

## Tumours of the Lung - Small Diagnostic and Cytopathological Specimens Histopathology Reporting Guide



Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
	Data of request
Patient identifiers	Date of request Accession/Laboratory number
	DD - MM - YYYY
Elements in <b>black text</b> are CORE. Elements in <b>grey text</b> are N indicates multi-select values indicates single select values	
CLINICAL INFORMATION	Cytopathology specimens
○ Information not provided	<ul><li>○ Not submitted</li><li>☐ Sputum</li></ul>
Imaging evidence of lung mass	☐ Bronchial brushings
Information not provided     Not identified	☐ Bronchial washings
Present, describe	☐ Bronchoalveolar lavage (BAL)
Tresenty describe	Fine needle aspiration biopsy (FNAB) (Percutaneous)
	FNAB (Endoscopic)  Transbronchial Approach not specified
Clinical or imaging evidence of advanced disease	Transesophageal
Information not provided	☐ Pleural fluid
Not identified	Pericardial fluid
Present, describe	☐ Imprints of biopsy specimens
•	Other, specify
Other clinical information, specify	
	SITE(S) OF SAMPLING (select all that apply)
	<b>Lung</b> ☐ Left ☐ Right
	Upper lobe Upper lobe
	Lower lobe Middle lobe
CRECIMEN TYPE (calcat all that analy)	Other (e.g., hilar mass), Lower lobe
SPECIMEN TYPE (select all that apply)	specify Other, specify
Small biopsy specimens	
Not submitted      Republication for some biopsy.	Extrapulmonary sites
Bronchoscopic forceps biopsy	Other site 1, specify
Number of biopsies	Other site 1, speeny
Core needle biopsy	Other site 2, specify
Gauge of needle	Nodal sites <sup>a</sup>
Number of cores	10 Hilar  Left Right
Cryobiopsy	11 Interlobar  Left Right
Number of biopsies	12 Lobar
	▼ □ Left □ Right □ 2L Upper Paratracheal (left)
Surgical biopsy (e.g., supraclavicular nodal metastasis, pathological bone fracture, brain metastasis)	2 2 Upper Paratracheal (left)  2 2 Upper Paratracheal (right)
Other, specify	4L Lower Paratracheal (left)
<b>V</b>	4R Lower Paratracheal (right)
	7 Subcarinal
	Other, specify
	<sup>a</sup> Nodes accessible via EBUS.

_	cable to cytopathology spec	,)					
	performed formed						
	In person						
$\bigcirc$	Via telecytopathology						
Type (	select all that apply)						
	Fine needle aspiration bio	psy (FNAB)					
	Other, specify						
	Name of site assessed	Number of passes	Number of slides	Type of stain used	Adequate/ Inadequate	Provisional diagnosis by cytopathologist (verbatim)	Biopsy taken at this site
Site 1							
Site 2							1
Site 3							
Site 3							
Site 4				<u> </u>			
Site 4							
Site 5							
Site 6							
Site 7							
Site 8		+	<del>                                     </del>				1
Site 9		+	<del>                                     </del>				1
Site 10							

	Complete for second specimen if applicable.  If more specimens have been submitted print additional pages.
Site, specify	Site, specify
DESCRIPTION AND DISTRIBUTION OF SAMPLED MATERIAL	DESCRIPTION AND DISTRIBUTION OF SAMPLED MATERIAL
Fluid (if applicable)	Fluid (if applicable)
COLLECTION MEDIA	COLLECTION MEDIA
○ None (specimen only) ○ RPMI	○ None (specimen only) ○ RPMI
○ Saline ○ Formalin	○ Saline ○ Formalin
Liquid based cytopathology, <i>specify type</i>	Liquid based cytopathology, specify type
•	· ·
Other, specify	Other, specify
Volume mL	Volume mL
Description of fluid (e.g., colour, presence of blood, viscosity, presence of particulate matter), specify	Description of fluid (e.g., colour, presence of blood, viscosity, presence of particulate matter), <i>specify</i>
presence of particulate mattery, speeny	presence of particulate mattery, specify
Slides made by direct smear, cytospin or liquid-based cytology from fluid received in laboratory	Slides made by direct smear, cytospin or liquid-based cytology from fluid received in laboratory
cytology from fluid received in laboratory	cytology from fluid received in laboratory
Number of air-dried slides	Number of air-dried slides
Number of alcohol-fixed slides	Number of alcohol-fixed slides
Direct smears submitted to laboratory	Direct smears submitted to laboratory
Number of his dried alides	Number of six dried slides
Number of air-dried slides	Number of air-dried slides
Number of alcohol-fixed slides	Number of alcohol-fixed slides
Distribution (select all that apply)	<b>Distribution</b> (select all that apply)
Flow cytometry	Flow cytometry
☐ Molecular	Molecular
☐ Microbiology	☐ Microbiology
☐ Cell block,	Cell block,
specify identifier	specify identifier
Core biopsy, specify identifier and block number	Core biopsy, specify identifier and block number
<b>V</b>	<b>Y</b>
	_
Other (e.g., tissue bank), specify	Other (e.g., tissue bank), specify
CATEGORY	CATEGORY
(Applicable to cytopathology specimens only)	(Applicable to cytopathology specimens only)
(Values based on the World Health Organization (WHO) Reporting System for Lung Cytopathology (2022))	(Values based on the World Health Organization (WHO) Reporting System for Lung Cytopathology (2022))
○ Inadequate/Insufficient/Non-diagnostic	○ Inadequate/Insufficient/Non-diagnostic
Benign	Benign
Atypical, explain reasons	Atypical, explain reasons
Suspicious for malignancy, explain reasons	Suspicious for malignancy, explain reasons
V Suspicious for manighancy, explain reasons	Suspicious for manighancy, explain reasons
Malignant     Maligna	
aga	

