Lung Cancer Histopathology Reporting Guide



пізсорасною	bgy Reporting Guide
Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number
	DD - MM - YYYY
Elements in black text are CORE. Elements in grey text a	SCOPE OF THIS DATASET
indicates multi-select values indicates single selec	t values
OPERATIVE PROCEDURE (select all that apply)	MULTIPLE TUMOUR NODULES
Wedge resection	Cannot be assessed
Segmentectomy	Absent
☐ Lobectomy ☐ Bilobectomy	Present Synchronous primary ^a
☐ Pneumonectomy	Intra pulmonary metastasis
Sleeve resection	•
Other, specify	Number of tumours
V	Site (select all that apply)
	Same lobe
	Different ipsilateral lobe
	Contralateral lung Indeterminate
	Further evaluation pending
SPECIMEN LATERALITY	○ Yes ○ No
○ Left	^a Core elements should be reported for each synchronous primary tumou
Right	Core elements should be reported for each synchronous primary tumor
Not specified	MACROSCOPIC APPEARANCE OF PLEURA OVERLYING
	TUMOUR
ATTACHED ANATOMICAL STRUCTURES	Specify
None submitted	
Submitted, specify	
Y	
	ATELECTASIS/OBSTRUCTIVE PNEUMONITIS EXTENDING TO HILAR REGION
	Not assessable
ACCOMPANYING SPECIMENS (select all that apply)	Absent
ACCOMPANTING SPECIFICING (Select all that apply)	Present
None submitted	
Lymph node(s)Other, specify	TUMOUR DIMENSION
Other, specify	Cannot be determined
	Maximum invasive size
	(Applicable to resected non-mucinous mm adenocarcinoma)
	AND/OR
TUMOUR SITE (select all that apply)	Total tumour size mm
Upper lobe	THMOUD INVOLVES MAIN PRONCING
☐ Middle lobe	TUMOUR INVOLVES MAIN BRONCHUS
Lower lobe	Not applicable Cannot be assessed.
Bronchus, specify site(s)	Cannot be assessed Not identified
V	Present
) Tresent
	BLOCK IDENTIFICATION
	(List overleaf or separately with an indication of the nature

Acinar Papillary	dealth Organization, ars (2021)) toma AIS) Mucinous carcinoma (MIA) Mucinous denocarcinoma PE Micropapillary Solid Other, specify	mm Cannot be assessed HISTOLOGICAL TUMOUR GRADE (Applicable to resected invasive non-mucinous adenocarcinoma) Grade 1 Grade 2 Grade 3 RESPONSE TO NEOADJUVANT THERAPY Prior neoadjuvant therapy not known No prior neoadjuvant therapy Known neoadjuvant therapy
SUBTYPE PERCENTAGE	5	Viable tumour as a % of tumour bed %
Lepidic	%	Maior anthological resource (of 000 violate towns viv)
Acinar	. %	Major pathological response (<10% viable tumour) Absent Present
7.6		Complete pathological response (no residual viable
Papillary	%	tumour) Absent Present
	0/	Necrosis
Micropapillary -	%	○ Not identified
Solid	. %	Present
		Extent of necrosis %
OTHER PATTERNS (e.g. glands), <i>if present</i>	, cribriform and/or fused	Stroma (including fibrosis)
TYPE OF PATTERN	%	Not identified Present
TIPL OF PATIENT	70	Extent of stroma %
TYPE OF PATTERN	%	Inflammation
		Mild
TYPE OF PATTERN	%	○ Moderate ○ Severe
Invasive mucinous adeno Mixed invasive mucinous adenocarcinoma Colloid adenocarcinoma Fetal adenocarcinoma Enteric-type adenocarcinoma Squamous cell carcinoma Squamous cell carcinoma Squamous cell carcinoma Squamous cell carcinom Neuroendocrine carcinomas Small cell carcinoma Large cell neuroendocrine Neuroendocrine tumours Typical carcinoid Atypical carcinoid Large cell carcinoma Other, specify	ous and non-mucinous oma , NOS oma, keratinizing oma, non-keratinizing ell carcinoma ma	DIRECT INVASION OF ADJACENT STRUCTURES (select all that apply) (Not applicable Not identified Chest wall Phrenic nerve Parietal pericardium Diaphragm Mediastinum Mediastinal fat Mediastinal pleura Great vessels Trachea Recurrent laryngeal nerve Oesophagus Vertebral body Heart LYMPHOVASCULAR INVASION Indeterminate Not identified Present

