

REPORTING PROFORMA FOR RESECTIONS OF LUNG TUMOURS

1. PATIENT DEMOGRAPHICS

Name Age/Sex..... Case no Path No.....
 Date & Time of receipt Date & Time of Grossing..... Grossed by.....
 Referring Consultant.....

2. MACROSCOPIC FEATURES

a. Specimen Type: Wedge resection/ Segmentectomy/ Bilobectomy/ Sleeve lobectomy/
 Lobectomy/Pneumonectomy/ Major airway resection (specify)/Other (specify)

b. Specimen Laterality: Right Left Not specified

c. Tumor Site: Upper lobe/ Middle lobe/Lower lobe of lung/Bronchus,(specify)

d. Dimensions:

Specimen size __x__x__cm,
 Tumour size __x__x__cm
 Tumour size cannot be determined
 Length of bronchial resection (stump):cms, Not applicable

✓ (pT1a ≤10 mm; pT1b 11–20 mm; pT1c 21–30 mm; pT2a 31–40 mm; pT2b 41–50 mm; pT3 >50–70 mm; pT4 >70 mm),

✓ If multiple tumours, assignment of the T category is based on the size of the largest tumour

e. Tumor Focality: Single Tumour Multiple tumor nodules

✓ If present, record the number of tumours, size, location and distance from the primary tumor

f. Macroscopic Status of pleura overlying tumour:

Involved not involved Not assessable

g. Macroscopic Status of chest wall structures overlying tumour:

Involved not involved Not assessable

h. Main bronchus involvement by the tumour & its distance from Carina(</>2cms) :

Involved Not identified Not assessable

i. Resection margins

Margin type	Involvement by tumor		Distance from tumor (cm)
Bronchial	Yes	No	
Vascular	Yes	No	
Parenchymal	Yes	No	

j. Adjacent lung: Unremarkable/ shows atelectasis/ Separate tumour nodules/Bullae/Abscess

/Cavitatory lesion / other

➤ **Atelectasis/obstructive pneumonitis extending to the hilar region:**

Absent Present Not assessable

If present, specify, Patchy or Diffuse & to be correlated with the radiological findings

k. Lymph nodes

Site of node		Node/FFT	No. of nodes	Size of largest node (cm)
Dissected from specimen	Along the Hilum	Node/FFT		
Separately sent	Sampled separately as per Lymph node Station(IASLC Node Atlas)	Node/FFT		

BLOCK IDENTIFICATION: Tumour (.....), Resection margins (.....), Pleura (.....), Adjacent lung (.....)Lymph nodes(.....)

3. MICROSCOPIC FEATURES

a. Histological tumour type

- Squamous carcinoma
- Small cell carcinoma
- Typical carcinoid tumor
- Combined neuroendocrine carcinoma
- Large cell carcinoma
- Giant cell carcinoma
- Adenoid cystic carcinoma
- Adenocarcinoma
- Large cell neuroendocrine carcinoma
- Atypical carcinoid tumor
- Pleomorphic carcinoma
- NUT carcinoma
- Non-small cell carcinoma, NOS
- Adenosquamous carcinoma
- Sarcomatoid carcinoma
- Mucoepidermoid carcinoma
- Others, specify

b. Classification of adenocarcinoma

- Invasive Adenocarcinoma:
- (If yes: predominant pattern [as percentages to total of 100% in 5% increments]):
- Lepidic Acinar Papillary Micropapillary Solid
- Mucinous Non-mucinous
- Mixed mucinous/non-mucinous (>10% of each)
- Invasive mucinous adenocarcinoma
- Adenocarcinoma in situ(Mucinous/ Non Mucinous)
- Minimally invasive adenocarcinoma (invasive component less than 5 mm)
- Variants of adenocarcinoma (If yes: Colloid Fetal Enteric)

c. Histologic Grade

- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated, undifferentiated
- GX: Cannot be assessed

d. Spread Through Air Space (STAS):

