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:

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy (consider Generic Biopsy protocol)</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>

Authors
Patrick L. Fitzgibbons, MD*; Thomas P. Baker, MD*
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)