PROTOCOL REVISIONS
October 2013

v.03

Anatomic Subgroup	Protocol	Current Version	Most Recent Revisions
Breast	**DCIS-Breast**	**3.1.0.0**	**<u>The following changes were made in June 2012:</u>** **<u>Complete Excision and Mastectomy</u>** **Specimen Identification** This heading was added and comprises the following 4 elements (which can be reported on 1 line): "Procedure," "Lymph Node Sampling," "Specimen Laterality," and "Tumor Site." The elements "Specimen," "Specimen Integrity," and "Specimen Size" were removed. **Margins** The format for reporting extent in positive margins was changed. Margins(s) uninvolved by DCIS: "+Specify closest margin" was added, as follows: **Margins (select all that apply)** ___ Margins cannot be assessed ___ Margin(s) uninvolved by DCIS Distance from closest margin: ___ mm + Specify closest margin: _____ **Pathologic Staging (pTNM)** Definitions were modified to exclude clinical information. **Distant Metastasis (pM):** Added "required only if present." Definitions have been modified to exclude clinical information (changed from "M" to "pM"). **Ancillary Studies** Reporting on Estrogen Receptor (ER) and Progesterone Receptor (PgR) was modified. **<u>Explanatory Notes</u>** Significant edits were made throughout. The word "checklist" has been replaced with "case summary" or "protocol" as appropriate (Notes A, B, and M). "PR" was changed to "PgR."

			References were updated.
	Invasive Breast	**3.1.0.0**	**<u>The following changes were made in June 2012:</u>** **<u>Complete Excision and Mastectomy</u>** The following elements were changed from required to not required: **Lymph Node Sampling:** required only when lymph nodes are present. **Tumor Focality:** required only if more than 1 focus of invasive carcinoma is present. **Macroscopic and Microscopic Extent of Tumor:** required only if structures are present and involved. **Lobular Carcinoma In Situ (LCIS):** not required. **Distant Metastasis (pM):** required only if present. Definitions have been modified to exclude clinical information (changed from "M" to "pM"). **Specimen Identification** This heading was added and comprises the following 4 elements (which can be reported on 1 line): "Procedure," "Lymph Node Sampling," "Specimen Laterality," and "Tumor Site." The elements "Specimen," "Specimen Integrity," and "Specimen Size" were removed. **Margins:** The format for reporting extent in positive margins was changed. **Mitotic Rate:** "Mitotic Count" was changed to "Mitotic Rate." **Ductal Carcinoma In Situ (DCIS):** Reporting of extensive intraductal component (EIC) was changed to not required. **Lymph Nodes:** "Number of lymph nodes without tumor cells identified: ___" was added. **Pathologic Staging (pTNM):** Definitions were modified to exclude clinical information. **Distant Metastasis (pM):** Added "required only if present." Definitions have been modified to exclude clinical information (changed from "M" to "pM"). **Ancillary Studies**

			Reporting on Estrogen Receptor (ER), Progesterone Receptor (PgR), and HER2 was modified. **Explanatory Notes** Significant edits were made throughout. The word "checklist" was changed to "case summary" or "protocol" as appropriate. "HER2/*neu*" was changed to "HER2." "PR" was changed to "PgR." References were updated.
Central Nervous System	**Brain/Spinal Cord**	**3.1.0.0**	**The following changes were made in January 2013:** • Streamlined the Case Summary to be more user friendly, while including the essential elements for a complete diagnosis. • Focality was changed from a required to an optional reporting element. • Removed the list of WHO diagnostic entities in the Case Summary placed them into the Explanatory Notes. • Added sections on neuroimaging, preresection treatment, and treatment effect. • Updated Explanatory Notes and References.
Endocrine	**Adrenal Gland**	**3.2.0.0**	**The following changes were made in October 2013:** **Biopsy (Core Needle, Incisional, Excisional); Resection** **Margins** For uninvolved margins, unit of measure for distance was changed from millimeters or centimeters (mm or cm) to millimeters (mm), and reporting was made optional, as follows: **Margins** ___ Margins uninvolved by tumor + Distance from closest margin: ___ mm Specify margin if possible: _____
	Appendix NET	**3.2.0.1**	**The following changes were made in October 2013:** **Excision (Appendectomy) or Resection** **Histologic Type and Grade** Deleted "(atypical carcinoid)" from intermediate grade, and deleted "(G3)" from the note, as follows:

			Histologic Type and Grade[#] ___ Not applicable ___ Well-differentiated neuroendocrine tumor; GX: Grade cannot be assessed ___ Well-differentiated neuroendocrine tumor; G1: Low grade (carcinoid) ___ Well-differentiated neuroendocrine tumor; G2: Intermediate grade ___ Other (specify): _____ *[#] For poorly differentiated (high-grade) neuroendocrine carcinomas, the College of American Pathologists (CAP) protocol for carcinoma of the appendix[1] should be used.* **<u>Explanatory Notes</u>** **C. Histologic Type** In first sentence, mitotic rate for G2 NETs was changed from "2 to 10" to "2 to 20" mitoses per 10 HPFs. Deleted the following from second paragraph: Alternate classification schemes based upon the World Health Organization (WHO) classification categorize neuroendocrine neoplasms as well-differentiated neuroendocrine tumors, well-differentiated neuroendocrine carcinomas, and poorly differentiated neuroendocrine carcinomas.[6-9] **Alternative Classification Based Upon WHO Classification: Neuroendocrine Tumors of the Appendix** Deleted this section. **Histologic Patterns:** Changed "neoplasms" to "tumors" in first sentence. **D. Histologic Grade** The second note was changed, as follows: [##] Ki-67 index is reported as percent positive tumor cells in area of highest nuclear labeling although the precise method of assessment has not been standardized.[12] It has been recommended that 500 to 2000 tumor cells be counted to determine the Ki-67 index.[8,13] Published criteria that rely upon determination of mitotic count for grading of GI and pancreatic NETs have been reported using counts per high-power field and do not specify microscopic field size or number of mitoses per mm^2. Grade assigned based on Ki-67 index may be higher than that based on mitotic count. Thus, reporting the higher grade by either method is preferred if both are performed.[8]

