

Family/Last name

Date of birth

Given name(s)

Patient identifiers

Date of request

Accession/Laboratory number

[SCOPE OF THIS DATASET](#)

INTEGRATED FINAL DIAGNOSIS ([Note 1](#))

INTEGRATED DIAGNOSIS BASED ON (select all that apply)

- Histology
- Molecular information

Diagnosis not elsewhere classified ([Note 2](#))

Scope

The dataset has been developed for the histological assessment of benign and malignant tumours of the central nervous system (CNS) and its coverings, as well as tumours from those aspects of the peripheral nervous system immediately adjacent to the CNS. This dataset applies to both biopsy and resection specimens. Tumours of the anterior pituitary gland are included. Haematological lesions that may originate in the brain are included.

This dataset should be used in conjunction with the “Histological assessment of CNS specimens” and where possible the “Molecular information for CNS specimens” datasets. Reports should incorporate these three datasets into a single layered report format as described below.

Note 1 – Integrated final diagnosis (Non-core)

Reason/Evidentiary Support

All reports should strive to render a diagnosis from the 2016 World Health Organization (WHO) Classification of Tumours of the Central Nervous System (2016 CNS WHO)¹, although it is recognized that this may not be possible in all instances (i.e., that more descriptive diagnoses may be needed for tumours that do not meet criteria for 2016 CNS WHO entities).^{1,2}

In many situations, 2016 CNS WHO diagnoses “integrate” histological and molecular information and have been referred to as “integrated” diagnoses; for these entities, both histological and molecular information is needed. (In this context, “molecular information” refers to data from any type of molecule, e.g., DNA, protein, etc., so that an immunohistochemical test provides “molecular information.”) In some scenarios, there may be differences between histological appearance and 2016 CNS WHO diagnosis (e.g., a diffuse glioma without overt oligodendroglial features but with IDH mutation and 1p/19q codeletion). Moreover, in other scenarios, necessary molecular information may not be available, leading to one of the “not otherwise specified” (“NOS”) 2016 CNS WHO diagnoses. Nonetheless, it is important to keep in mind that *the majority of 2016 CNS WHO entities can be diagnosed solely on the basis of histological features.*

To capture this nosological heterogeneity and to provide as much clinically relevant information in each report, it is recommended that layered diagnostic formatting be utilized in reports, typically with four layers:

- 2016 CNS WHO diagnosis (as per this dataset)
- Histological appearance (as per “Histological assessment of CNS specimens” dataset)
- WHO (histological) grade (as per “Histological assessment of CNS specimens” dataset)
- Molecular parameters (as per “Molecular information for CNS specimens” dataset)

As mentioned above, for some entities, the 2016 CNS WHO diagnosis may be identical to the histological appearance (e.g., choroid plexus tumours), but for others there may be differences such as the following:

- 2016 CNS WHO diagnosis: Diffuse astrocytoma, IDH-mutant
- Histological appearance: Diffuse glioma
- WHO (histological) grade: II
- Molecular parameters:
 - *IDH1* R132H mutation
 - *ATRX* mutation
 - *TP53* mutation
 - 1p/19q retention

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2016 WHO Classification of Tumours of the Central Nervous System¹

Entities	ICD-O code
Diffuse astrocytic and oligodendroglial tumours	
Diffuse astrocytoma, IDH-mutant	9400/3
Gemistocytic astrocytoma, IDH-mutant	9411/3
Diffuse astrocytoma, IDH-wildtype	9400/3
Diffuse astrocytoma, NOS	9400/3
Anaplastic astrocytoma, IDH-mutant	9401/3
Anaplastic astrocytoma, IDH-wildtype	9401/3
Anaplastic astrocytoma, NOS	9401/3
Glioblastoma, IDH-wildtype	9440/3
Giant cell glioblastoma	9441/3
Gliosarcoma	9442/3
Epithelioid glioblastoma	9440/3
Glioblastoma, IDH-mutant	9445/3*
Glioblastoma, NOS	9440/3
Diffuse midline glioma, H3 K27M–mutant	9385/3*
Oligodendroglioma, IDH-mutant and 1p/19q-codeleted	9450/3
Oligodendroglioma, NOS	9450/3
Anaplastic oligodendroglioma, IDH-mutant and 1p/19q-codeleted	9451/3
Anaplastic oligodendroglioma, NOS	9451/3
Oligoastrocytoma, NOS	9382/3
Anaplastic oligoastrocytoma, NOS	9382/3
Other astrocytic tumours	
Pilocytic astrocytoma	9421/1
Pilomyxoid astrocytoma	9425/3
Subependymal giant cell astrocytoma	9384/1
Pleomorphic xanthoastrocytoma	9424/3
Anaplastic pleomorphic xanthoastrocytoma	9424/3
Ependymal tumours	
Subependymoma	9383/1
Myxopapillary ependymoma	9394/1
Ependymoma	9391/3
Papillary ependymoma	9393/3
Clear cell ependymoma	9391/3
Tanycytic ependymoma	9391/3
Ependymoma, RELA fusion–positive	9396/3*
Anaplastic ependymoma	9392/3
Other gliomas	
Chordoid glioma of the third ventricle	9444/1

