

Surgically Removed Lymph Nodes for Breast Tumours Histopathology Reporting Guide



Family/Last name	Date of birth DD – MM – YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number
Elements in black text are CORE. Elements in grey text are N indicates multi-select values indicates single select values	SCOLE OF THIS DATASET
CLINICAL INFORMATION ^a (select all that apply)	OPERATIVE PROCEDURE (select all that apply)
Information not provided	Sentinel lymph node biopsy
Clinical and/or imaging findings that prompted current lymph node evaluation	Non-sentinel lymph node biopsyAxillary lymph node dissection
Information not provided	Level I
☐ Ipsilateral breast carcinoma	Levels I and II
 Enlarged/palpable axillary lymph node(s) in a patient with prior history of breast carcinoma 	Levels I to IIIAxillary lymph node level III, excision
Axillary lymph node(s) suspicious on imaging	Other regional lymph node(s) biopsy
Imaging findings, specify if available	☐ Internal mammary
V	☐ Infraclavicular (subclavicular)
	Supraclavicular
	Other, specify
Prior biopsy of the suspicious lymph node(s)	
Prior fine needle aspiration (FNA)	
Prior core needle biopsy (CNB)	
Prior CNB/FNA diagnosis	
Positive for carcinoma	SPECIMEN LATERALITY
Negative for carcinomaAtypical cells present/suspicious for	○ Left
malignancy	Right
 Non-diagnostic specimen 	Not specified
Other relevant clinical/imaging findings, specify	NUMBER OF LYMPH NODES EXAMINED (These values may be reported in the corresponding cells in Table 1A)
	Total number of sentinel lymph nodes examined ^b
Prior neoadjuvant treatment	Tabal assessing of many applicable words and considered C
○ Information not provided ○ No	Total number of non-sentinel lymph nodes examined
Yes Neoadjuvant chemotherapy	
Neoadjuvant hormonal therapy	
Other clinical information, specify	Total number of lymph nodes examined
Other chinical information, specify	
	^b This is a core element only if sentinel lymph nodes are submitted by the surgeon.
	^c Non-sentinel lymph nodes include:
^a This is a core element if ONLY a sentinel lymph node and/or axillary lymph nodes are obtained. If the lymph nodes are obtained together was a breast specimen this element will be non-core.	 any lymph node submitted by the surgeon as 'non-sentinel lymph node' at the time of sentinel lymph node biopsy; and axillary lymph nodes from an axillary lymph node dissection.

NUMBER OF LYMPH NODES WITH METASTATIC CARCINOMA	SIZE OF LARGEST METASTASIS ⁱ (This value may be reported in the corresponding cell in Table 1A)		
(This value may be reported in the corresponding cell in Table 1A)	○ Not assessable ⁱ		
	○ Size of largest metastatic deposit ^k mm		
d This value includes the number of lymph nodes with macrometastatic (>2 mm) and micrometastatic carcinoma (>0.2 mm to 2 mm and/or ≥200 cells).	○ At least mm		
	ⁱ Required only if macro- or micrometastatic carcinoma is present.		
NUMBER OF LYMPH NODES WITH MACROMETASTASES ^e	^j Only to be used for cases investigated by one-step nucleic acid amplification.		
(These values may be reported in the corresponding cells in Table 1B)	k Denotes the largest span of metastatic carcinoma and is used to further stage pN involvement (micrometastatic carcinoma versus macrometastatic carcinoma).		
Sentinel lymph nodes	Refers to the minimum value of the size of the metastasis when the metastasis appears to be larger, but a more precise measurement is not possible (e.g., the lymph node is fragmented, the largest size of		
Non-sentinel lymph nodes	the metastasis is in the third dimension).		
Total lymph nodes	EXTRANODAL EXTENSION ^m (This response may be reported in the corresponding cell in Table 1A)		
^e A macrometastasis is any tumour deposit spanning >2 mm	Not identified		
microscopically.	Present		
•	Cannot be determined		
NUMBER OF LYMPH NODES WITH MICROMETASTASES' (These values may be reported in the corresponding cells in Table 1B)	^m This is a core element only if macro- or micrometastases are present.		
Sentinel lymph nodes	TREATMENT EFFECT"		
	Not identified		
Non-sentinel lymph nodes	PresentCannot be determined		
Total lymph nodes	ⁿ Combined reporting of the presence of residual metastatic carcinoma and/or treatment-induced fibrosis as summarised in Table 1C is strongly recommended.		
^f A micrometastasis is any tumour deposit spanning >0.2 mm to 2 mm microscopically and/or consisting of more than 200 cells in one lymph node section but not exceeding 2 mm in extent.	ANCILLARY STUDIES		
	○ Not performed		
LYMPH NODES CONTAIN ONLY ISOLATED TUMOUR CELLS	Performed (select all that apply)		
(ITCs) ⁹ (These responses may be reported in the corresponding cells in Tables 1A and 1B)	Immunohistochemistry°, specify test(s) and result(s)		
○ No ○ Yes			
Number of lymph nodes with ITCs when ONLY ITC involvement is present ^h	One-step nucleic acid amplification ^o , record results		
Sentinel lymph nodes			
Non-sentinel lymph nodes	Other, specify test(s) and result(s)		
Total lymph nodes			
^g ≤0.2 mm and ≤200 cells.			
h This is a core element ONLY if macro- or micrometastatic carcinoma is NOT present in any lymph nodes. If metastatic (macro- or micrometastatic) carcinoma is identified in lymph nodes the number of lymph nodes with ONLY ITCs is a non-core element.	Representative blocks for ancillary studies , specify those blocks best representing tumour and/or normal tissue for further study		
	° This response may be reported in the corresponding cell in Table 1B.		