			References Reference #8 was added and the remaining references renumbered accordingly. References #6 and 7 were deleted.
	Colon NET	**3.2.0.1**	**<u>The following changes were made in October 2013:</u>** **<u>Resection, Including Transanal Disk Excision of Rectal Neoplasms</u>** **Histologic Type and Grade** Deleted "(G3)" from the note. **Mitotic Rate** A note regarding high-power fields was added, as follows: **Mitotic Rate** Specify: ___/10 high-power fields (HPF)# ___ Cannot be determined *# Published criteria that rely upon determination of mitotic rate for grading of gastrointestinal and pancreatic neuroendocrine tumors have been reported using counts per HPF, and do not specify microscopic field size or number of mitoses per mm^2.* **<u>Explanatory Notes</u>** **D. Histologic Grade** The second note was changed, as follows: ## Ki-67 index is reported as percent positive tumor cells in area of highest nuclear labeling although the precise method of assessment has not been standardized.[10] It has been recommended that 500-2000 tumor cells be counted to determine the Ki-67 index.[6] Published criteria that rely upon determination of mitotic count for grading of GI and pancreatic NETs have been reported using counts per high-power field and do not specify microscopic field size or number of mitoses per mm^2. Grade assigned based on Ki-67 index may be higher than that based on mitotic count. Thus, reporting the higher grade [by either method] is preferred if both are performed.[6] **References**

			Reference #10 was added and the remaining references renumbered accordingly.
	Pancreas (Endocrine)	**3.2.0.1**	**<u>The following changes were made in October 2013:</u>** **<u>Resection</u>** **Histologic Type and Grade** Deleted "(G3)" from the note. **Mitotic Rate** A note regarding high-power fields was added, as follows: **Mitotic Rate (select all that apply) (Note G)** ___ Not applicable ___ <2 mitoses/10 high-power fields (HPF)# Specify mitoses per 10 HPF: _____ ___ ≥2-20 mitoses/10 HPF Specify mitoses per 10 HPF: _____ ___ >20 mitoses per 10 HPF Specify mitoses per 10 HPF: _____ ___ Cannot be determined *# Published criteria that rely upon determination of mitotic rate for grading of gastrointestinal and pancreatic neuroendocrine tumors have been reported using counts per HPF, and do not specify microscopic field size or number of mitoses per mm².* **<u>Explanatory Notes</u>** **F. Functional Type** **Classification of Pancreatic Neuroendocrine Tumors** In the second note, "25% to 30%" was changed to "one-third." **G. Mitotic Rate** The third paragraph was changed, as follows: Ki-67 index is reported as percent positive tumor cells in area of highest nuclear labeling although the precise method of assessment has not been standardized.[11] It has been recommended that 500 to 2000 tumor cells be counted to determine the Ki-67 index.[8,12]

			Published criteria that rely upon determination of mitotic count for grading of GI and pancreatic NETs have been reported using counts per high-power field and do not specify microscopic field size or number of mitoses per mm^2. Grade assigned based on Ki-67 index may be higher than that based on mitotic count. Thus, reporting the higher grade by either method is preferred if both are performed.[2] **References** Reference #11 was added and the remaining references renumbered accordingly.
	Small intestine NET	**3.3.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Segmental Resection, Ampullectomy, Pancreaticoduodenectomy (Whipple Resection)</u>** **Specimen** "Not specified" was deleted. **Histologic Type; Histologic Grade** Deleted "(G3)" from the note and moved the note from Histologic Grade to Histologic Type. **Mitotic Rate** A note regarding high-power fields was added, as follows: **Mitotic Rate** Specify: ___/10 high-power fields (HPF)[#] ___ Cannot be determined *[#] Published criteria that rely upon determination of mitotic rate for grading of gastrointestinal and pancreatic neuroendocrine tumors have been reported using counts per HPF, and do not specify microscopic field size or number of mitoses per mm^2.* **<u>Explanatory Notes</u>** **D. Histologic Type** **Neuroendocrine Tumors of the Small Bowel** This section was deleted. **Histologic Patterns** This section was deleted.

			E. Histologic Grade First paragraph, deleted the following sentence: However, grading systems based on mitotic activity have been shown to have utility for foregut tumors. The second note was changed, as follows: ## Ki-67 index is reported as percent positive tumor cells in area of highest nuclear labeling although the precise method of assessment has not been standardized.[12] It has been recommended that 500 to 2000 tumor cells be counted to determine the Ki-67 index.[8,11] Published criteria that rely upon determination of mitotic count for grading of GI and pancreatic NETs have been reported using counts per high power field and do not specify microscopic field size or number of mitoses per mm^2. Grade assigned based on Ki-67 index may be higher than that based on mitotic count. Thus, reporting the higher grade by either method is preferred if both are performed.[10] **References** Reference #11 was deleted and reference #12 was added.
	Stomach NET	**3.3.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Endoscopic Resection, Gastrectomy</u>** **Specimen** "Not specified" was deleted. **Histologic Type and Grade** Deleted "(G3)" from the note. **Mitotic Rate** A note regarding high-power fields was added, as follows: **Mitotic Rate (Note E)** Specify: ___/10 high-power fields (HPF)# ___ Cannot be determined *# Published criteria that rely upon determination of mitotic rate for grading of gastrointestinal and pancreatic neuroendocrine tumors have been reported using counts per HPF, and do not specify*

			microscopic field size or number of mitoses per mm^2. **Explanatory Notes** **B. Site-Specific Features:** First paragraph, last sentence: Deleted "following antrectomy." **E. Histologic Grade** The second note was edited, as follows: ## Ki-67 index is reported as percent positive tumor cells in area of highest nuclear labeling although the precise method of assessment has not been standardized.[10] It has been recommended that 500 to 2000 tumor cells be counted to determine the Ki-67 index.[8] Published criteria that rely upon determination of mitotic count for grading of GI and pancreatic NETs have been reported using counts per high power field and do not specify microscopic field size or number of mitoses per mm^2. Grade assigned based on Ki-67 index may be higher than that based on mitotic count. Thus, reporting the higher grade by either method is preferred if both are performed.[8] **I. Additional Pathologic Findings** This section was edited, as follows: Most gastric neuroendocrine tumors (type-I) arise in the setting of hypergastrinemia secondary to atrophic gastritis such as autoimmune gastritis (see Note B). Autoimmune gastritis may be also associated with, glandular dysplasia, and in rare cases, gastric adenocarcinoma. Coagulative tumor necrosis, usually punctate, may indicate more aggressive behavior,[9] which is more commonly seen in type-III gastric neuroendocrine tumors, and should be reported. **References** Reference #10 was added and the remaining references renumbered accordingly.
	Thyroid	**3.0.0.2**	**The following changes were made in June 2012:** **Explanatory Notes** **Scope of Guidelines** The word "checklist" was changed to "case summary" or "protocol" as appropriate.
Gastrointestinal	**Ampulla of Vater**	**3.1.0.2**	**The following changes were made in October 2013:** **Ampullectomy, Pancreaticoduodenectomy (Whipple Resection)**

