Adrenal Gland Tumours Histopathology Proforma

Mandatory questions (i.e. protocol standards) are in bold (e.g. **S1.03**).

Family name

Given name(s)

Date of birth

DD – MM – YYYY

Sex

- ☐ Male
- ☐ Female
- ☐ Intersex/indeterminate

Ethnicity

- ☐ Unknown
- ☐ Aboriginal/Torres Strait Islander
- ☐ Other ethnicity:

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Date of request

DD – MM – YYYY

S1.03 Accession number

Requesting doctor - name and contact details

Operative procedure

Functionality of the adrenal gland

Non-functional ☐ Functional ☐

Type of presentation:

Any previous adrenal surgery

Site of lesion(s)

Laterality of the lesion

Left ☐ Right ☐ Both ☐

Any accompanying specimens

Lymph nodes ☐ Kidney ☐ Other ☐

Relevant clinical information

Pre-operative biopsy

Not performed ☐ Performed ☐

Clinical stage

Involvement of adjacent organs

Not involved ☐ Involved ☐

Clinical diagnosis or differential diagnosis

New primary cancer or recurrence

New primary ☐ Regional (local) recurrence ☐

Distant metastases ☐

S1.04 Principal clinician caring for the patient

S1.05 Surgeon's name & contact details

G1.01 Other relevant details

Macroscopic findings

S2.02 Specimen labelled as

G2.01 Specimen dimensions

length mm x width mm x thickness mm

OR ☐ Cannot be recorded

S2.03 Specimen weight

g

S2.04 Tumour capsule

Intact ☐
Not intact ☐

S2.05 No. of macroscopically visible tumour(s)

S2.06 MACROSCOPIC APPEARANCE OF LESION(S)

LESION 1

Location

Cortex ☐
Medulla ☐
Indeterminate ☐
Other ☐

Borders

Encapsulated ☐
Infiltrative ☐

Description

Size in greatest dimension

mm

Distance to nearest excision margin

mm

LESION 2

Location

Cortex ☐
Medulla ☐
Indeterminate ☐
Other ☐

Borders

Encapsulated ☐
Infiltrative ☐

Description

Size in greatest dimension

mm

Distance to nearest excision margin

mm

LESION 3

Location

Cortex ☐
Medulla ☐
Indeterminate ☐
Other ☐

Borders

Encapsulated ☐
Infiltrative ☐

Description

Size in greatest dimension

mm

Distance to nearest excision margin

mm

S2.07 APPEARANCE OF UNINVOLVED ADRENAL GLAND

Cortex

Unremarkable ☐
Atrophic (thin) ☐
Hypertrophic (thickened) ☐
Not identified ☐

Medulla

Unremarkable ☐
Atrophic (thin) ☐
Hypertrophic (thickened) ☐
Not identified ☐

Cortical nodules

Not assessable ☐
Absent ☐
Present ☐

Size of largest nodule _____ mm

OR ☐ Cannot be recorded

Medullary hyperplasia/nodule

Not assessable ☐
Absent ☐
Present ☐

G2.02 ANY ACCOMPANYING SPECIMENS

Lymph nodes

Absent ☐
Present ☐

Other adjacent structures

G2.03 Other macroscopic comment

Microscopic findings

S3.01 Tumour type (refer to adjacent list)

G3.01 Tumour type variants (refer to adjacent list)

S3.02 Diameter of largest tumour

_____ mm

S3.01 Tumour type /G3.01 Variant

Adrenal cortical tumours
Adrenal cortical carcinoma
Adrenal cortical adenoma

Adrenal medullary tumours
Malignant phaeochromocytoma
Benign phaeochromocytoma
Composite phaeochromocytoma/ paraganglioma

Extra-adrenal paraganglioma
- Carotid body
- Jugulotympanic
- Vagal
- Laryngeal
- Aortico-pulmonary
- Gangliocytic
- Cauda equina
- Orbital Nasopharyngeal
- Extra-adrenal sympathetic paraganglioma
- Superior and inferior para-aortic paraganglioma
- Urinary bladder
- Intrathoracic and cervical paravertebral

Other adrenal tumours
Adenomatoid tumour
Sex-cord stromal tumour
Soft tissue and germ cell tumours
- Myelolipoma
- Teratoma
- Schwannoma
- Ganglioneuroma
- Angiosarcoma

FOR PHEOCHROMOCYTOMA

S3.13 Cellular pattern

(For pheochromocytoma, diffuse architecture is defined as large nests or diffuse growth >10%.)