LYMPH NODE CATEGORISATION 8 th edition) ^p		
criptors (only if applicable) (select all that apply)		
recurrent		
y - post-therapy		
histopathologic examination was performed; and the primary tumour was removed – the latter being a requisite for "p" classification		
based on clinical or imaging studies, no histopathologic examination was performed – or lymph node assessment was done without the primary breast tumour being removed		
lymph nodes (pN)		
may be reported in the corresponding cell in Table 1A)		
Regional lymph nodes cannot be assessed (e.g., previously removed, or not removed for pathological study)		
No regional lymph node metastasis		
Micrometastasis; or metastasis in 1 to 3 axillary ipsilateral lymph nodes; and/or in internal mammary nodes with metastases detected by sentinel lymph node biopsy but not clinically detected ^q		
N1mi Micrometastasis (larger than 0.2mm and/or more than 200 cells, but none larger than 2.0mm)		
i(mol+) Using molecular methods ^r		
Metastasis in $1-3$ axillary lymph node(s), including at least one larger than $2\mathrm{mm}$ in greatest dimension		
mol+) Using molecular methods ^r		
Metastasis in internal mammary lymph nodes not clinically detected ^q		
Metastasis in 1–3 axillary lymph nodes and internal mammary lymph nodes not clinically detected ^q		
Metastasis in 4–9 ipsilateral axillary lymph nodes, or in clinically detected ipsilateral internal mammary lymph node(s) in the absence of axillary lymph node metastasis		
Metastasis in 4–9 axillary lymph nodes, including at least one that is larger than 2 mm		
Metastasis in clinically detected internal mammary lymph node(s), in the absence of axillary lymph node metastasis		
Metastasis as described below: ^s		
Metastasis in 10 or more ipsilateral axillary lymph nodes (at least one larger than 2mm) or metastasis in infraclavicular lymph nodes/level III lymph nodes		
Metastasis in clinically detected internal ipsilateral mammary lymph node(s) in the presence of positive axillary lymph node(s); or metastasis in more than 3 axillary lymph nodes and in internal mammary lymph nodes with microscopic or macroscopic metastasis detected by sentinel lymph node biopsy but not clinically detected		
Metastasis in ipsilateral supraclavicular lymph node(s)		
with permission. Source: UICC TNM Classification of mours, 8th Edition, eds by James D. Brierley, Mary K. icz, Christian Wittekind. 2016, Publisher Wiley ng any errata published up until 6th October 2020).		
ected is defined as detected by imaging studies (excluding graphy) or by clinical examination and having characteristics ious for malignancy or a presumed pathological tasis based on FNA biopsy with cytological examination of clinically detected metastatic disease by FNA without sy is designated with a (f) suffix, e.g., cN3a(f). Not clinically efined as not detected by imaging studies (excluding graphy) or not detected by clinical examination.		

 $^{\rm s}$ Definition of N3 not included in UICC TNM $8^{\rm th}$ Edition.