			Microscopic Tumor Extension "Carcinoma in situ" was changed to "carcinoma in situ/high-grade dysplasia, as follows: **Microscopic Tumor Extension (select all that apply)** ___ Cannot be assessed ___ No evidence of primary tumor ___ Carcinoma in situ/high-grade dysplasia ___ Tumor limited to ampulla of Vater or sphincter of Oddi ___ Tumor invades duodenal wall ___ Tumor invades pancreas ___ Tumor invades peripancreatic soft tissues ___ Tumor invades extrapancreatic common bile duct ___ Tumor invades other adjacent organs or structures other than pancreas (specify): _____ **Margins** Pancreaticoduodenal Resection Specimen "Proximal Mucosal Margin" was changed to "Proximal Margin," as follows: ***Proximal Margin (Gastric or Duodenal)*** ___ Cannot be assessed ___ Uninvolved by invasive carcinoma ___ Involved by invasive carcinoma ___ Intramucosal carcinoma /adenoma not identified at proximal margin ___ Intramucosal carcinoma/adenoma present at proximal margin
	Anus	**3.2.0.1**	**The following changes were made in October 2013:** **Excisional Biopsy or Local Excision (Transanal Disk Excision)** **Margins** "Carcinoma in situ" was changed to "carcinoma in situ (high-grade squamous intraepithelial lesion)" and "at mucosal margin" was deleted, as follows: **Margins (select all that apply)**

			___ Cannot be assessed ___ Margins uninvolved by invasive carcinoma Distance of invasive carcinoma from closest margin: ___ mm *or* ___ cm Specify margin (if possible): _____ ___ Carcinoma in situ (high-grade squamous intraepithelial lesion) absent ___ Carcinoma in situ (high-grade squamous intraepithelial lesion) present ___ Margin(s) involved by invasive carcinoma Specify margin (if possible): _____ ___ Not applicable (specify reason): _____ **Additional Pathologic Findings** The spelling of "acuminatum" was corrected and "Anal fistula" reporting element was added. **<u>Abdominoperineal Resection</u>** **Margins** "Carcinoma in situ" was changed to "carcinoma in situ (high-grade squamous intraepithelial lesion)" and "at mucosal margin" was deleted, as follows: **Proximal Margin** ___ Cannot be assessed ___ Uninvolved by invasive carcinoma ___ Carcinoma in situ (high-grade squamous intraepithelial lesion) absent ___ Carcinoma in situ (high-grade squamous intraepithelial lesion) present ___ Involved by invasive carcinoma **Distal Margin** ___ Cannot be assessed ___ Uninvolved by invasive carcinoma ___ Carcinoma in situ (high-grade squamous intraepithelial lesion) absent ___ Carcinoma in situ (high-grade squamous intraepithelial lesion) present ___ Involved by invasive carcinoma

			Additional Pathologic Findings The spelling of "acuminatum" was corrected and "Anal fistula" reporting element was added.
	Appendix	**3.3.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Resection (Appendectomy With or Without Right Hemicolectomy)</u>** **Histologic Type** "Goblet cell" was changed to "Typical goblet cell" and "Adenocarcinoma ex goblet cell carcinoid" was added, as follows: **Histologic Type (Note C)** ___ Adenocarcinoma ___ Mucinous (colloid) adenocarcinoma (greater than 50% mucinous) ___ Signet-ring cell carcinoma (greater than 50% signet-ring cells) ___ High-grade neuroendocrine carcinoma ___ Large cell neuroendocrine carcinoma ___ Small cell neuroendocrine carcinoma ___ Undifferentiated carcinoma ___ Typical goblet cell carcinoid ___ Adenocarcinoma ex goblet cell carcinoid ___ Other (specify): _____ ___ Carcinoma, type cannot be determined (see Comment) **+ Additional Pathologic Findings** Deleted "Low-grade neuroendocrine tumor (carcinoid tumor)." **<u>Explanatory Notes</u>** **C. Histologic Type** **The following sentence was added:** The family of goblet cell carcinoid tumors have the potential to transform to an adenocarcinoma phenotype and the preferred terminology for these tumors are "typical goblet cell carcinoid" or "adenocarcinoma ex goblet cell carcinoid."[4] **D. Histologic Grade**

			Deleted "the WHO criteria for" from the last sentence of the first paragraph. **J. Additional Pathologic Findings** Added, **"**Incidental well-differentiated neuroendocrine tumors (typical carcinoid tumor) of any size should be reported using the CAP protocol for neuroendocrine tumors of the appendix."
	Colon and Rectum	**3.3.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Excisional Biopsy (Polypectomy); Resection</u>** **Ancillary Studies** All reporting elements were deleted, and the following note was added: ***Note: For reporting molecular testing and immunohistochemistry for mismatch repair proteins, and for other cancer biomarker testing results, the CAP Colorectal Biomarker Template should be used.*** ***Pending biomarker studies should be listed in the Comments section of this report.*** **<u>Explanatory Notes</u>** **I. Histopathologic Features Suggestive of Microsatellite Instability** "Aggregated" was changed to "aggregates" in the following sentence: Tumor-infiltrating lymphocytes are closely associated with microsatellite instability and medullary architecture (see above) and should be distinguished from Crohn-like peritumoral infiltrates (lymphoid aggregates or follicles at the tumor edge, not associated with pre-existing lymph node).[24] In last paragraph, added "intratumoral heterogeneity (mixed conventional, mucinous, and poorly differentiated carcinoma)." **L. Tumor Deposits (Discoutinuous Extramural Extension)** The last two sentences were edited to read as follows: Because these tumor deposits are associated with reduced disease-free and overall survival,[30,31] their number should be recorded in the surgical pathology report, and they should be classified as pN1c in the absence of unequivocal lymph node metastases, regardless of the pT category. If tumor deposits are observed in lesions that would otherwise be classified as pT1 (tumor confined to submucosa) or pT2 (tumor confined to muscularis propria), then the primary tumor

