



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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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 1.1.0.0

- 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): _____