The following tables are provided for reference, and may be used as needed.

Core elements are summarised in Table 1A. Although all core elements need to be reported for accurate staging of lymph node status, reporting in table format is not required, and the same information may be provided as indicated in the reporting guide. The same applies to the non-core elements summarised in Tables 1B and 1C.

Table 1A: Regional lymph node status - core elements

Type of lymph nodes	Number of lymph nodes	Status post- neoadjuvant treatment ^c	Total lymph nodes with metastatic carcinoma (size >0.2 mm)	Size of largest metastasis (mm) ^d	Only ITCs present (Yes/No)	Total lymph nodes with ITCs when ONLY ITC involvement is present ^{e,f}	pN status ⁹ (UICC TNM8)	Extranodal extension (ENE)
SLNsª								
Non-SLNs ^a		1						
Total lymph nodes ^b								

SLNs: sentinel lymph nodes Status post-neoadjuvant treatment: Information not provided ENE: Not identified ITCs: isolated tumour cells No neoadjuvant treatment given Present ENE: extranodal extension Residual disease not identified Cannot be determined

Residual disease present

^a Core elements only if SLN biopsy was performed; if no SLN biopsy was performed report only total number of LNs.

Table 1B: Regional lymph node status - non-core elements

Type of lymph nodes	Number of lymph nodes with macrometastasis (size >2 mm)	Number of lymph nodes with micrometastasis (size >0.2 mm to ≤2 mm or >200 cells)	Total lymph nodes with ITCs when ONLY ITC involvement is present ^{a,b}	Immunohistochemistry ^c (Yes/No)	One-step nucleic acid amplification ^c (Yes/No)
SLNs					
Non-SLNs					
Total lymph nodes					

^a ITCs are tumour deposits spanning ≤0.2 mm and ≤200 cells in a single LN profile. LNs with ITCs are not counted as metastatic LNs.

Table 1C: Regional lymph node status post-neoadjuvant treatment - non-core elements

Tumour regression	Number of lymph nodes WITH residual carcinoma	Number of lymph nodes WITHOUT residual carcinoma	Total number of lymph nodes
Not identified			
Present			
Cannot be determined			
Total lymph nodes examined			

^b The total number of LNs removed includes the number of SLNs (if SLN biopsy was performed) + number of non-SLNs. Non-SLNs are all the LNs that are not submitted as SLNs by the surgeon. If an axillary lymph node dissection has been performed without a SLN biopsy, only the total number of LNs needs to be given.

^c If the LNs were obtained post-neoadjuvant treatment, it is strongly suggested to provide the non-core information summarized in Table 1C.

d If the size cannot be measured (e.g., LN removed in several pieces and multiple pieces involved by the metastatic process) the largest measurable size should be given as "at least" size. If one-step nucleic acid amplification was used for nodal staging the size will be not assessable; the CK19 mRNA copy numbers can be given alternatively as a quantitative value. (Macrometastasis: one-step nucleic acid amplification assay result with >5000 CK19 mRNA copy number/µL lisate; Micrometastasis: one-step nucleic acid amplification assay result with CK19 mRNA copy number between 250 and 5000/µL lisate)

e ITCs are tumour deposits spanning ≤0.2 mm and ≤200 cells in a single LN profile. LNs with ITCs are not counted as metastatic LNs.

^f This is a core element ONLY if macro- or micrometastatic carcinoma is NOT present in any lymph nodes. If metastatic (macro- or micrometastatic) carcinoma is identified in lymph nodes the number of lymph nodes with ONLY ITCs is a non-core element.

^g If SLN biopsy was performed the minimum number of LNs required for staging purposes is one (sentinel) LN. If no SLN biopsy was performed, non-SLNs usually are obtained by axillary LN dissection (level I + level II +/- level III axillary LNs, depending on regional practices).

b This is a core element ONLY if macro- or micrometastatic carcinoma is NOT present in any lymph nodes. If metastatic (macro- or micrometastatic) carcinoma is identified in lymph nodes the number of lymph nodes with ONLY ITCs is a non-core element.

^c The elements summarised in Table 1B are non-core elements (optional reporting). However, if immunohistochemical evaluation or one-step nucleic acid amplification was performed and the results are used for LN staging purpose, the information pertaining to immunohistochemistry or one-step nucleic acid amplification needs to be reported.