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

|  |  |
| --- | --- |
| **Version:** Generic Template Resection 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** |
| 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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**Summary of Changes**

1.0.0.0 – New Generic Template Resection protocol

**Surgical Pathology Cancer Case Summary**

Protocol posting date: August 2019

**Generic Template: Resection**

**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.**

## Procedure (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Tumor Site(s) (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Specimen Laterality

\_\_\_ Right

\_\_\_ Left

\_\_\_ Not specified

\_\_\_ Not applicable

Lymph Node Sampling

\_\_\_ Performed (specify lymph nodes sampled): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Not performed

\_\_\_ Not known

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

Histologic Grade (if applicable, specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tumor Size

Greatest dimension (centimeters): \_\_\_ cm

 Additional dimension (centimeters): \_\_\_ x \_\_\_ cm

\_\_\_ Cannot be determined

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

Mitotic Rate (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tumor Necrosis

\_\_\_ Not identified

\_\_\_ Present (specify percentage of necrosis): \_\_\_\_%

\_\_\_ Cannot be determined

Lymphovascular Invasion

\_\_\_ Not identified

\_\_\_ Present

\_\_\_ Cannot be determined

Treatment Effect

\_\_\_ No known preoperative therapy

\_\_\_ Present

 Preoperative therapy given (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Percentage of viable tumor (specify): \_\_\_%

\_\_\_ Absent

\_\_\_ Cannot be determined

**Margins**

\_\_\_ Not applicable

\_\_\_ Cannot be assessed

\_\_\_ Uninvolved by tumor

Distance of tumor from closest margin (millimeters):

\_\_\_ Specify \_\_\_ mm

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

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

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

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

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

\_\_\_ Positive for tumor (specify margins): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Regional Lymph Nodes**

\_\_\_ No lymph nodes submitted or found

**Number of Lymph Nodes Involved: \_\_\_\_**

Extranodal Extension

\_\_\_ Not identified

\_\_\_ Present

\_\_\_ Cannot be determined

**Number of Lymph Nodes Examined: \_\_\_\_**

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

Additional Pathologic Findings (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)