Lung Cancer

Histopatholog	y Reporting Guide	
Family/Last name	Date of birth DD – M	M – YYYY
Given name(s)		
Patient identifiers	Date of request Accession/Lab	oratory number
	DD – MM – YYYY	
Elements in black text are CORE. Elements in grey text are N	SUPPORT	IS DATASET
OPERATIVE PROCEDURE (select all that apply)	MULTIPLE TUMOUR NODULES	
Wedge resection Segmentectomy Lobectomy Bilobectomy Pneumonectomy Sleeve resection Other, specify	 Cannot be assessed Absent Present Synchronous primary^a Intra pulmonary metastasis Number of tumours Site (select all that apply) Same lobe Different ipsilateral lobe Contralateral lung Indeterminate Further evaluation pending 	
SPECIMEN LATERALITY	Yes No	
CLeft	^a Core elements should be reported for each synch	ronous primary tumour.
 Right Not specified 		
	MACROSCOPIC APPEARANCE OF PLEU	RAOVERLYING
ATTACHED ANATOMICAL STRUCTURES	Specify	
○ None submitted		
Submitted, <i>specify</i>		
	ATELECTASIS/OBSTRUCTIVE PNEUM EXTENDING TO HILAR REGION	ONITIS 🛄
	Not assessable	
ACCOMPANYING SPECIMENS (select all that apply)	Absent	
None submitted	O Present	
Lymph node(s)	TUMOUR DIMENSION	
Other, <i>specify</i>	Cannot be determined	
	Maximum invasive size (Applicable to resected non-mucinous adenocarcinoma)	mm
	AND/OR]
TUMOUR SITE (select all that apply)	Total tumour size	mm
Upper lobe	TUMOUR INVOLVES MAIN BRONCHUS	
Middle lobe		
Lower lobe	Cannot be assessed	
Bronchus, <i>specify site(s)</i>	O Not identified	
) Present	
	BLOCK IDENTIFICATION (List overleaf or separately with an indication and origin of all tissue blocks)	ition of the nature

Use of this dataset is only permitted subject to the details described at: Disclaimer - International Collaboration on Cancer Reporting (iccr-cancer.org) Version 4.0 Published April 2023 ISBN: 978-1-922324-34-4 Page 1 of 5

IISTOLOGICAL TUMOUR TYPE (select all that apply) (Value list based on the World Health Organization,	DISTANCE OF TUMOUR TO CLOSEST RESECTION MARG
Classification of Thoracic Tumours (2021))	mm
Adenocarcinoma	
Classification of Adenocarcinoma	Cannot be assessed
Adenocarcinoma in situ (AIS)	HISTOLOGICAL TUMOUR GRADE
Non-mucinous Mucinous	(Applicable to resected invasive non-mucinous
Minimally invasive adenocarcinoma (MIA)	adenocarcinoma)
Non-mucinous Mucinous	O Grade 1
Invasive non-mucinous adenocarcinoma	Grade 2
PREDOMINANT SUBTYPE	Grade 3
C Lepidic Micropapillary	RESPONSE TO NEOADJUVANT THERAPY
 Acinar Solid Papillary Other, <i>specify</i> 	
	 Prior neoadjuvant therapy not known No prior neoadjuvant therapy
	No phot neoadjuvant therapy
SUBTYPE PERCENTAGES	
	Viable tumour as a % of tumour bed %
Lepidic 🔶 %	Major pathological response (<10% viable tumour)
Acinar 🔶 %	
	Complete pathological response (no residual viable tumour)
Papillary 🔶 %	Absent Present
	Necrosis
Micropapillary 🔶 %	○ Not identified
	O Present
Solid 🔷 %	Extent of necrosis %
OTHER PATTERNS (e.g., cribriform and/or fus glands), <i>if present</i>	
	Not identified
TYPE OF PATTERN	% Present
	Extent of stroma %
TYPE OF PATTERN	% Inflammation
	Mild
TYPE OF PATTERN	% OModerate
	Severe
 Invasive mucinous adenocarcinoma Mixed invasive mucinous and non-mucinous adenocarcinoma 	(select all that apply)
	O Not applicable
Fetal adenocarcinoma	Not identified Chest wall
Enteric-type adenocarcinoma	Chest wall Phrenic nerve
Squamous cell carcinoma	Parietal pericardium
Squamous cell carcinoma, NOS	Diaphragm
Squamous cell carcinoma, keratinizing	Mediastinum
Squamous cell carcinoma, non-keratinizing	Mediastinal fat
Basaloid squamous cell carcinoma	Mediastinal pleura
C Lymphoepithelial carcinoma	Great vessels
Neuroendocrine carcinomas	Trachea
Small cell carcinoma	Recurrent laryngeal nerve
C Large cell neuroendocrine carcinoma	Oesophagus
Neuroendocrine tumours	Vertebral body
Typical carcinoid	Heart
Atypical carcinoid	LYMPHOVASCULAR INVASION
Large cell carcinoma	
	LYMPHOVASCULAR INVASION