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))	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
Squamous cell carcinoma	
Non-mucinous adenocarcinoma, list patterns if possible	
Non-mucinous adenocarcinoma with pure lepidic pattern	Specimen type used, specify
(an invasive component cannot be excluded)	position type accu, specify
Invasive mucinous adenocarcinoma, list patterns if possible	
Trivasive mucinous adenocarcinoma, list patterns ii possible	
	Cellularity
	O Very low (<100)
	<pre>Low (100-≤2,000)</pre>
Mucinous adenocarcinoma with pure lepidic pattern	
(an invasive component cannot be excluded)	High (>5,000)
Adenocarcinoma with colloid features	OR
Adenocarcinoma with fetal features	OR
Adenocarcinoma with enteric features	
Non-small cell carcinoma, favour squamous cell carcinoma	Describe
Non-small cell carcinoma, favour adenocarcinoma	
Non-small cell carcinoma NOS	
Morphological squamous cell and adenocarcinoma	
patterns both present: non-small cell carcinoma NOS <sup>b,c</sup>	Tumour fraction %
<ul> <li>Morphological squamous cell or adenocarcinoma patterns not present, but immunohistochemical stains favour separate squamous and adenocarcinoma components:</li> </ul>	Necrosis %
non-small cell carcinoma NOS <sup>b,d</sup> Non-small cell carcinoma with spindle cell and/or giant cell carcinoma	
Adenocarcinoma or squamous carcinoma present <sup>e</sup>	ANCILLARY STUDIES
	Disapostis immunohistoshomisəl/immunosutoshomisəl
Adenocarcinoma and squamous carcinoma absent	Diagnostic immunohistochemical/immunocytochemical markers
Carcinoid tumour (neuroendocrine tumour)	(Applicable to cell block and/or core needle biopsy, or
Small cell carcinoma	smears/cytospins)
Non-small cell carcinoma with neuroendocrine	-
morphology and positive neuroendocrine markers, possible large cell neuroendocrine carcinoma	Not performed
Other, specify	O Pending
Other, specify	Performed
	Material used for testing
	Cell block
	Smear or cytospin
	Biopsy
	Other, specify
	•
<sup>b</sup> Refer to the results of immunohistochemistry (IHC).	
<sup>c</sup> As adenocarcinoma and squamous components are both	Results
present, this could represent adenosquamous carcinoma, but	Results
that diagnosis requires a resection specimen.	Positive antibodies
<sup>d</sup> This could represent adenosquamous carcinoma, but that	1 ositive unusodies
diagnosis requires a resection specimen.	Negative antibodies
	regulive unaboules
e This could represent a pleomorphic carcinoma, but that	Equivocal antibodies
diagnosis requires a resection specimen.	Equivocal anabodics

ANCILLARY STUDIES continued	KRAS result
Molecular data	Indeterminate
	Variant not identified
Not performed	Variant present, specify
<ul><li>Pending</li><li>Performed</li></ul>	<b>*</b>
Material used for testing  Cell block	
Smear	Indeterminate
Core needle biopsy	Variant not identified
Other, specify	Variant present, specify
V Cities, speeny	— — — — — — — — — — — — — — — — — — —
TEST PERFORMED (select all that apply)	■ MET Amplification result
☐ EGFR result	Indeterminate
▼	Variant not identified
Variant not identified	Variant present, specify
Variant present, <i>specify</i>	•
¥ , , ,	
	HER2 Mutation result
ALK result	☐ Indeterminate
○ Indeterminate	<ul><li>Variant not identified</li></ul>
☐ IHC negative	<ul><li>Variant present, specify</li></ul>
○ IHC positive	•
<ul><li>Variant not identified</li></ul>	
Variant present, specify	
<b>V</b>	Immuno-oncological data
	PD-L1 result
ROS1 result	Not applicable
✓ Indeterminate	
IHC negative	>100 tumour cells present
○ IHC positive	Yes
Variant not identified	○ No
<ul><li>Variant present, specify</li></ul>	Percentage tumour cells positive %
•	
	Indeterminate
RET result	Antibody clone
	used
<ul><li>Indeterminate</li><li>Variant not identified</li></ul>	
Variant not identified  Variant present, specify	Other amaillams studies, we sawd to st(s), mostly adoless.
variant present, specify	Other ancillary studies, record test(s), methodology and result(s)
□ NTPK rocult	
NTRK result	
○ Indeterminate	
Variant not identified	
Variant present, <i>specify</i>	
☐ BRAF result	
Indeterminate	
Variant not identified	
Variant present, specify	
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