

Lung Cancer Histopathology Reporting Guide

International Collaboration on Cancer Reporting (ICCR)



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.

SCOPE OF THIS DATASET

OPERATIVE PROCEDURE

- Wedge resection
- Lobectomy
- Segmentectomy
- Bilobectomy
- Other, *specify*
- 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/OBSTRUCTIVE 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

(Value list from the World Health Organisation Classification of Tumours. Pathology and Genetics of Tumours of the Lung, Pleura, Thymus and Heart. (2015)) (select all that apply)

- Squamous cell carcinoma
 - Keratinizing
 - Non-keratinizing
 - Basaloid
- Large cell neuroendocrine carcinoma
- Large cell carcinoma
- Small cell carcinoma
- Adenocarcinoma
- Carcinoid
 - Typical
 - Atypical

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)

- | | | |
|-----------------|---|---------------------------------|
| TYPE OF PATTERN | ⇒ | <input type="text" value=""/> % |
| TYPE OF PATTERN | ⇒ | <input type="text" value=""/> % |
| TYPE OF PATTERN | ⇒ | <input type="text" value=""/> % |

Other, *specify*

DISTANCE OF TUMOUR TO CLOSEST RESECTION MARGIN

mm

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

(select all that apply)

- Trachea
- Chest wall
- Diaphragm
- Oesophagus
- Heart
- Great vessels
- Vertebral body
- Phrenic nerve
- Mediastinum
- Mediastinal fat
- Mediastinal pleura
- Parietal pericardium
- Recurrent laryngeal nerve
- Not identified
- Not applicable

LYMPHOVASCULAR INVASION

- Present
- Not identified
- Indeterminate

VISCERAL PLEURAL INVASION

- Present
- Not identified
- Indeterminate
- Cannot be assessed

Extent of pleural involvement

- PL1
- PL2
- PL3

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
- Involved by carcinoma in situ only
- Only peribronchial soft tissue involved
- Not involved
- Not applicable

Vascular margin

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

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 

Positive Abs	
Negative Abs	
Equivocal Abs	

Conclusions:

Molecular data 

EGFR result

- Mutation absent Result indeterminate
 Mutation present

Describe

EML4-ALK result

- Rearrangement absent Result indeterminate
 Rearrangement 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^a
- T1 Tumour 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)^b
- T1mi Minimally invasive adenocarcinoma^c
- T1a Tumour 1 cm or less in greatest dimension^b
- T1b Tumour more than 1 cm but not more than 2 cm in greatest dimension^b
- T1c Tumour more than 2 cm but not more than 3 cm in greatest dimension^b
- T2 Tumour more than 3 cm but not more than 5 cm; or tumour with any of the following features^d
 - 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 nodule(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 nodule(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 nodule(s) in a contralateral lobe; tumour with pleural or pericardial nodules or malignant pleural or pericardial effusion^e
- M1b Single extrathoracic metastasis in a single organ^f
- M1c Multiple extrathoracic metastasis in a single or multiple organs

- a. Tis includes adenocarcinoma in situ and squamous carcinoma in situ.
- b. The uncommon superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified as T1a.
- c. Solitary adenocarcinoma (not more than 3 cm in greatest dimension), with a predominantly lepidic pattern and not more than 5 mm invasion in greatest dimension in any one focus.
- d. T2 tumours with these features are classified T2a if 4 cm or less, or if size cannot be determined and T2b if greater than 4 cm but not larger than 5 cm.
- e. Most pleural (pericardial) effusions with lung cancer are due to tumour. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumour, and the fluid is non-bloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumour, the effusion should be excluded as a staging descriptor.
- f. This includes involvement of a single non-regional node.

Reproduced with permission. Source: Brierley JD, Gospodarowicz MK and Wittekind C (eds) (2016). UICC TNM Classification of Malignant Tumours, 8th Edition, Wiley-Blackwell.