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:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy</td>
<td>Includes incisional biopsy, excisional biopsy, fine needle aspiration, and other biopsy procedures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solid tumor</td>
<td>May be used for any malignancy only when an appropriate organ-specific biopsy protocol is not available</td>
</tr>
</tbody>
</table>

The following should NOT be reported using this protocol:

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resection (consider Generic Tumor Resection protocol)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any tumor for which an appropriate organ-specific protocol is available</td>
</tr>
</tbody>
</table>

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): _________________