Non-diffuse ☐
Zellballen ☐
Large and irregular cell nests ☐
Pseudorosette ☐

S3.14 Cellularity

Low ☐
Moderate ☐
High ☐

S3.10 Central or confluent necrosis

Absent ☐
Present ☐

S3.03 Adrenal vein or vena cava invasion

Absent ☐
Present ☐

S3.04 Capsular invasion

Absent ☐
Present ☐

S3.06 Extension into adipose tissue

Absent ☐
Present ☐

S3.07 Adjacent organs

Not involved ☐
Involved ☐

Involved organs:

S3.14 Cellular monotony

Absent ☐
Present ☐

Tumour cell spindling

Absent ☐
Present ☐

Profound nuclear pleomorphism

Absent ☐
Present ☐

Nuclear hyperchromasia

Absent ☐
Present ☐

S3.08 Mitotic rate

per 10HPF

S3.09 Atypical mitotic figures

Absent ☐
Present ☐

FOR ADRENOCORTICAL TUMOURS

S3.11 Nuclear grade (Fuhrman)

grade 1 ☐
grade 2 ☐
grade 3 ☐
grade 4 ☐

S3.12 Tumour comprising clear or vacuolated cells

%

S3.08 Mitotic rate

per 50HPF

S3.09 Atypical mitotic figures

Absent ☐
Present ☐

S3.13 Cellular pattern

(For conventional adrenocortical neoplasms diffuse growth is defined as more than 1/3 of the tumour forms patternless sheets of cells; trabecular, cord, columnar, alveolar or nesting is not considered to be diffuse)

Non-diffuse ☐
Diffuse architecture ☐

S3.10 Central or confluent necrosis

Absent ☐
Present ☐

S3.03 Adrenal vein or vena cava invasion

Absent ☐
Present ☐

S3.04 Capsular invasion

Absent ☐
Present ☐

S3.07 Adjacent organs

Not involved ☐
Involved ☐

Involved organs:

S3.05 Sinusoidal invasion (only if conventional or oncocytic adrenocortical neoplasm)

Absent ☐
Present ☐

FOR ALL TUMOURS

G3.02 MALIGNANT POTENTIAL

Scoring system (eg PASS, Weiss etc)

Score for malignant potential

S3.15 Non-tumour adrenal gland

☐ Unremarkable

OR

☐ Not identified/not assessable

OR select all that apply:

Adrenal cortical atrophy ☐
Hyperplasia ☐
Cortical nodules ☐
Medullary hyperplasia/nodule ☐

S3.16 Margin status

Clear ☐ ▶ Distance to closest margin

mm

Involved ☐ ▶ Involved margin(s)

S3.17 Lymph node status

Clear ☐

Involved ☐ ▶ Number of positive nodes:

/

(No. of positive nodes out of total no. of nodes)

G3.03 Coexistent pathological abnormalities

Absent ☐

Present ☐ ▶ Description:

G3.04 Other relevant microscopic comments

Ancillary test findings

S4.01 Ancillary tests

Not performed ☐

Performed ☐ ▶ Complete the following:

Test result type 1 eg FISH, IHC

Result

Conclusion

Laboratory performing the test

Method

Substrate (eg cytology smears, fluid in special media, paraffin block, fresh

Person responsible for reporting

Test result type 2 eg FISH, IHC

Result

Conclusion

Laboratory performing the test

Method

Substrate (eg cytology smears, fluid in special media, paraffin block, fresh

Person responsible for reporting

Test result type 3 eg FISH, IHC

Result

Conclusion

Laboratory performing the test

Method

Substrate (eg cytology smears, fluid in special media, paraffin block, fresh

Person responsible for reporting

Synthesis and overview

S5.01 AJCC Tumour stage (see opposite)

T

N

M

Stage Grouping

S5.02 Year of publication and edition of cancer staging system

G5.01 Diagnostic summary

Include: specimen type, tumour type. diameter of largest tumour, tumour stage, completeness of excision.

S5.03 Overarching comment

S5.01 Tumour stage (AJCC)##

Primary Tumour (T)

TX Primary tumour cannot be assessed

T0 No evidence of primary tumour

T1 Tumour 5 cm or less in greatest dimension, no extra-adrenal invasion

T2 Tumour greater than 5 cm, no extra-adrenal invasion

T3 Tumour of any size with local invasion, but not invading adjacent organs*

T4 Tumour of any size with invasion of adjacent organs*

*Adjacent organs include kidney, diaphragm, great vessels, pancreas, spleen, and liver.

Regional Lymph Nodes (N)

NX Regional lymph nodes cannot be assessed

N0 No regional lymph node metastasis

N1 Metastasis in regional lymph node(s)

Distant Metastasis (M)

M0 No distant metastasis

M1 Distant metastasis

Stage Grouping

Stage	T	N	M
I	T1	N0	M0
II	T2	N0	M0
III	T1	N1	M0
	T2	N1	M0
III	T3	N0	M0
IV	T3	N1	M0
	T4	N0	M0
	T4	N1	M0
	Any T	Any N	M1

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original source for this material is the AJCC Cancer Staging Manual, Seventh Edition (2010) published by Springer Science and Business Media LLC, www.springerlink.com

Worksheet prepared by:

On: DD – MM – YYYY