Absent Present

e. Lymphovascular/ Perineural invasion

Present Absent Cannot be assessed

f. Local invasion

- Pleural invasion Yes No Cannot be assessed
- Extent of pleural invasion
 - Visceral pleura only (pT2)
 - Parietal pleura/chest wall (pT3)
- Pericardium (pT3) Yes No Cannot be assessed
- Mediastinum (pT4) Yes No Cannot be assessed
- Diaphragm (pT4) Yes No Cannot be assessed
- Great vessel (T4) Yes No Cannot be assessed
- Atrium, heart (pT4) Yes No Cannot be assessed
- Malignant pleural effusion (pM1a) Yes No Cannot be assessed

g. Separate tumour nodules

- Absent Present Cannot be assessed
- Synchronous primary tumours Absent Present
- Satellite nodules (intrapulmonary metastases)
- Satellite tumour nodules in same lobe (pT3)
- Satellite tumour nodules in different ipsilateral lobe (pT4)
- Satellite tumour nodules in contralateral lobe (pM1a)

h. Resection Margins

Margin type	Involved by invasive carcinoma, dysplasia, Squamous carcinoma in situ/ Adenocarcinoma in situ/ only peribronchial soft tissue involved,		Distance from tumor (mm/cm)
Bronchial	Yes	No	
Vascular	Yes	No	
Parenchymal	Yes	No	
Chest wall	Yes	No	

Excision complete (R0) Yes No Cannot be assessed

If excision not complete:

- Microscopic involvement (R1) Yes No
- Macroscopic involvement (R2) Yes No

i. Response to neoadjuvant therapy

Less than/ equal to 10% residual viable tumour (Major Pathological Response) More than 10% residual viable tumour Treatment history not known Not applicable

j. Lymph node involvement

Ipsilateral hilar/intrapulmonary (node stations 10–14)	Submitted <input type="checkbox"/>	Involved (N1) <input type="checkbox"/>
	Not submitted <input type="checkbox"/>	Not involved <input type="checkbox"/>
Ipsilateral mediastinal (node stations 1–9)	Submitted <input type="checkbox"/>	Involved (N2) <input type="checkbox"/>
	Not submitted <input type="checkbox"/>	Not involved <input type="checkbox"/>
Contralateral mediastinal, hilar nodes	Submitted <input type="checkbox"/>	Involved (N3) <input type="checkbox"/>
	Not submitted <input type="checkbox"/>	Not involved <input type="checkbox"/>
Ipsilateral or contralateral scalene or supraclavicular nodes	Submitted <input type="checkbox"/>	Involved (N3) <input type="checkbox"/>
	Not submitted <input type="checkbox"/>	Not involved <input type="checkbox"/>

If involved, record Number of lymph nodes examined & Number of positive lymph nodes for each Station (Involved (No.+_/__Total)

Granulomatous inflammation involving lymph nodes(as per nodal station)

Present Absent Not assessable

4. ADDITIONAL PATHOLOGIC FINDINGS

- None identified
- Other neoplastic precursor lesions (eg tumourlets, NEH, AAH, dysplasia, carcinoma in situ)
- Non-neoplastic lung disease[Inflammation (specify type): if any), Fibrosis (identify if discernable pattern), Emphysema]
- Other (specify): _____

6. ANCILLARY STUDIES

a. Immunohistochemistry for subtyping: Performed Not Performed

If performed, record positive, negative and equivocal markers, interpretation and conclusions

b. Molecular data (Record the methods used)

Epidermal growth factor mutation present Yes No Not assessed

ALK translocation present Yes No Not assessed

ROS translocation present Yes No Not assessed

PD-L1 status % age of tumour cells positive Antibody used Not assessed

7. IMPRESSION

- **Histologic type**
- **Pathology stage (8th AJCC staging system):**pTpNpM (if known)
- **Complete resection at all margins** Yes (R0) No (R1 R2

Date of Reporting..... Consultant.....