**Protocol for the Examination of Tumor Biopsy Specimens for Which a Site-Specific Protocol is Not Available**

**Version:** 1.0.1.0

**Protocol Posting Date:** June 2021

The use of this protocol is recommended for clinical care purposes but is not required for accreditation purposes.

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

|  |  |
| --- | --- |
| **Procedure** | **Description** |
| Biopsy | Includes incisional biopsy, excisional biopsy, fine needle aspiration, and other biopsy procedures |
| **Tumor Type** | **Description** |
| Solid tumor  | May be used for any malignancy only when an appropriate organ-specific biopsy protocol is not available |

**The following should NOT be reported using this protocol:**

|  |
| --- |
| **Procedure**  |
| Resection (consider Generic Tumor Resection protocol) |
| Tumor  |
| Any tumor for which an appropriate organ-specific protocol is available |

**Authors**

Patrick L. Fitzgibbons, MD, FCAP\*; Thomas P. Baker, MD, FCAP\*.

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 1.0.1.0**

* General Reformatting

**Reporting Template**

**Protocol Posting Date: June 2021**

**Select a single response unless otherwise indicated.**

**CASE SUMMARY: (GENERAL TUMOR BIOPSY: Reporting Template)**

*May be used for any malignancy for which an appropriate organ-specific biopsy protocol is not available.*

**CLINICAL**

**+Treatment History**

\_\_\_ No known prior treatment

\_\_\_ Prior treatment given (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Not specified

**SPECIMEN**

**+Specimen Site (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Specimen Laterality**

\_\_\_ Right

\_\_\_ Left

\_\_\_ Not specified

\_\_\_ Not applicable

**+Procedure**

\_\_\_ Needle biopsy

\_\_\_ Incisional biopsy

\_\_\_ Excisional biopsy

\_\_\_ Fine needle aspiration

\_\_\_ Biopsy, not otherwise specified

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Specimen Adequacy**

\_\_\_ Adequate

\_\_\_ Suboptimal (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TUMOR**

**+Histologic Type (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Histologic Grade (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Lymphovascular Invasion**

\_\_\_ Not identified

\_\_\_ Present

\_\_\_ Cannot be determined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Tumor Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIAL STUDIES**

*List pending biomarker studies in the Comments section of this report.*

*Biomarkers Tested (repeat as needed)*

**+Biomarker Tested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Testing Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENTS**

**Comment(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**