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

**Version:** 1.1.0.0

**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** |
| Resection |   |
| **Tumor Type** | **Description** |
| Solid tumor | May be used for any malignancy only when an appropriate organ-specific resection protocol is not available |

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

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

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**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 1.1.0.0**

* General Reformatting
* Revised Margins Section
* Revised Lymph Nodes Section

**Reporting Template**

**Protocol Posting Date: June 2021**

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

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

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

**SPECIMEN**

**+Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Specimen Laterality**

\_\_\_ Right

\_\_\_ Left

\_\_\_ Not specified

\_\_\_ Not applicable

**+Lymph Node Sampling**

\_\_\_ Performed

**+Lymph Nodes Sampled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_ Not performed

\_\_\_ Not known

**TUMOR**

**+Tumor Site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Histologic Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Histologic Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Tumor Size**

\_\_\_ Greatest dimension in Centimeters (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

**+Additional Dimension in Centimeters (cm): \_\_\_\_ x \_\_\_\_ cm**

\_\_\_ Cannot be determined (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Tumor Extent (specify structures or organs involved by tumor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Mitotic Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**+Tumor Necrosis**

\_\_\_ Not identified

\_\_\_ Present

**+Percentage of Tumor Necrosis**

\_\_\_ Specify percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %

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

\_\_\_ Cannot be determined

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

**+Lymphovascular Invasion**

\_\_\_ Not identified

\_\_\_ Present

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

**+Treatment Effect**

\_\_\_ No known preoperative therapy

\_\_\_ Not identified

\_\_\_ Present

**+Preoperative Therapy Given (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**MARGINS**

**+Margin Status**

\_\_\_ All margins negative for tumor

**+Distance from Tumor to Closest Margin**

*Specify in Millimeters (mm)*

\_\_\_ Exact distance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm

\_\_\_ Greater than: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm

\_\_\_ At least: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm

\_\_\_ Less than: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm

\_\_\_ Less than 1 mm

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

\_\_\_ Cannot be determined (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Closest Margin(s) to Tumor**

\_\_\_ Specify closest margin(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Cannot be determined (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Tumor present at margin

**+Margin(s) Involved by Tumor**

\_\_\_ Specify involved margin(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Cannot be determined (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ Cannot be determined (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Not applicable

**+Margin Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGIONAL LYMPH NODES**

**+Regional Lymph Node Status**

\_\_\_ Not applicable (no regional lymph nodes submitted or found)

\_\_\_ Regional lymph nodes present

\_\_\_ All regional lymph nodes negative for tumor

\_\_\_ Tumor present in regional lymph node(s)

**+Number of Lymph Nodes with Tumor**

\_\_\_ Exact number (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ At least (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ Cannot be determined (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Extranodal Extension**

\_\_\_ Not identified

\_\_\_ Present

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

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

\_\_\_ Cannot be determined (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Number of Lymph Nodes Examined**

\_\_\_ Exact number (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ At least (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ Cannot be determined (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+Regional Lymph Node Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STAGE**

**+Stage or Classification System (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDITIONAL FINDINGS**

**+Additional Findings (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**