Entities	ICD-O code
Angiocentric glioma	9431/1
Astroblastoma	9430/3
Choroid plexus tumours	
Choroid plexus papilloma	9390/0
Atypical choroid plexus papilloma	9390/1
Choroid plexus carcinoma	9390/3
Neuronal and mixed neuronal-glial tumours	
Dysembryoplastic neuroepithelial tumour	9413/0
Gangliocytoma	9492/0
Ganglioglioma	9505/1
Anaplastic ganglioglioma	9505/3
Dysplastic cerebellar gangliocytoma (Lhermitte–Duclos disease)	9493/0
Desmoplastic infantile astrocytoma and ganglioglioma	9412/1
Papillary glioneuronal tumour	9509/1
Rosette-forming glioneuronal tumour	9509/1
Diffuse leptomeningeal glioneuronal tumour	
Central neurocytoma	9506/1
Extraventricular neurocytoma	9506/1
Cerebellar liponeurocytoma	9506/1
Paraganglioma	8693/1
Tumours of the pineal region	
Pineocytoma	9361/1
Pineal parenchymal tumour of intermediate differentiation	9362/3
Pineoblastoma	9362/3
Papillary tumour of the pineal region	9395/3
Embryonal tumours	
Medulloblastomas, genetically defined	
Medulloblastoma, WNT-activated	9475/3*
Medulloblastoma, SHH-activated and TP53-mutant	9476/3*
Medulloblastoma, SHH-activated and TP53-wildtype	9471/3
Medulloblastoma, non-WNT/non-SHH	9477/3*
Medulloblastoma, group 3	
Medulloblastoma, group 4	
Medulloblastomas, histologically defined	
Medulloblastoma, classic	9470/3
Medulloblastoma, desmoplastic/nodular	9471/3
Medulloblastoma with extensive nodularity	9471/3
Medulloblastoma, large cell / anaplastic	9474/3

Entities	ICD-O code
Medulloblastoma, NOS	9470/3
Embryonal tumour with multilayered rosettes, C19MC-altered	9478/3*
Embryonal tumour with multilayered rosettes, NOS	9478/3
Medulloepithelioma	9501/3
CNS neuroblastoma	9500/3
CNS ganglioneuroblastoma	9490/3
CNS embryonal tumour, NOS	9473/3
Atypical teratoid/rhabdoid tumour	9508/3
CNS embryonal tumour with rhabdoid features	9508/3
Tumours of the cranial and paraspinal nerves	
Schwannoma	9560/0
Cellular schwannoma	9560/0
Plexiform schwannoma	9560/0
Melanotic schwannoma	9560/1
Neurofibroma	9540/0
Atypical neurofibroma	9540/0
Plexiform neurofibroma	9550/0
Perineurioma	9571/0
Hybrid nerve sheath tumours	
Malignant peripheral nerve sheath tumour	9540/3
Epithelioid MPNST	9540/3
MPNST with perineurial differentiation	9540/3
Meningiomas	
Meningioma	9530/0
Meningothelial meningioma	9531/0
Fibrous meningioma	9532/0
Transitional meningioma	9537/0
Psammomatous meningioma	9533/0
Angiomatous meningioma	9534/0
Microcystic meningioma	9530/0
Secretory meningioma	9530/0
Lymphoplasmacyte-rich meningioma	9530/0
Metaplastic meningioma	9530/0
Chordoid meningioma	9538/1
Clear cell meningioma	9538/1
Atypical meningioma	9539/1
Papillary meningioma	9538/3
Rhabdoid meningioma	9538/3
Anaplastic (malignant) meningioma	9530/3