			classification is not changed to pT3 or pT4, but remains pT1 or pT2. The nodule is recorded in a separate N category as N1c[1] (see Note M). **N. Ancillary Studies** This note was deleted. **References** Deleted references #39 through #44.
	Distal Extrahepatic Bile Duct	**3.4.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Local or Segmental Resection, Pancreaticoduodenectomy</u>** **Histologic Type** "Select all that apply" was added. "Large cell neuroendocrine carcinoma" was deleted as a stand-alone element; it was maintained as a subselection under "High-grade neuroendocrine carcinoma." **Microscopic Tumor Extension** "Carcinoma in situ" was changed to "Carcinoma in situ/high-grade dysplasia." **Margins** Deleted: If all margins uninvolved by invasive carcinoma: Distance of invasive carcinoma from closest margin: ___ mm *or* ___ cm Specify margin: _____ <u>Segmental Resection Specimen</u> Changed "Dysplasia/carcinoma in situ" to "High-grade dysplasia/carcinoma in situ" and added "Other (specify)" as follows: ___ High-grade dysplasia/carcinoma in situ not identified at bile duct margin ___ High-grade dysplasia/carcinoma in situ present at bile duct margin ___ Other (specify): _____ <u>Pancreaticoduodenal Resection Specimen</u> Changed "carcinoma in situ" to "carcinoma in situ/high-grade dysplasia."

			Explanatory Notes **G. TNM and Anatomic Stage/Prognostic Groupings** **T Category Considerations** pTis: Added "(intraductal papillary neoplasms)" to last sentence of first paragraph.
	Esophagus	**3.1.1.2**	**The following changes were made in October 2013:** **Endoscopic Resection, Esophagectomy, or Esophagogastrectomy** **Pathologic Staging (pTNM)** Primary Tumor (pT) pT4b was changed from an optional to a required data element.
	Gallbladder	**3.1.0.2**	**The following changes were made in October 2013:** **Resection/Cholecystectomy** **Margins** "Intramucosal carcinoma" was changed to "intramucosal carcinoma/high-grade dysplasia, as follows: **Margins (select all that apply)** ___ Cannot be assessed ___ Margins uninvolved by invasive carcinoma Distance of invasive carcinoma from closest margin: ___ mm *or* ___ cm Specify margin: _____ ___ Margins involved by invasive carcinoma Specify margin(s): _____ ___ Cystic duct margin uninvolved by intramucosal carcinoma/high-grade dysplasia ___ Cystic duct margin involved by intramucosal carcinoma/high-grade dysplasia **Explanatory Notes** **G. TNM and Anatomic Stage/Prognostic Grouping** **T Category Considerations** pTis: Added "(intracystic papillary neoplasms)" to the last sentence, as follows:

			Noninvasive gallbladder carcinomas with a papillary growth pattern (intracystic papillary neoplasms) are classified as pTis.
	GIST	**3.0.2.2**	**<u>The following changes were made in October 2013:</u>** **<u>Biopsy; Resection</u>** **Mitotic Rate** "Cannot be determined (explain)" was added, as follows: **Mitotic Rate** Specify: ___ /50 HPF ___ Cannot be determined (explain): _____
	Hepatocellular Carcinoma	**3.1.0.0**	**<u>The following changes were made in February 2011:</u>** **<u>Hepatic Resection</u>** **Regional Lymph Nodes (pN)** Specify: Number examined / Number involved, has been changed to: ___ No nodes submitted or found *Number of Lymph Nodes Examined* Specify: ____ ___ Number cannot be determined (explain): _____ *Number of Lymph Nodes Involved* Specify: ____ ___ Number cannot be determined (explain): _____ **+ Additional Pathologic Findings** F2 was changed to F0, as follows: + Fibrosis score: + ___ Cirrhosis/severe fibrosis (Ishak score 5-6) (F1) + ___ None to moderate fibrosis (Ishak score 0-4) (F0)

	Intrahepatic Bile Duct	**3.1.0.2**	**<u>The following changes were made in October 2013:</u>** **<u>Title Page</u>** "Mixed hepatocellular cholangiocarcinoma" was changed to "combined hepatocellular-cholangiocarcinoma." **<u>Resection</u>** **Histologic Grade** The grade designations were changed from roman numerals to cardinal numbers. **Microscopic Tumor Extension** "Carcinoma in situ" was changed to "carcinoma in situ/high-grade dysplasia, as follows: **Microscopic Tumor Extension** ___ Cannot be assessed ___ No evidence of primary tumor ___ Tumor confined to the intrahepatic bile ducts histologically (carcinoma in situ/high-grade dysplasia) ___ Tumor confined to hepatic parenchyma ___ Tumor involves visceral peritoneal surface ___ Tumor directly invades gallbladder ___ Tumor directly invades adjacent organs other than the gallbladder (specify): _____ **Margins** **Bile Duct Margin** Added "High-grade" to "dysplasia/carcinoma in situ present"; added "Other (specify)" as follows: <u>Bile Duct Margin</u> ___ Cannot be assessed ___ Uninvolved by invasive carcinoma + ___ High-grade dysplasia/carcinoma in situ not identified + ___ High-grade dysplasia/carcinoma in situ present

			+ ___ Other (specify): _____ ___ Involved by invasive carcinoma **<u>Explanatory Notes</u>** **G. TNM and Anatomic Stage/Prognostic Groupings** In first sentence, "mixed hepatocellular-cholangiocarcinomas" was changed to "combined hepatocellular-cholangiocarcinoma" and reference #4 was added.
	Pancreas (Exocrine)	**3.2.0.1**	**<u>The following changes were made in October 2013:</u>** **<u>Resection</u>** **Microscopic Tumor Extension** "Carcinoma in situ" was changed to "Carcinoma in situ/high-grade dysplasia," as follows: **Microscopic Tumor Extension (select all that apply)** ___ Cannot be assessed ___ No evidence of primary tumor ___ Carcinoma in situ/high-grade dysplasia **Margins** "Carcinoma in situ" was changed to "Carcinoma in situ/high-grade dysplasia," as follows: **Margins (select all that apply)** ___ Cannot be assessed ___ Margins uninvolved by invasive carcinoma Distance of invasive carcinoma from closest margin: ___ mm *or* ___ cm + Specify margin (if possible): _____ ___ Margins uninvolved by carcinoma in situ/high-grade dysplasia ___ Margin(s) involved by carcinoma in situ/high-grade dysplasia ___ Carcinoma in situ/high-grade dysplasia present at common bile duct margin ___ Carcinoma in situ/high-grade dysplasia present at pancreatic parenchymal margin **<u>Explanatory Notes</u>**

