] *This is not considered a distinct entity under the WHO Classification.*

EXTENT OF INVASION (select all that apply)

- ☐ Cannot be assessed
- ☐ Confined to adrenal gland
- ☐ Invasion into/through adrenal capsule
- ☐ Invasion into extra-adrenal structures, *specify*
- ☐ Invasion into adjacent organs, *specify*

TUMOUR ARCHITECTURE

- ◯ Diffuse (solid or pattern-less)
- ◯ Nested/non-diffuse

LIPID RICH CELLS

- ◯ ≤25%
- ◯ >25%

CAPSULAR INVASION

- ◯ Not identified
- ◯ Present
- ◯ Cannot be assessed, *specify*

LYMPHATIC INVASION

- ◯ Not identified
- ◯ Present

VASCULAR INVASION

- ◯ Not identified
- ◯ Present (select all that apply)
  - ☐ Capillary/lymphatic sized vessels
  - ☐ Vein size (select all that apply)
    - ☐ Adrenal vein
    - ☐ Vena cava
    - ☐ Other, *specify*

ATYPICAL MITOTIC FIGURES

- ◯ Not identified
- ◯ Present

NECROSIS

- ◯ Not identified
- ◯ Present

Extent

- ◯ Focal
- ◯ Extensive

NUCLEAR GRADE (Fuhrman criteria)

- ◯ Low (Grade 1 or 2)
- ◯ High (Grade 3 or 4)

MITOTIC COUNT AND HISTOLOGICAL TUMOUR GRADE

Mitotic figures/10 mm^2 [c] _____

AND

- ◯ Low grade (≤20 mitoses)
- ◯ High grade (>20 mitoses)
- ◯ Cannot be assessed, *specify*

[c] *10 mm^2 approximates 50 HPFs on some microscopes.*

Ki-67 PROLIFERATION INDEX

Ki-67 _____ %

- ◯ Cannot be assessed, *specify*

RETICULIN FRAMEWORK

- ◯ Intact/preserved
- ◯ Altered/absent
- ◯ Cannot be assessed, *specify*

MULTIFACTORIAL SCORING SYSTEMS

- ◯ Not used
- ◯ Specify scoring system(s) used and score(s)
  - ☐ Weiss system for conventional adrenal cortical neoplasms ⇨ _____
  - ☐ Modified Weiss system (Aubert) for conventional adrenal cortical neoplasms ⇨ _____
  - ☐ Lin-Weiss-Bisceglia system for oncocytic adrenal cortical neoplasm ⇨ _____
  - ☐ 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 ⇨ _____
  - ☐ Wieneke/AFIP algorithm for paediatric adrenal cortical neoplasms ⇨ _____

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MARGIN STATUS

- ◯ Not involved (R0)
  - Distance of tumour to closest margin ____ mm
- ◯ Involved
  - Extent
    - ◯ R1 (microscopic), *specify if possible* ____ mm
    - ◯ R2 (macroscopic), *specify if possible* ____ mm
  - Location of involved margin(s), *specify if possible*
- ◯ Cannot be assessed, *specify*

LYMPH NODE STATUS

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

Extranodal extension

- ◯ Not identified
- ◯ Present
- ◯ Cannot be determined

COEXISTENT PATHOLOGY (select all that apply)

- ◯ None identified
- ☐ Adenoma
- ☐ Hyperplasia
- ☐ Other, *specify*

ANCILLARY STUDIES

- ◯ Not performed
- ◯ Performed, *specify*

HISTOLOGICALLY CONFIRMED DISTANT METASTASES

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

PATHOLOGICAL STAGING (UICC TNM 8th edition)[d]

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

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

Primary tumour (pT)

- ◯ TX Primary tumour cannot be assessed
- ◯ T1 Tumour 5 cm or less in greatest dimension, no extra-adrenal invasion
- ◯ T2 Tumour greater than 5 cm, no extra-adrenal invasion
- ◯ T3 Tumour of any size with local invasion, but not invading adjacent organs[e]
- ◯ T4 Tumour of any size with invasion of adjacent organs[e]

[e] *Adjacent organs include kidney, diaphragm, great vessels (renal vein or vena cava) pancreas, and liver.*

Regional lymph nodes (pN)

- ◯ NX Regional lymph nodes cannot be assessed
- ◯ N0 No regional lymph node metastasis
- ◯ N1 Metastasis in regional lymph node(s)

[d] *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.*

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