CLINICAL INFORMATION

- Imaging evidence of lung mass
  - Information not provided
  - Not identified
  - Present, describe

- Clinical or imaging evidence of advanced disease
  - Information not provided
  - Not identified
  - Present, describe

- Other clinical information, specify

SPECIMEN TYPE (select all that apply)

- Small biopsy specimens
  - Not submitted
  - Bronchoscopic forceps biopsy
    - Number of biopsies
  - Core needle biopsy
    - Gauge of needle
    - Number of cores
  - Cryobiopsy
    - Number of biopsies
  - Surgical biopsy (e.g., supraclavicular nodal metastasis, pathological bone fracture, brain metastasis)

- Other, specify

Cytology specimens

- Not submitted
- Sputum
- Bronchial brushings
- Bronchial washings
- Bronchoalveolar lavage (BAL)
- Fine needle aspiration biopsy (FNAB) (Percutaneous)

- FNAB (Endoscopic)
  - Transbronchial
  - Transesophageal

- Approach not specified

- Pleural fluid
- Pericardial fluid
- Imprints of biopsy specimens
- Other, specify

SITE(S) OF SAMPLING (select all that apply)

- Lung
  - Left
    - Upper lobe
    - Lower lobe
    - Other (e.g., hilar mass), specify
  - Right
    - Upper lobe
    - Lower lobe
    - Other, specify

- Extrapulmonary sites
  - Other site 1, specify
  - Other site 2, specify

- Nodal sites
  - 10 Hilar
    - Left
    - Right
  - 11 Interlobar
    - Left
    - Right
  - 12 Lobar
    - Left
    - Right
  - 2L Upper Paratracheal (left)
  - 2R Upper Paratracheal (right)
  - 4L Lower Paratracheal (left)
  - 4R Lower Paratracheal (right)
  - 7 Subcarinal
  - Other, specify

a Nodes accessible via EBUS.
This reporting guide is designed to be inclusive of every type of cytopathology specimen. If you are doing cytopathology but not rapid onsite evaluation (ROSE) skip to page 3. If you are only reporting on biopsy specimens skip to page 4.

ROSE  
(Applicable to cytopathology specimens only)

- Not performed
- Performed
  - In person
  - Via telecytopathology

**Type** (select all that apply)

- Fine needle aspiration biopsy (FNAB)
- Other, specify

<table>
<thead>
<tr>
<th>Name of site assessed</th>
<th>Number of passes</th>
<th>Number of slides</th>
<th>Type of stain used</th>
<th>Adequate/Inadequate</th>
<th>Provisional diagnosis by cytopathologist (verbatim)</th>
<th>Biopsy taken at this site</th>
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<tbody>
<tr>
<td>Site 1</td>
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</tbody>
</table>

Contact details of proceduralist
**DESCRIPTION AND DISTRIBUTION OF SampLED MATERIAL**

**Fluid (if applicable)**

**COLLECTION MEDIA**
- None (specimen only)
- Saline
- Liquid based cytopathology, specify type
- Other, specify

**Volume** mL

Description of fluid (e.g., colour, presence of blood, viscosity, presence of particulate matter), specify

**Slides made by direct smear, cytospin or liquid-based cytology from fluid received in laboratory**

- Number of air-dried slides
- Number of alcohol-fixed slides

**Direct smears submitted to laboratory**

- Number of air-dried slides
- Number of alcohol-fixed slides

**Distribution (select all that apply)**
- Flow cytometry
- Molecular
- Microbiology
- Cell block, specify identifier
- Core biopsy, specify identifier and block number
- Other (e.g., tissue bank), specify

**CATEGORY** *(Applicable to cytopathology specimens only)* *(Values based on the World Health Organization (WHO) Reporting System for Lung Cytopathology (2022))*

- Inadequate/Insufficient/Non-diagnostic
- Benign
- Atypical, explain reasons
- Suspicious for malignancy, explain reasons
- Malignant

