

REPORTING PROFORMA FOR MESOTHELIOMA

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/ Operative Procedure:** Extrapleural pneumonectomy/Extended pleurectomy/
Partial pleurectomy /decortication/ Core biopsy / Open biopsy/ VATS biopsy/ Other (specify)

b. **Specimen Laterality:** Right Left Not specified

c. **Tumor Site:** Parietal pleura / Visceral pleura /Diaphragm /Other (specify)

d. Dimensions:

1. Greatest dimension __cm,
2. Additional dimensions __x__cm
3. Cannot be determined (explain): _____

e. **Tumor Focality:** Localised Diffuse Cannot be determined

f. **Macroscopic Status of involvement of the chest wall/ other structures by tumour:**
Involved not involved Not assessable

g. **Resection margins:** Distance of Closest pleural/soft tissue/ rib cut margin.....

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

3. MICROSCOPIC FEATURES

a. Histological tumour type

- a. Epithelioid mesothelioma(specify subtype)
 - solid, tubulopapillary, and trabecular, micropapillary, adenomatoid (microcystic), clear cell, transitional, deciduoid, small cell and pleomorphic
- b. Sarcomatoid mesothelioma
- c. Biphasic mesothelioma
- d. Desmoplastic mesothelioma

b. Histologic Grade

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

c. Local invasion

- Tumor limited to parietal pleura without/ with involvement of ipsilateral visceral, mediastinal, diaphragmatic pleura

- Tumor involves diaphragmatic muscle
- Tumor extends into lung parenchyma
- Tumor involves endothoracic fascia/ into mediastinal fat
- Solitary focus / Diffuse or multiple foci extends into the soft tissues of the chest wall
- Tumor extends into but not through the pericardium
- Tumor involves rib(s)
- Tumor involves mediastinal organ(s) (specify): _____
- Other (specify): _____

d. Resection Margins

Cannot be assessed

___ Uninvolved by mesothelioma

___ Involved by mesothelioma

e. Response to neoadjuvant therapy

Less than/ equal to 50% residual viable tumour More than 50% residual viable tumour

Treatment history not known Not applicable

f. Regional Lymph Nodes

- No lymph nodes submitted or found
- Lymph Node Examination (required only if lymph nodes are present in the specimen)
 - Number of Lymph Nodes Involved: _____
 - Number of Lymph Nodes Examined: _____

4. ADDITIONAL PATHOLOGIC FINDINGS

- None identified
- Inflammation (specify type)
- Asbestos bodies
- Pleural plaque
- Pulmonary interstitial fibrosis Other (specify): _____
- Other (specify): _____
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7. ANCILLARY STUDIES

Immunohistochemistry for subtyping: Performed Not Performed

- The 2015 WHO recommends the combined use of a minimum of 2 mesothelial markers and 2 carcinoma markers for establishing the diagnosis
- If performed, record positive, negative and equivocal markers, interpretation and conclusions

7. IMPRESSION

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