			E. Margins In the first sentence, "retroperitoneal margin" was changed to "interior-posterior retroperitoneal margin." In the second paragraph, first sentence, added "including the vascular groove of portal and superior mesenteric vein."
	Perihilar Bile Ducts	**3.1.0.2**	**<u>The following changes were made in October 2013:</u>** **<u>Local or Segmental Resection, Hilar Resection With or Without Hepatic Resection</u>** **Specimen** Added "Not specified, as follows: **Specimen (select all that apply)** ___ Common bile duct ___ Right hepatic duct ___ Left hepatic duct ___ Junction of right and left hepatic ducts ___ Common hepatic duct ___ Cystic duct ___ Not specified **Marcoscopic Tumor Extension** Changed "Carcinoma in situ" to "Carcinoma in situ/high-grade dysplasia." **Margins** Changed "Dysplasia/carcinoma in situ" to "High-grade dysplasia" and added "Other (specify)" as follows: ___ Cannot be assessed ___ Margins uninvolved by invasive carcinoma Distance of invasive carcinoma from closest margin: ___ mm *or* ___ cm Specify margin: _____ ___ Margins involved by invasive carcinoma ___ Proximal bile duct margin ___ Distal bile duct margin

			___ Hepatic parenchymal margin ___ Other (specify): _____ ___ High-grade dysplasia/carcinoma in situ not identified at bile duct margin ___ High-grade dysplasia/carcinoma in situ present at bile duct margin ___ Other (specify): _____
	Small Intestine	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Segmental Resection, Pancreaticoduodenectomy (Whipple Resection)</u>** **Specimen** Other organs received: Deleted "Not specified."
	Stomach	**3.2.0.1**	**<u>The following changes were made in October 2013:</u>** **<u>Local Resection, Gastrectomy</u>** **Histologic Type** "Adenosquamous carcinoma" was added. **<u>Explanatory Notes</u>** **A. Application** Edited second sentence to read: Tumors with midpoint in the proximal stomach within 5 cm of the EGJ and crossing the EGJ are not included… **C. Histologic Type** The note was edited to clarify that the WHO classification system is recommended but not required. **Table 1, Histologic Features,** Neuroendocrine carcinoma: Edited description to read: Poorly differentiated high-grade carcinoma with diffuse synaptophysin expression and faint or focal positivity for chromogranin A. These tumors exhibit a high mitotic rate (>20 per 10 high power fields, or Ki-67 index >20%), marked nuclear atypia, and may have focal necrosis
Genitourinary	**Kidney**	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Nephrectomy, Partial or Radical</u>**

			Macroscopic Extent of Tumor "Primary tumor cannot be assessed" and "No evidence of primary tumor" were added. "Major calyx" and "Minor calyx" were added beneath "Tumor extension in the pelvicaliceal system" as follows: ___ Tumor extension into pelvicaliceal system + ___ Major calyx + ___ Minor calyx **Microscopic Extent of Tumor** "Primary tumor cannot be assessed" and "No evidence of primary tumor" were added. **Primary Tumor (pT)** pT1, pT2, and pT3 were changed from selectable to nonselectable elements, as follows: <u>Primary Tumor (pT)</u> ___ pTX: Primary tumor cannot be assessed ___ pT0: No evidence of primary tumor pT1: Tumor 7 cm or less in greatest dimension, limited to the kidney ___ pT1a: Tumor 4 cm or less in greatest dimension, limited to the kidney ___ pT1b: Tumor more than 4 cm but not more than 7 cm in greatest dimension, limited to the kidney pT2: Tumor more than 7 cm in greatest dimension, limited to the kidney ___ pT2a: Tumor more than 7 cm but less than or equal to 10 cm in greatest dimension, limited to the kidney ___ pT2b: Tumor more than 10 cm, limited to the kidney pT3: Tumor extends into major veins or perinephric tissues but not into the ipsilateral adrenal gland and not beyond Gerota's fascia ___ pT3a: Tumor grossly extends into the renal vein or its segmental (muscle containing) branches, or tumor invades perirenal and/or renal sinus fat but not beyond Gerota's fascia ___ pT3b: Tumor grossly extends into the vena cava below the diaphragm ___ pT3c: Tumor grossly extends into vena cava above diaphragm or invades the wall of the vena cava ___ pT4: Tumor invades beyond Gerota's fascia (including contiguous extension into the

			ipsilateral adrenal gland)
	Penis	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **Title Page** The subtitle was expanded to exclude primary urethral carcinomas and melanomas. **<u>Entire Protocol</u>** "Lamina propria" was replaced with "subepithelial connective tissue (lamina propria)" **<u>Incisional Biopsy, Excisional Biopsy, Partial Penectomy, Total Penectomy, Circumcision</u>** **Tumor Type** A reporting element for tumor type was added, as follows: **Tumor Type** ___ Invasive carcinoma ___ Noninvasive carcinoma ___ Carcinoma in situ **Microscopic Tumor Extension** <u>Anatomic Levels</u> For each anatomic level: • "Noninvasive" was added as a selectable element • "Not applicable" was deleted **Additional Pathologic Findings** Penile intraepithelial neoplasia (PeIN) was updated, as follows: + ___ Penile intraepithelial neoplasia (PeIN) + ___ Differentiated (simplex) + ___ Squamous intraepithelial lesion, grade 1 + ___ Squamous intraepithelial lesion, grade 2 + ___ Other (specify): _____
	Prostate Gland	**3.2.0.0**	**<u>The following changes were made in June 2012:</u>** **<u>Transurethral Prostatic Resection (TUR), Enucleation Specimen</u>**