Use of this dataset is only permitted subject to the details described at: Disclaimer - International Collaboration on Cancer Reporting (iccr-cancer.org) Version 4.0 Published April 2023 ISBN: 978-1-922324-34-4 Page 2 of 5

VISCERAL PLEURAL INVASION	Residual tumour status (R) R0 - No residual tumour R0 (un) - Residual tumour status not known R1 - Microscopic residual tumour R2 - Macroscopic residual tumour LYMPH NODE STATUS Station(s) examined, specify
 SPREAD THROUGH AIR SPACES (STAS) Indeterminate Not identified Present PERINEURAL INVASION Indeterminate Not identified Present 	 Cannot be assessed Not involved Involved by micrometastasis only Involved Stations involved, <i>specify</i>
OTHER NEOPLASTIC PROCESSES AND PRECURSORS Specify (e.g., tumourlets, dysplasia, neuroendocrine cell hyperplasia (NEH), atypical adenomatous hyperplasia (AAH))	Total number of lymph nodes examined Total number of involved lymph nodes O Number cannot be determined
NON-NEOPLASTIC LUNG DISEASE Specify	Involved station 1, <i>specify</i> Total number of lymph nodes from this site Number of involved lymph nodes
SURGICAL MARGIN STATUS Bronchial margin Not applicable Not involved	Number cannot be determined Involved station 2, <i>specify</i>
 Involved by invasive carcinoma Involved by carcinoma in situ only Only peribronchial soft tissue involved Vascular margin 	Total number of lymph nodes from this site Number of involved lymph nodes
 Not applicable Not involved Involved Only perivascular soft tissue involved 	Number cannot be determined Involved station 3, <i>specify</i>
Other margin 1 (e.g., parenchymal, chest wall margin or sleeve resection proximal and distal margins), <i>specify</i>	Total number of lymph nodes from this site
 Not applicable Not involved Involved Other margin 2 (e.g., parenchymal, chest wall margin or sleeve resection proximal and distal margins), specify	 Number cannot be determined Extracapsular extension Cannot be determined Not identified
 Not applicable Not involved Involved 	Present, specify station

Use of this dataset is only permitted subject to the details described at: Disclaimer - International Collaboration on Cancer Reporting (iccr-cancer.org) Version 4.0 Published April 2023 ISBN: 978-1-922324-34-4 Page 3 of 5 Lung Cancer

nd results
udies, specify th
ormal tissue for
T METASTASES
_

Use of this dataset is only permitted subject to the details described at: Disclaimer - International Collaboration on Cancer Reporting (iccr-cancer.org) Version 4.0 Published April 2023 ISBN: 978-1-922324-34-4 Page 4 of 5

© 2023 International Collaboration on Cancer Reporting Limited (ICCR).

PATHOLOGICAL STAGING (UICC TNM 8th edition)^b

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

- 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

Primary tumour (pT)

- TX^c Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualised by imaging or bronchoscopy
- T0 No evidence of primary tumour
- ○Tis Carcinoma in situ^d
- 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)^e
- OT1mi Minimally invasive adenocarcinoma
- ○T1a Tumour 1 cm or less in greatest dimension^e
- $\bigcirc {\sf T1b}~$ Tumour more than 1 cm but not more than 2 cm in greatest dimension ${\sf ^e}$
- \bigcirc T1c ~ Tumour more than 2 cm but not more than 3 cm in greatest dimension $^{\rm e}$
- T2 Tumour more than 3 cm but not more than 5 cm; or tumour with any of the following features:⁹
 - 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

Regional lymph nodes (pN)

- $\bigcirc NX^c$ ~ 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)
- ^b 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 (incorporating any errata published up until 25th January 2022).
- ^c TX and NX should be used only if absolutely necessary.
- ^d Tis includes adenocarcinoma in situ and squamous carcinoma in situ.

- ^e 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.
- ^f 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.
- ^g 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.