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:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resection</td>
<td></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 resection protocol is not available</td>
</tr>
</tbody>
</table>

The following should NOT be reported using this protocol:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy (consider Generic Biopsy protocol)</td>
<td></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>

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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): _______________________