Reporting Protocol for the Examination of Gross Autopsy of Central Nervous System of Adult Decedents

Version: 1.0.0.0
Protocol Posting Date: December 2023
The use of this protocol is recommended for clinical care purposes but is not required for accreditation purposes.

The aim of this protocol is to improve the completeness, clarity, and portability of autopsy reporting while being mindful of the wide range of practice settings in which the data in the report is generated and disseminated.

The Autopsy Adult CNS template can be used when reporting CNS results separately from the Adult Autopsy report.

This protocol may be used for the following procedures AND tumor types:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Autopsy CNS</td>
<td>Neuropathology findings of the brain and spinal cord</td>
</tr>
</tbody>
</table>

The following should NOT be reported using this protocol:

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal Autopsies</td>
</tr>
<tr>
<td>Pediatric Autopsies</td>
</tr>
</tbody>
</table>

Authors

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With guidance from the CAP Cancer and CAP Pathology Electronic Reporting Committees.
* Denotes primary author.

Accreditation Requirements

The use of this case summary is recommended for clinical care purposes but is not required for accreditation purposes. The core and conditional data elements are routinely reported. Non-core data elements are indicated with a plus sign (+) to allow for reporting information that may be of clinical value.

Summary of Changes
v 1.0.0.0
- New protocol
# AUTOPSY: Adult CNS Reporting Template

Protocol Posting Date: December 2023
Select a single response unless otherwise indicated.

## CASE SUMMARY: (AUTOPSY: Adult CNS)

### CENTRAL NERVOUS SYSTEM

The Autopsy Adult CNS template can be used when reporting CNS results separately from the Adult Autopsy report. Reference the CAP Organ and Weight Tables (https://documents.cap.org/documents/cap-organ-weight-tables.pdf) for recommended organ weight standards.

### Brain (required only if applicable)

- [ ] Not applicable (not examined)
- [ ] Examined
  - [ ] Fresh
  - [ ] Post-formalin fixation

**Brain Weight in Grams (g):** _________________ g

#### Cerebral Hemispheres (select all that apply)

- [ ] Unremarkable includes symmetric right and left hemispheres with no gross abnormalities.
  - [ ] Asymmetric (specify, if possible): _________________
  - [ ] Atrophic
  - [ ] Edematosus
  - [ ] Defect(s) (specify, if possible): _________________
  - [ ] Lesion(s) (specify, if possible): _________________
  - [ ] Infarct(s) (specify, if possible): _________________
  - [ ] Other (specify): _________________

#### Cerebellum (select all that apply)

- [ ] Unremarkable includes symmetry and no gross abnormalities of the anterior, posterior, and flocculonodular lobes.
  - [ ] Asymmetric (specify, if possible): _________________
  - [ ] Atrophic
  - [ ] Edematosus
  - [ ] Defect(s) (specify, if possible): _________________
  - [ ] Lesion(s) (specify, if possible): _________________
  - [ ] Infarct(s) (specify, if possible): _________________
  - [ ] Other (specify): _________________

#### Brainstem (select all that apply)

- [ ] Unremarkable includes symmetry of the brainstem with no gross abnormality of the midbrain, pons, or medulla.
  - [ ] Defect(s) (specify, if possible): _________________
  - [ ] Lesion(s) (specify, if possible): _________________
  - [ ] Infarct(s) (specify, if possible): _________________
  - [ ] Other (specify): _________________
### Pituitary Gland

- Not examined

  *Unremarkable includes normal size and appearance consistent with age and sex.*

- Unremarkable
- Enlarged (specify, if possible): _________________
- Other (specify): _________________

### Ventricles (select all that apply)

- Unremarkable
- Dilated (specify, if possible): _________________
- Obstructed (specify, if possible): _________________
- Other (specify): _________________

### Hemorrhage (select all that apply)

- Not identified
- Epidural (specify, if possible): _________________
- Subdural (specify, if possible): _________________
- Subarachnoid (specify, if possible): _________________
- Intraparenchymal (specify, if possible): _________________
- Other (specify): _________________

### Circle of Willis (select all that apply)

- Unremarkable
- Atherosclerosis (specify degree and arteries, if possible): _________________
- Malformation / variant pattern (specify, if possible): _________________

  **Specify aneurysm type as berry (saccular) or fusiform, and intact or ruptured.**

- Aneurysm (specify, if possible)
- Other (specify): _________________

### Herniation

- Not identified
- Subfalcine (midline shift): _________________
- Transtentorial (uncal): _________________
- Tonsillar (coning): _________________
- Other (specify): _________________

### Meninges (select all that apply)

- Unremarkable
- Defect(s) (specify, if possible): _________________
- Lesion(s) (specify, if possible): _________________
- Other (specify): _________________

### Spinal Cord (required only if applicable) (select all that apply)

- Not applicable (not examined)

  *Unremarkable includes no gross abnormalities of the cervical, thoracic, and lumbar cord.*

- Unremarkable
Defect(s) (specify, if possible): ____________________
Lesion(s) (specify, if possible): ____________________
Other (specify): ____________________

Central Nervous System Comment: ____________________

COMMENTS

Comment(s): ____________________