Protocol for the Examination of Tumor Biopsy Specimens For Which a Site-Specific Protocol is Not Available

|  |  |
| --- | --- |
| **Version:** Generic Template Biopsy 1.0.0.0 | **Protocol Posting Date:** August 2019 |

**Accreditation Requirements**

The use of this protocol 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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**Summary of Changes**

1.0.0.0 – New Generic Template Biopsy protocol

Surgical Pathology Cancer Case Summary

Protocol posting date: August 2019

Generic Template: Biopsy

**Notes:**

**This case summary** **may be useful for clinical care purposes, but is NOT REQUIRED for accreditation purposes. Core data elements are bolded to help identify routinely reported elements.**

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

Treatment History

\_\_\_ No known prior treatment

\_\_\_ Prior treatment given (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Not specified

## Procedure

\_\_\_ Needle biopsy

\_\_\_ Incisional biopsy

\_\_\_ Excisional biopsy

\_\_\_ Fine needle aspiration

\_\_\_ Biopsy, not otherwise specified

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

## Specimen Site (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Specimen Laterality

\_\_\_ Right

\_\_\_ Left

\_\_\_ Not specified

\_\_\_ Not applicable

Specimen Adequacy

\_\_\_ Adequate

\_\_\_ Suboptimal (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Histologic Type (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Histologic Grade (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lymphovascular Invasion

\_\_\_ Not identified

\_\_\_ Present

\_\_\_ Cannot be determined

Ancillary Studies (repeat as needed, list pending biomarker studies in the Comments section of this report)

Biomarker Tested (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Testing Method (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Comment(s)