Entities	ICD-O code
Mesenchymal, non-meningothelial tumours	
Solitary fibrous tumour / haemangiopericytoma**	
Grade 1	8815/0
Grade 2	8815/1
Grade 3	8815/3
Haemangioblastoma	9161/1
Haemangioma	9120/0
Epithelioid haemangioendothelioma	9133/3
Angiosarcoma	9120/3
Kaposi sarcoma	9140/3
Ewing sarcoma / PNET	9364/3
Lipoma	8850/0
Angiolipoma	8861/0
Hibernoma	8880/0
Liposarcoma	8850/3
Desmoid-type fibromatosis	8821/1
Myofibrosarcoma	8825/0
Inflammatory myofibroblastic tumour	8825/1
Benign fibrous histiocytoma	8830/0
Fibrosarcoma	8810/3
Undifferentiated pleomorphic sarcoma / malignant fibrous histiocytoma	8802/3
Leiomyoma	8890/0
Leiomyosarcoma	8890/3
Rhabdomyoma	8900/0
Rhabdomyosarcoma	8900/3
Chondroma	9220/0
Chondrosarcoma	9220/3
Osteoma	9180/0
Osteochondroma	9210/0
Osteosarcoma	9180/3
Melanocytic tumours	
Meningeal melanocytosis	8728/0
Meningeal melanocytoma	8728/1
Meningeal melanoma	8720/3
Meningeal melanomatosis	8728/3
Lymphomas	
Diffuse large B-cell lymphoma of the CNS	9680/3
Immunodeficiency-associated CNS lymphomas	
AIDS-related diffuse large B-cell lymphoma	

Entities	ICD-O code
EBV-positive diffuse large B-cell lymphoma, NOS	
Lymphomatoid granulomatosis	9766/1
Intravascular large B-cell lymphoma	9712/3
Low-grade B-cell lymphomas of the CNS	
T-cell and NK/T-cell lymphomas of the CNS	
Anaplastic large cell lymphoma, ALK-positive	9714/3
Anaplastic large cell lymphoma, ALK-negative	9702/3
MALT lymphoma of the dura	9699/3
Histiocytic tumours	
Langerhans cell histiocytosis	9751/3
Erdheim–Chester disease	9750/1
Rosai–Dorfman disease	
Juvenile xanthogranuloma	
Histiocytic sarcoma	9755/3
Germ cell tumours	
Germinoma	9064/3
Embryonal carcinoma	9070/3
Yolk sac tumour	9071/3
Choriocarcinoma	9100/3
Teratoma	9080/1
Mature teratoma	9080/0
Immature teratoma	9080/3
Teratoma with malignant transformation	9084/3
Mixed germ cell tumour	9085/3
Tumours of the sellar region	
Craniopharyngioma	9350/1
Adamantinomatous craniopharyngioma	9351/1
Papillary craniopharyngioma	9352/1
Granular cell tumour of the sellar region	9582/0
Pituicytoma	9432/1
Spindle cell oncocytoma	8290/0
Metastatic tumours	

The morphology codes are from the International Classification of Diseases for Oncology (ICD-O). Behaviour is coded /0 for benign tumours; /1 for unspecified, borderline, or uncertain behaviour; /2 for carcinoma in situ and grade III intraepithelial neoplasia; and /3 for malignant tumours.

The classification is modified from the previous WHO classification, taking into account changes in our understanding of these lesions.

*These new codes were approved by the IARC/WHO Committee for ICD-O.

**Grading similar to that of non-CNS solitary fibrous tumours as proposed in the 2013 WHO Classification of Tumours of Soft Tissue and Bone.³

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Note 2 – Diagnosis not elsewhere classified (Non-core)

Reason/Evidentiary Support

In the event that *all diagnostic information is present* but the tumour still does not meet criteria for an entity defined by the 2016 WHO classification (e.g., a paediatric diffuse glioma that does not harbour IDH or H3 mutations), a “descriptive” or NEC (not elsewhere classified) diagnosis can be issued, which draws attention to the unusual nature of the lesion. Such designations are distinct from NOS diagnoses, which are included in the 2016 WHO classification and which are cases in which necessary diagnostic information is not available.²

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References

- 1 Louis DN, Ohgaki H, Wiestler OD and Cavenee WK (eds) (2016). *WHO Classification of Tumours of the Central Nervous System, Revised. Fourth Edition*, IARC, Lyon.
- 2 Louis DN, Wesseling P, Paulus W, Giannini C, Batchelor TT, Cairncross JG, Capper D, Figarella-Branger D, Lopes MB, Wick W and van den Bent M (2018). cIMPACT-NOW update 1: Not Otherwise Specified (NOS) and Not Elsewhere Classified (NEC). *Acta Neuropathol.* 135(3):481-484.
- 3 Fletcher CDM, Bridge JA, Hogendoorn PCW and Mertens F (eds) (2013). *World Health Organization Classification of Tumours. Pathology and genetics of soft tissue and bone 4th Ed* IARC Press Lyon.