

REPORTING PROFORMA FOR RESECTIONS OF THYMIC TUMOURS

1. PATIENT DEMOGRAPHICS

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

2. SPECIMENS SUBMITTED

Partial thymus Complete thymus Thymus plus surrounding tissue(radical thymectomy)

Lung Right Wedge Lobe Entire lung

Left Wedge Lobe Entire lung

Pericardium Mediastinal pleura Phrenic nerve

Great vessels (specify: innominate vein, aorta (descending/ascending, SVC, Arch vessels, intrapericardial pulmonary artery)

Myocardium Diaphragm Chest wall Oesophagus

Lymph nodes: Anterior Deep intrathoracic/cervical Extra thoracic

Other (specify)

Comment:

- Specimen should be either pinned on a board with a diagram of the mediastinum (Mediastinal board) or oriented with sutures

3. MACROSCOPIC FEATURES

➤ Specimen integrity Intact Disrupted Indeterminate

➤ Specimen size __x__x__cm

➤ Tumour size __x__x__cm cannot be determined

➤ Location of tumour (intra-thymic, ectopic, multiple sites):

➤ Closest margin :cms

➤ Capsule invasion Seen Not seen

BLOCK IDENTIFICATION: Tumour (.....), Tumour with capsule (.....), Resection margin (.....), Adjacent structure, if any (.....)Lymph nodes(.....)

4. MICROSCOPIC FEATURES

a. Histological type

Thymoma A Thymoma AB Thymoma B1 Thymoma B2 Thymoma B3

Other thymoma (e.g. micronodular,)

Combined tumour (specify percentages of types)

Thymic carcinoma (specify subtype)

Neuroendocrine thymic tumours (specify subtype/grade)

Germ cell tumors/ Lymphoma(Specify Subtypes).....

Others.....

b. Extent of Direct invasion

Capsular invasion(pT1a)	No invasion beyond capsule or limited to mediastinal fat	Invasion beyond the mediastinal fat	Not assessable	Not applicable
Mediastinal pleura(pT1b)	Not involved	Involved	Not assessable	Not applicable
Pericardium(pT2)	Not involved	Involved	Not assessable	Not applicable
Lung/Visceral pleura(pT3)	Not involved	Involved	Not assessable	Not applicable
Phrenic nerve(pT3)	Not involved	Involved	Not assessable	Not applicable
Chest wall(pT3)	Not involved	Involved	Not assessable	Not applicable
Great vessels (pT3)-Innominate vein, SVC (pT4) –Aorta, Arch vessels, intrapericardial pulmonary artery	Not involved	Involved	Not assessable	Not applicable
Other involved organ sites- (pT4) Myocardium, Oesophagus, Trachea)	Not involved	Involved	Not assessable	Not applicable

c. Lymphovascular/ Perineural invasion

Present Absent Cannot be assessed

d. Separate extra-thymic tumour nodules/metastases

➤ **Pleural or pericardial (stage pM1a)**

Present Not identified

If present, specify: Number: Location(s)

➤ **Other nodules (stage pM1b)**

Lung, intra-parenchymal Present Not identified

Distant organ Present Not identified

If present, specify: Number: Location(s)

e. Margins

Excision complete (R0) Yes No Cannot be assessed

If excision not complete:

Microscopic involvement (R1) Yes No

Macroscopic involvement (R2) Yes No

Sites of involvement if R1 or R2:

Closest margin if excision complete: distancemm

f. Lymph node involvement

Anterior (peri-thymic){N1}:	Not involved	Involved	Not assessable	Not applicable
Deep intrathoracic/cervical[N2]:	Not involved	Involved	Not assessable	Not applicable
Other Location/s outside N 1 or 2 (M1b disease):	Not involved	Involved	Not assessable	Not applicable

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

g. Response to neoadjuvant therapy (3-tiered TRG system)

N/A Complete/Near complete Partial None/Minimal

6. COEXISTENT PATHOLOGY

-Thymic hyperplasia (Follicular/Epithelial/ True type) – In Thymectomy specimens from myasthenia gravis patients

- Cystic changes(In tumour/ In adjacent thymus)
- Other (specify)

7. ANCILLARY STUDIES

a. Immunohistochemical markers : Performed Not Performed

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

b.Molecular studies: If performed, record specific tests and results

8. OTHER(S) _____

9. IMPRESSION

- **Histologic type**
- **8th TNM Staging as per ITMIG recommendations): pT... pN...pM...**
- **Modified Masoka Staging.....**
- **Complete resection at all margins** Yes (R0) No (R1 R2)

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