			Tumor Quantitation: TUR Specimens Deleted the following data elements: ___ Tumor incidental histologic finding in no more than 5% of tissue resected with Gleason score 2 to 6 (cT1a) ___ Tumor incidental histologic finding in more than 5% of tissue resected or Gleason score 7 to 10 (cT1b) **<u>Radical Prostatectomy</u>** **Seminal Vesicle Invasion** Optional elements "Right," "Left," and "Bilateral" were added, as follows: **Seminal Vesicle Invasion (invasion of muscular wall required) (select all that apply)** ___ Not identified ___ Present + ___ Right + ___ Left + ___ Bilateral ___ No seminal vesicle present **<u>Explanatory Notes</u>** **B. Gleason Score** The phrase "and radiation therapy" was added to the first sentence. **C. Quantitation of Tumor** The fifth sentence was changed, beginning with "The designation of the proportion (percentage)..." **K. TNM and Stage Groupings** **Regional and Distant Lymph Nodes** This section was added.
	Testis	**3.3.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Radical Orchiectomy</u>**

			Tumor Size "Required only if applicable" was added to "Greatest dimensions of additional tumor nodules." **Macroscopic Extent of Tumor (select all that apply):** "Cannot be assessed" was added. **Microscopic Extent of Tumor (select all that apply):** "Cannot be assessed" was added. **Microscopic Tumor Extension (select all that apply):** "Not identified" was added. **Regional Lymph Nodes (pN)** Updated the definitions of pN1, pN2, and pN3 as follows: ___ pN1: Metastasis with a lymph node mass 2 cm or less in greatest dimension and less than or equal to 5 nodes positive, none more than 2 cm in greatest dimension ___ pN2: Metastasis with a lymph node mass more than 2 cm but not more than 5 cm in greatest dimension; or more than 5 nodes positive, none more than 5 cm; or evidence of extranodal extension of tumor ___ pN3: Metastasis with a lymph node mass more than 5 cm in greatest dimension Added: "If lymph nodes involved, specify histologic subtype: _____." **Additional Pathologic Findings:** "Intratubular germ cell neoplasia" was deleted. **<u>Retroperitoneal Lymphadenectomy</u>** **Size of Largest Metastatic Deposit in Lymph Node** Changed unit of measure from centimeters (cm) to millimeters (mm). **Histologic Viability of Tumor (if applicable):** Added "(select all that apply)." **Regional Lymph Nodes (pN)** Updated the definitions of pN1, pN2, and pN3 as follows: ___ pN1: Metastasis with a lymph node mass 2 cm or less in greatest dimension and less than or equal to 5 nodes positive, none more than 2 cm in greatest dimension

			___ pN2: Metastasis with a lymph node mass more than 2 cm but not more than 5 cm in greatest dimension; or more than 5 nodes positive, none more than 5 cm; or evidence of extranodal extension of tumor ___ pN3: Metastasis with a lymph node mass more than 5 cm in greatest dimension
	Ureter, Renal Pelvis	**3.4.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>URETER, RENAL PELVIS: Biopsy</u>** **Tumor Type** A reporting element for tumor type was added, as follows: **+ Tumor Type** + ___ Invasive carcinoma + ___ Noninvasive carcinoma + ___ Carcinoma in situ **Pathologic Staging (pTNM) (Note E)** <u>TNM Descriptors</u>: "None" was deleted. **Additional Pathologic Findings** "Urothelial carcinoma in situ" was deleted. **<u>RENAL PELVIS: Resection/Nephroureterectomy, Partial or Complete</u>; <u>URETER: Resection</u>** **Tumor Type** A reporting element for tumor type was added, as follows: **Tumor Type** ___ Invasive carcinoma ___ Noninvasive carcinoma ___ Carcinoma in situ **Additional Pathologic Findings** "Urothelial carcinoma in situ" was deleted. **<u>URETER: Resection</u>**

			Procedure "Nephroureterectomy" was deleted, as follows: **Procedure** ___ Ureterectomy ___ Other (specify): _____ ___ Not specified
	Urethra	**3.2.1.0**	**<u>The following changes were made in October 2013:</u>** **<u>Biopsy</u>** **Tumor Type** A reporting element for tumor type was added, as follows: **+ Tumor Type** + ___ Invasive carcinoma + ___ Noninvasive carcinoma + ___ Carcinoma in situ **<u>Total Urethrectomy; Cystectomy, Cystoprostatectomy; Anterior Exenteration</u>** **Tumor Type** A reporting element for tumor type was added, as follows: **Tumor Type** ___ Invasive carcinoma ___ Noninvasive carcinoma ___ Carcinoma in situ
	Urinary Bladder	**3.2.1.0**	**<u>The following changes were made in October 2013:</u>** **<u>Biopsy and TURBT</u>; <u>Cystectomy, Partial, Total, or Radical; Anterior Exenteration</u>** **Tumor Type** A reporting element for tumor type was added, as follows:

			Tumor Type ___ Invasive carcinoma ___ Noninvasive carcinoma ___ Carcinoma in situ
Gynecologic	**Endometrium**	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Hysterectomy</u>** **Extent of Involvement of Other Organs** Added "Other (explain)" to Left/Right ovary and Left/Right fallopian tube. Deleted "Not applicable" from all organ sites. **<u>Explanatory Notes</u>** **D. Myometrial Invasion** In the last sentence, "FIGO stage IB" was changed to "FIGO stage IA." **I. TNM and FIGO Staging of Endometrial Carcinoma** Typographic error: "pN0" was changed to "pN1" in subheading: **Regional Lymph Nodes (pN1): Isolated Tumor Cell** **L. Clinical History** "MLH6" was changed to "MSH6."
	Fallopian Tube	**3.1.0.1**	**<u>The following changes were made in October 2013:</u>** **<u>Unilateral Salpingectomy, Salpingo-Oophorectomy, or Hysterectomy With Salpingo-Oophorectomy</u>** **Tumor Site** "Cannot be determined" was added under each main element, as follows: **Tumor Site (select all that apply)** ___ Right fallopian tube Relationship to ovary: ___ Not fused ___ Fused