Complete for second specimen if applicable. If more specimens have been submitted print additional pages.
TUMOUR TYPE
(Applicable to all histopathology specimens and those cytopathology specimens categorised as malignant)
(Values based on the WHO Reporting System for Lung Cytopathology (2022))

- Squamous cell carcinoma
- Non-mucinous adenocarcinoma, list patterns if possible
- Non-mucinous adenocarcinoma with pure lepidic pattern (an invasive component cannot be excluded)
- Invasive mucinous adenocarcinoma, list patterns if possible
- Mucinous adenocarcinoma with pure lepidic pattern (an invasive component cannot be excluded)
- Adenocarcinoma with colloid features
- Adenocarcinoma with fetal features
- Adenocarcinoma with enteric features
- Non-small cell carcinoma, favour squamous cell carcinoma
- Non-small cell carcinoma, favour adenocarcinoma
- Non-small cell carcinoma NOS
- Morphological squamous cell and adenocarcinoma patterns both present: non-small cell carcinoma NOS
- Morphological squamous cell or adenocarcinoma patterns not present, but immunohistochemical stains favour separate squamous and adenocarcinoma components: non-small cell carcinoma NOS
- Non-small cell carcinoma with spindle cell and/or giant cell carcinoma
  - Adenocarcinoma or squamous carcinoma present
  - Adenocarcinoma and squamous carcinoma absent
- Carcinoid tumour (neuroendocrine tumour)
- Small cell carcinoma
- Non-small cell carcinoma with neuroendocrine morphology and positive neuroendocrine markers, possible large cell neuroendocrine carcinoma
- Other, specify

REPRESENTATIVE MATERIAL FOR ANCILLARY STUDIES
Core needle biopsy block number and in cytopathology cases the direct smear number, cell block identifier or other identifier (e.g., liquid based cytology), specify

Specimen type used, specify

Cellularity
- Very low (<100)
- Low (100-≤2,000)
- Intermediate (>2,000-≤5,000)
- High (>5,000)
OR
Describe

Tumour fraction %
Necrosis %

ANCILLARY STUDIES
Diagnostic immunohistochemical/immunocytochemical markers
(Applicable to cell block and/or core needle biopsy, or smears/cytospins)
- Not performed
- Pending
- Performed

Material used for testing
- Cell block
- Smear or cytospin
- Biopsy
- Other, specify

Results
- Positive antibodies
- Negative antibodies
- Equivocal antibodies

\[b\] Refer to the results of immunohistochemistry (IHC).

\[c\] As adenocarcinoma and squamous components are both present, this could represent adenosquamous carcinoma, but that diagnosis requires a resection specimen.

\[d\] This could represent adenosquamous carcinoma, but that diagnosis requires a resection specimen.

\[e\] This could represent a pleomorphic carcinoma, but that diagnosis requires a resection specimen.
### ANCILLARY STUDIES continued

#### Molecular data

- Not performed
- Pending
- **Performed**

**Material used for testing**
- Cell block
- Smear
- Core needle biopsy
- Other, specify

#### TEST PERFORMED (select all that apply)

- **EGFR result**
  - Indeterminate
  - Variant not identified
  - Variant present, specify

- **ALK result**
  - Indeterminate
  - IHC negative
  - IHC positive
  - Variant not identified
  - Variant present, specify

- **ROS1 result**
  - Indeterminate
  - IHC negative
  - IHC positive
  - Variant not identified
  - Variant present, specify

- **RET result**
  - Indeterminate
  - Variant not identified
  - Variant present, specify

- **NTRK result**
  - Indeterminate
  - Variant not identified
  - Variant present, specify

- **BRAF result**
  - Indeterminate
  - Variant not identified
  - Variant present, specify

#### Immuno-oncological data

**PD-L1 result**
- Not applicable
- >100 tumour cells present
  - Yes
  - No

**Percentage tumour cells positive** %

**Indeterminate**

**Antibody clone used**

#### Other ancillary studies, record test(s), methodology and result(s)

Use of this dataset is only permitted subject to the details described at: [Disclaimer - International Collaboration on Cancer Reporting (iccr-cancer.org)](https://iccr-cancer.org)