VISCERAL PLEURAL INVASION	Residual tumour status (R)
Cannot be assessed	R0 - No residual tumour
○ Indeterminate	R0 (un) - Residual tumour status not known
Not identified	R1 - Microscopic residual tumour
Present	R2 - Macroscopic residual tumour
Fresent	RZ - Macroscopic residual turnodi
▼	LYMPH NODE CTATUS
Extent of pleural involvement	LYMPH NODE STATUS
○ PL1 ○ PL2 ○ PL3	Station(s) examined, specify
SPREAD THROUGH AIR SPACES (STAS)	
() Indeterminate	
Not identified	
Present	
O Heselit	Cannot be assessed
PERINEURAL INVASION	Not involved
○ Indeterminate	Involved by micrometastasis only
Not identified	Involved
Present	Stations involved, specify
) resent	
OTHER NEOPLASTIC PROCESSES AND PRECURSORS	
Specify (e.g., tumourlets, dysplasia, neuroendocrine cell	Total number of lymph nodes examined
hyperplasia (NEH), atypical adenomatous hyperplasia (AAH))	examined
	Total number of involved lymph nodes
	Number cannot be determined
	Involved station 1, specify
	Throned Station 1, Specify
NON-NEOPLASTIC LUNG DISEASE	
Specify	
	Total number of lymph nodes from this site
	Trotti chia sice
	Number of involved lymph nodes
SURGICAL MARGIN STATUS	Number cannot be determined
Bronchial margin	Involved station 2, specify
Not applicable	
Not involved	
Involved by invasive carcinoma	Total number of lymph nodes
Involved by carcinoma in situ only	from this site
Only peribronchial soft tissue involved	
Vascular margin	Number of involved lymph nodes
Not applicable	Number cannot be determined
Not involved	
Involved Involved	Involved station 3, specify
Only perivascular soft tissue involved	
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
	Number of investment to the
○ Nat applicable	Number of involved lymph nodes
Not applicableNot involved	Number cannot be determined
Involved Involved	
<u> </u>	Extracapsular extension
Other margin 2 (e.g., parenchymal, chest wall margin or sleeve resection proximal and distal margins), <i>specify</i>	Cannot be determined
Secret resection proximal and distal margins), specify	Not identified
	Present, specify station
Not applicable	
Not involved	
Involved Involved	

ANCILLARY STUDIES	KRAS result
Immunohistochemical markers	○ Indeterminate
Not performed	Mutation absent
Performed	Mutation present, describe
Positive antibodies	
Negative antibodies	MET result
Equivocal antibodies	IndeterminateVariant not identified
Conclusions	Variant present, specify
	HER2 result Indeterminate
Molecular data	Variant not identified
	Variant present, specify
Not performedPending	
Performed	
EGFR result	Immuno-oncological data
IndeterminateMutation absent	PDL1 result
Mutation present, describe	☐ Indeterminate
Tradatori present, desense	Percentage tumour cells positive %
ALK result	Antibody clone used
() Indeterminate	4564
Rearrangement absent	Other, record test(s), methodology and results
Rearrangement present, describe	
ROS1 result	
○ Indeterminate	
Rearrangement absent	
Rearrangement present, describe	
	Representative blocks for ancillary studies, specify those
RET result	blocks best representing tumour and/or normal tissue for further study
○ Indeterminate	
Rearrangement absent	
Rearrangement present, <i>describe</i>	
NTRK result	HISTOLOGICALLY CONFIRMED DISTANT METASTASES
○ Indeterminate	
Rearrangement absent	Cannot be assessed
Rearrangement present, describe	Not identified
	Present, specify site(s)
BRAF result	
○ Indeterminate	
Mutation absent	
Mutation present, describe	
¥	

PATHOLOGICAL STAGING (UICC TNM 8th edition) ^b			
TNM Des	criptors (only if applicable) (select all that apply)		
☐ m -	multiple primary tumours at a single site		
_ r -	recurrent tumours after a disease free period		
□ у -	classification is performed during or following multimodality treatment		
_	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		
○T1mi	i Minimally invasive adenocarcinoma ^f		
~	Tumour 1 cm or less in greatest dimension ^e		
○T1b	Tumour more than 1 cm but not more than 2 cm in greatest dimension ^e		
○T1c	Tumour more than 2 cm but not more than 3 cm in greatest dimension ^e		
	Tumour more than 3 cm but not more than 5 cm; or tumour with any of the following features:		
	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		
	lymph nodes (pN)		
○ 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)		
Malignant Gospodaro	ed with permission. Source: UICC TNM Classification of Tumours, 8th Edition, eds by James D. Brierley, Mary K. bwicz, Christian Wittekind. 2016, Publisher Wiley ting any errata published up until 25th January 2022).		

 $^{\rm c}$ 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.
- ⁹ 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.