			___ Cannot be determined Status of fimbriated end (Note B): ___ Open ___ Closed ___ Cannot be determined ___ Left fallopian tube Relationship to ovary: ___ Not fused ___ Fused ___ Cannot be determined Status of fimbriated end (Note B): ___ Open ___ Closed ___ Cannot be determined ___ Not specified
	Ovary	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Oophorectomy, Salpingo-Oophorectomy, Subtotal Oophorectomy or Removal of Tumor in Fragments, Hysterectomy With Salpingo-Oophorectomy</u>** **Specimen Integrity** Deleted "select all that apply." For Left/Right Ovary, added "if applicable" and deleted data element "Not applicable." Added "Morcellated Specimen" as follows: **Specimen Integrity (Note B)** **Right Ovary (if applicable)** ___ Capsule intact ___ Capsule ruptured ___ Fragmented ___ Other (specify): _____ **Left Ovary (if applicable)** ___ Capsule intact

			___ Capsule ruptured ___ Fragmented ___ Other (specify): _____ <u>Morcellated Specimen</u> (if applicable) ___ Fragmented ___ Other (specify): _____ **Histologic Type** Added "Yolk sac tumor (endodermal sinus tumor), " "Brenner tumor, borderline," and "Brenner tumor, malignant." Changed "Malignant germ cell tumor" to "Mixed malignant germ cell tumor." **Extent of Involvement of Other Tissues/Organs** Deleted "Not applicable" and added choice of "Other (explain)" under each tissue/organ data element. **<u>Explanatory Notes</u>** **H. Histologic Grade for Surface Epithelial-Stromal Tumors** Add the following paragraph: Endometrioid carcinomas may be graded according to FIGO. Notable nuclear atypia, inappropriate for the architectural grade, raises the grade of a grade 1 or grade 2 tumor by 1 grade.
	Trophoblastic Tumors	**3.0.0.3**	**<u>The following changes were made in October 2013:</u>** **<u>Dilation and Curettage, Resection</u>** **Microscopic Tumor Extension** Added data element, "Tumor extends to cervix" as follows: **Microscopic Tumor Extension (select all that apply)** ___ Not applicable ___ Tumor confined to uterus ___ Tumor extends outside of the uterus but is limited to genital structures

			___ Tumor extends to fallopian tube ___ Tumor extends to ovary ___ Tumor extends to broad ligament ___ Tumor extends to vagina ___ Tumor extends to cervix ___ Tumor extends to other nongenital organs or structures (specify): _____ Specify organ(s) with separate metastasis: _____
	Uterine Cervix	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Explanatory Notes</u>** **I. Staging** TNM Stage Groupings (FIG0 2008) were updated.
	Vagina	**3.1.0.2**	**<u>The following changes were made in June 2012:</u>** **<u>Biopsy</u>** **Note** The word "checklist" was changed to "case summary."
	Vulva	**3.1.0.1**	**<u>The following changes were made in November 2011:</u>** **<u>Excisional Biopsy/Resection</u>** **Lymph Nodes** "Laterality" was changed to "Laterality of involved lymph nodes."
Head and Neck	**Larynx**	**3.3.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Entire Document</u>** "Mucosal malignant melanoma" was changed to "Mucosal melanoma." **<u>Excisional Biopsy, Resection</u>** **Procedure** "Incisional biopsy" was deleted. **Histologic Type** <u>Neuroendocrine Carcinoma</u> "Large cell carcinoma, neuroendocrine type (poorly differentiated neuroendocrine

			carcinoma)" was added. <u>Carcinomas of Minor Salivary Glands</u> Low, intermediate, and high grade were added to adenoid cystic carcinoma, and Adenocarcinoma, not otherwise specified, was added, as follows: ___ Adenoid cystic carcinoma ___ Low grade ___ Intermediate grade ___ High grade ___ Mucoepidermoid carcinoma ___ Low grade ___ Intermediate grade ___ High grade ___ Adenocarcinoma, not otherwise specified ___ Low grade ___ Intermediate grade ___ High grade **Margins** Reporting on margins was updated, as follows: ___ Cannot be assessed ___ Margins uninvolved by invasive carcinoma Distance from closest margin: Specify distance: ____ mm ___ Cannot be determined Specify location of closest margin, per orientation, if possible: _____ + Location and distance of other close margins (Note D): _____ ___ Margins involved by invasive carcinoma Specify margin(s), per orientation, if possible: _____ ___ Margins uninvolved by carcinoma in situ (includes moderate and severe dysplasia#) (Note D) Distance from closest margin: Specify distance: ____ mm ___ Cannot be determined Specify location of closest margin, per orientation, if possible: _____

			___ Margins involved by carcinoma in situ (includes moderate and severe dysplasia#) (Note D) Specify margin(s), per orientation, if possible: _____ *# Applicable only to squamous cell carcinoma and histologic variants.* **Pathologic Staging (pTNM)** <u>Regional Lymph Nodes (pN)</u> *Number of Lymph Nodes Involved* Size was changed from "largest positive lymph node" to largest metastatic focus in the lymph node." Extracapsular extension was added, as follows: *Extracapsular Extension* ___ Not identified ___ Present + Distance from lymph node capsule: _____ mm ___ Indeterminate <u>Distant Metastasis (pM)</u> Deleted "Source of pathologic metastatic specimen (specify)." **<u>Explanatory Notes</u>** **Scope of Guidelines:** First sentence: "oral cancer including the lip" was changed to "laryngeal cancer." Third to last sentence: "oral cavity" was changed to "larynx." **B. Histologic Type** Neuroendocrine carcinoma: added "Large cell carcinoma, neuroendocrine type (poorly differentiated neuroendocrine carcinoma)." **C. Histologic Grade** **D. Surgical Margins** **E. Orientation of Specimen** **F. Perineural Invastion** **G. Extracapsular Extension**

			K. Lymph Nodes **N. Ancillary Testing** Edits were made to these notes. **References:** References were updated.
	Lip and Oral Cavity	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Entire Document</u>** "Mucosal malignant melanoma" was changed to "Mucosal melanoma." **<u>Excisional Biopsy, Resection</u>** **Procedure** "Incisional biopsy" was deleted. **Specimen Laterality** "Bilateral" was deleted and "(select all that apply)" was added, as follows: **Specimen Laterality (select all that apply)** ___ Right ___ Left ___ Midline ___ Not specified **Histologic Type** <u>Neuroendocrine Carcinoma</u> "Large cell carcinoma, neuroendocrine type (poorly differentiated neuroendocrine carcinoma)" was added. <u>Carcinomas of Minor Salivary Glands</u> Low, intermediate, and high grade were added to adenoid cystic carcinoma as follows: ___ Adenoid cystic carcinoma ___ Low grade ___ Intermediate grade ___ High grade **Margins**

