

A guide to Mesothelioma in the Pleura and Peritoneum Histopathology Reporting - RESECTION SPECIMENS



Includes the  International Collaboration on Cancer reporting dataset denoted by *

Clinical details

S1.02 Clinical information provided on request form (complete as narrative or use the structured format below)	Text
*CLINICAL HISTORY	
Radiological appearance	Text
History of previous cancer	Text
Other	Text
*Neoadjuvant therapy	Not administered Administ. (describe)
Operative procedure	Decortication Radical pleurectomy Extrapleural -pneumonectomy Debulking Other (specify)
New primary cancer or recurrence	New primary Local recurrence Distant metastasis
If regional (local) recurrence or distant metastasis describe	Text
S1.03 Pathology accession number	Text
S1.04 Principal clinician	Text
G1.01 Other relevant comments	Text

Macroscopic findings

S2.02 Specimen labelled as	Text
S2.03 *Operative procedure	Not provided Decortication Radical pleurectomy Extrapleural -pneumonectomy Debulking Other (specify)
S2.04 *Specimens submitted	See p2
G2.01 *TUMOUR SIZE - PLEURAL SPECIMENS	
*Maximum thickness of any mass	___mm Or Indeterminate
AND*Dimensions of dominant mass	__x__x__mm Or Indeterminate
G2.01 *TUMOUR SIZE - PERITONEAL SPECIMENS	
*Dimensions of dominant mass	__x__x__mm Or Indeterminate
OR*Dimensions of largest nodule	__x__x__mm Or Indeterminate
Aggregate dimension of specimen/tumour nodules	__x__x__mm
S2.05 *Macroscopic tumour site(s)	See p2
S2.06 *Block identification key	Text
G2.02 Other macroscopic description	Text

Microscopic findings

S3.01 *Histological tumour type	See adjacent list
G3.01 *Mitotic count (applicable to peritoneal specimens only)	___per mm ²

Microscopic findings (cont.)

G3.02 *Response to neoadjuvant therapy	Not applicable Can't be determined >50% residual tum. <50% residual tum. No tumour found
S3.02 *Extent of direct invasion	See p2
S3.03 *Margin status (Applicable to extrapleural pneumonectomy specimens only)	Not applicable Cannot be assessed Not involved Involved
If involved: specify margin(s)	Text
S3.04 *Lymph node status	Cannot be assessed No nodes submitted -or found OR List as indicated
LN station/location or specimen identification (Note: repeat as needed)	Text (id or location) AND Not involved Involved
G3.03 Number of positive nodes /Total number of nodes (Note: Repeat for each involved lymph node station.)	___/___
G3.04 *Coexistent pathology	None identified OR Text
G3.05 Additional microscopic comment	Text

Ancillary test findings

G4.01 *Ancillary studies	Not performed Performed
If performed, report S4.01 and consider reporting G4.01.	
S4.01 *Immunohistochemistry	Text (List stains)
G4.02 *Other ancillary studies	Text

Synthesis and overview

S5.01 *Pathologic staging TNM 7th edition (pleural specimens only)	See p2
S5.02 Year and edition of staging system(s).	Text
G5.01 Diagnostic summary	Text
Include:	
a. Operative procedure	
b. Tumour site	
c. Tumour type	
S5.03 Overarching comment (if applicable)	Text
G5.02 Edition/version number of the RCPA protocol on which the report is based	Text

S3.01 Histological tumour type

- Epithelioid (Epithelial)
- Sarcomatoid (Sarcomatous)
- Biphasic (Mixed epithelial and sarcomatous)
- Malignant mesothelioma, NOS

S2.04 Specimens submitted

Not provided

OR Multi select value list (select all that apply):

Pleura/Thoracic

- Diaphragm
 - Lung
 - o Right
 - Wedge
 - Lobe
 - Entire Lung
 - o Left
 - Wedge
 - Lobe
 - Entire Lung
 - Mediastinal fat
 - Pericardium
 - Parietal pleura
 - Contralateral pleura
 - Visceral pleura
 - Endothoracic fascia
 - Chest wall
 - Rib
 - Spine
 - Port site
- ### Peritoneum
- Peritoneum
 - Omentum
 - Left ovary
 - Right ovary
 - Left fallopian tube
 - Right fallopian tube
 - Uterus
 - Other intra-abdominal organs (specify)
- ### Other submitted specimens
- Lymph nodes (specify site(s))
 - Other submitted specimens (specify)

