



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

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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 1.0.1.0

- 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): _____