



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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With guidance from the CAP Cancer and CAP Pathology Electronic Reporting Committees.

** Denotes primary author. All other contributing authors are listed alphabetically.*

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)