**Appendix D Reporting proforma for lung cancer resection specimens**

Surname…………………………. Forenames…………………………... Date of birth…………... Sex…

Hospital………….……….…….... Hospital no……………….………………. NHS/CHI no………….……..

Date of surgery………….…........ Date of report authorisation……………. Report no…………….….......

Date of receipt………….……….. Pathologist……….………………………. Surgeon……………….……….

**Previous treatment (neoadjuvant chemotherapy/radiotherapy)\*** Yes No Not known

**Specimen type**

Laterality ±\* Surgical access

Right lung VATS

Left lung VATS converted to open

Not known Open

 Not known

Resection type ±**\***

Single wedge resection Pneumonectomy (extra-pericardial)

Multiple wedge resections Pneumonectomy (intra-pericardial)

Segmentectomy Lobectomy/bi-lobectomy

Sleeve resection Other (specify) ………..…….....……..

Attached anatomical structures

None submitted Submitted  (specify) …………………………………..

**Macroscopic features**

Location of tumour ±**\***

Hilar/endobronchial/central

Right upper lobe Right middle lobe Right lower lobe

Left upper lobe Left lower lobe Cannot be assessed

Other (please state): …………………………

Relationship to carina and main bronchus ±\*

Involves carina (pT4)

Involves main bronchus (pT2)

Cannot be assessed

Measurements ±\*

Invasive tumour size ……….mm (maximum dimension)

(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)

Not assessable

If adenocarcinoma, whole tumour size (including non-invasive component) ……….mm (maximum dimension)

Not assessable

Extent of atelectasis/obstructive pneumonia ±\*

None/less than below

Atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the whole lung (T2)

**Microscopic features**

**Histological type ±\***

Squamous cell carcinoma

Large cell undifferentiated carcinoma

Small cell carcinoma

Large cell neuroendocrine carcinoma

Carcinoid Typical Atypical

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

 Minimally invasive adenocarcinoma (invasive component less than 5 mm)

 Variants of adenocarcinoma (If yes: Colloid Fetal Enteric )

Combined tumours (specify ………………………………………..........)

Other tumour (specify ………………………………………........)

**Local invasion ±**

Extent of pleural invasion No 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 (aorta, central pulmonary artery or vein) (T4)±\* Yes No Cannot be assessed

Atrium, heart (pT4) Yes No Cannot be assessed

Malignant pleural effusion (pM1a) Yes No Cannot be assessed

**Separate tumour nodules**

Cannot be assessed Absent Present

Synchronous primary tumours Absent Present

(Core items should be reported for each synchronous primary tumour)

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)

**Pleural invasion ±\***

PL0 (no pleural involvement)

PL1 (breaching of the outer layer of the visceral pleura but no extension to the pleural surface)

PL2 (breaching of the outer layer of the visceral pleura **and** extension to the pleural surface)

PL3 (involvement of the parietal pleura)

Extent of pleural invasion cannot be assessed

**Lymph node spread ±**

|  |  |  |
| --- | --- | --- |
| Ipsilateral hilar/intrapulmonary (node stations 10–14) | Submitted Not submitted  | Involved (N1) Not involved  |
| Ipsilateral mediastinal (node stations 1–9) | Submitted Not submitted  | Involved (N2) Not involved  |
| Contralateral mediastinal, hilar nodes | Submitted Not submitted  | Involved (N3) Not involved  |
| Ipsilateral or contralateral scalene or supraclavicular nodes | Submitted Not submitted  | Involved (N3) Not involved  |

**Margins ±\***

Bronchial Not involved Involved Uncertain Not applicable

Mediastinal Not involved Involved Uncertain Not applicable

Vascular Not involved Involved Uncertain Not applicable

Chest wall Not involved Involved Uncertain Not applicable

Distance of tumour to closest resection margin …….mm Specify margin ………………..

**Lymphovascular invasion**

Present Absent Indeterminate

**Response to neoadjuvant therapy**

Not applicable Less than 10% residual viable tumour More than 10% residual viable tumour 100% response

Treatment history not known

**Metastases\***

Not identified in this specimen  Present (M1a) Present (M1b) Present (M1c)

Details: …………………………….…………………………………………………….............

**Ancillary data**

Epidermal growth factor mutation present± Yes No Not assessed

ALK translocation present Yes No Not assessed

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

PD-L1 test Commercial assay (companion diagnostic) Laboratory derived test (LDT)

**Summary of pathological staging, stating version of TNM used ± \***(Select highest stage from above data; for synchronous primaries, use protocol above.
Use prefix ‘y’ for resection during or following treatment and ‘r’ for recurrence after treatment)

……pT ………..pN …………pM (if known) ………

Complete resection at all margins Yes (R0) No (R1 R2 )

**SNOMED codes\*:**

Signature .............……………………………………………….

Date ……..../….….../……....

*Notes:*

± Data items included in 3rd edition ICCR lung cancer resection dataset.

\*Data items that are currently part of the Cancer Outcomes and Services Dataset (COSD) v7.