S2.05 Macroscopic tumour site(s)

Indeterminate

OR Multi select value list (select all that apply):

Pleura/Thoracic

- Diaphragm
 - Lung
 - o Right
 - o Left
 - Mediastinal fat
 - Pericardium
 - Parietal pleura
 - Contralateral pleura
 - Visceral pleura
 - Endothoracic fascia
 - Chest wall
 - Rib
 - Spine
 - Port site
- ### Peritoneum
- Peritoneum
 - Omentum
 - Left ovary
 - Right ovary
 - Left fallopian tube
 - Right fallopian tube
 - Uterus
 - Other intra-abdominal organs (specify)
- ### Other
- Lymph nodes
 - Other site (specify)

S3.02 Extent of direct invasion

- Cannot be assessed
- No evidence of primary tumour

OR

Multi select value list (select all that apply):

- Parietal pleura without involvement of the ipsilateral visceral pleura
- Parietal pleura with focal involvement of the ipsilateral visceral pleura
- Endothoracic fascia (as determined by surgeon/radiologist)
- Mediastinal fat
- Localised focus of tumour invading the soft tissue of the chest wall
- Diffuse or multiple foci invading soft tissue of chest wall
- Through the pericardium or diaphragm
- Into but not through the pericardium or diaphragm
- Rib(s)
- Peritoneum through the diaphragm
- Great vessels/oesophagus/trachea or other mediastinal organ
- Extension into contralateral pleura
- Spine
- Myocardium
- Confluent visceral and parietal pleural tumour (including fissure)
- Mediastinal organ(s) (specify)
- Other (specify)

S5.01 Pathological staging (TNM 7th edition)##

PLEURAL SPECIMENS ONLY

m - multiple primary tumours at a single site
r - recurrent tumours after a disease free period
y - classification is performed during or following multimodality treatment

T - Primary tumour

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- T1 Tumour involves ipsilateral parietal pleura, with or without focal involvement of visceral pleura
- T1a Tumour involves ipsilateral parietal (mediastinal, diaphragmatic) pleura. No involvement of the visceral pleura
- T1b Tumour involves ipsilateral parietal (mediastinal, diaphragmatic) pleura, with focal involvement of the visceral pleura
- T2 Tumour involves any of the ipsilateral pleural surfaces with at least one of the following:
 - Confluent visceral pleura tumour (including the fissure)
 - Invasion of diaphragmatic muscle
 - Invasion of lung parenchyma
- T3* Tumour involves any ipsilateral pleural surfaces with at least one of the following:
 - Invasion of endothoracic fascia
 - Invasion of mediastinal fat
 - Solitary focus of tumour invading soft tissues of the chest wall
 - Non-transmural involvement of the pericardium
- T4** Tumour involves any ipsilateral pleural surfaces with at least one of the following:
 - Diffuse or multifocal invasion of soft tissues of chest wall
 - Any involvement of rib
 - Invasion through diaphragm to peritoneum
 - Invasion of any mediastinal organ(s)
 - Direct extension to contralateral pleura
 - Invasion into the spine
 - Extension to internal surface of pericardium
 - Pericardial effusion with positive cytology
 - Invasion of myocardium
 - Invasion of brachial plexus

* T3 describes locally advanced, but potentially resectable tumour.

** T4 describes locally advanced, technically unresectable tumour.

N - Regional lymph nodes

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastases
- N1 Metastasis in ipsilateral bronchopulmonary and/or hilar lymph node(s)
- N2 Metastasis in subcarinal lymph node(s) and/or ipsilateral internal mammary or mediastinal lymph node(s)
- N3 Metastasis in contralateral mediastinal, internal mammary, or hilar node(s) and/or ipsilateral or contralateral supraclavicular or scalene lymph node(s)