			Reporting on margins was updated, as follows: ___ Cannot be assessed ___ Margins uninvolved by invasive carcinoma Distance from closest margin: Specify distance: ____ mm ___ Cannot be determined Specify location of closest margin, per orientation, if possible: _____ + Location and distance of other close margins (Note D): _____ ___ Margins involved by invasive carcinoma Specify margin(s), per orientation, if possible: _____ ___ Margins uninvolved by carcinoma in situ (includes moderate and severe dysplasia#) (Note D) Distance from closest margin: Specify distance: ____ mm ___ Cannot be determined Specify location of closest margin, per orientation, if possible: _____ ___ Margins involved by carcinoma in situ (includes moderate and severe dysplasia#) (Note D) Specify margin(s), per orientation, if possible: _____ # *Applicable only to squamous cell carcinoma and histologic variants.* **Pathologic Staging (pTNM)** <u>Regional Lymph Nodes (pN)</u> *Number of Lymph Nodes Involved* Size was changed from "largest positive lymph node" to largest metastatic focus in the lymph node." Extracapsular extension was added, as follows: *Extracapsular Extension* ___ Not identified ___ Present + Distance from lymph node capsule: _____ mm ___ Indeterminate <u>Distant Metastasis (pM)</u>

			Deleted "Source of pathologic metastatic specimen (specify)." **<u>Explanatory Notes</u>** **B. Histologic Type** Neuroendocrine carcinoma: added "Large cell carcinoma, neuroendocrine type (poorly differentiated neuroendocrine carcinoma)." **D. Histologic Grade** **E. Surgical Margins** **F. Orientation of Specimen** **G. Perineural Invasion** **O. Ancillary Testing** Edits were made to these notes. **K. Regional Lymph Nodes (pN0): Isolated Tumor Cells** Classification scheme for ITCs was deleted. **L. Lymph Nodes** **Measurement of Tumor Metastasis** Deleted: There is conflicting data in the literature on the significance of the size of the largest metastatic lymph node on the risk of regional recurrence and a predictor of poor overall survival.[24] While the diameter of the largest positive lymph node may potentially serve as a predictor of outcome, it may not represent an independent predictor of outcome when other pathologic factors are considered.[24] **References** References were updated.
	Major Salivary Glands	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Incisional Biopsy, Excisional Biopsy, Resection</u>** **Histologic Type** Low, intermediate, and high grade were added to adenoid cystic carcinoma as follows: ___ Adenoid cystic carcinoma

			___ Low grade ___ Intermediate grade ___ High grade "Clear cell adenocarcinoma" was changed to "(Hyalinizing) clear cell carcinoma"; "Mammary analogue secretory carcinoma" was added; "Large cell carcinoma" and "Small cell carcinoma" were replaced with "High-grade neuroendocrine carcinoma" with the subtypes of "Large cell neuroendocrine carcinoma" and "Small cell neuroendocrine carcinoma"; and "Cribriform adenocarcinoma of minor salivary origin" was added as a subtype of "Polymorphous low-grade adenocarcinoma." **Margins** Designation of distance of tumor from closest margin was changed from "mm or cm" to millimeters (mm). **Pathologic Staging (pTNM)** Regional Lymph Nodes (pN) *Number of Lymph Nodes Involved* Size (greatest dimension) of the largest "positive lymph node" was changed to largest "metastatic focus in the lymph node." **Explanatory Notes** **Scope of Guidelines:** First sentence: "oral cancer including the lip" was changed to "major salivary gland cancer." **B. Histologic Type** Histologic types were updated. **C. Histologic Grade; D. Surgical Margins; F. Perineural Invasion; G. Extranodal Extension; J. Classification of Neck Dissection; L. Lymph Nodes; M. Ancillary Testing** Edits were made to these notes. **K. Regional Lymph Nodes (pN0): Isolated Tumor Cells:** Classification scheme for ITCs was deleted.

			References: References were updated.
	Nasal and Paranasal Sinuses	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Entire Document</u>** "Mucosal malignant melanoma" was changed to "Mucosal melanoma." **<u>Excisional Biopsy, Resection</u>** **Procedure** "Incisional biopsy" was deleted. **Specimen Laterality** "Bilateral" was deleted. **Histologic Type** <u>Carcinomas of Minor Salivary Glands</u> Low, intermediate, and high grade were added to adenoid cystic carcinoma, as follows: ___ Adenoid cystic carcinoma ___ Low grade ___ Intermediate grade ___ High grade <u>Neuroendocrine Carcinoma</u> The following was added: Large cell carcinoma, neuroendocrine type (poorly differentiated neuroendocrine carcinoma) **Margins** Reporting on margins was updated, as follows: ___ Cannot be assessed ___ Margins uninvolved by invasive carcinoma Distance from closest margin: Specify distance: ____ mm ___ Cannot be determined

			Specify location of closest margin, per orientation, if possible: _____ + Location and distance of other close margins (Note D): _____ ___ Margins involved by invasive carcinoma Specify margin(s), per orientation, if possible: _____ ___ Margins uninvolved by carcinoma in situ (includes moderate and severe dysplasia#) (Note E) Distance from closest margin: Specify distance: ____ mm ___ Cannot be determined Specify location of closest margin, per orientation, if possible: _____ ___ Margins involved by carcinoma in situ (includes moderate and severe dysplasia#) (Note E) Specify margin(s), per orientation, if possible: _____ *# Applicable only to squamous cell carcinoma and histologic variants.* **Pathologic Staging (pTNM)** <u>Regional Lymph Nodes (pN)</u> Reporting on "Number of Lymph Nodes Examined" was modified and "Extracapsular Extension" was added, as follows: *Number of Lymph Nodes Examined* Specify: ____ ___ Number cannot be determined (explain): _____ *Number of Lymph Nodes Involved* Specify: ____ ___ Number cannot be determined (explain): _____ + Size (greatest dimension) of the largest metastatic focus in the lymph node: ____ cm (Note K) *Extracapsular Extension (Note G)* ___ Not identified ___ Present + Distance from lymph node capsule: ____ mm ___ Indeterminate <u>Distant Metastasis</u>

			"Source of pathologic metastatic specimen (specify)" was deleted. **<u>Explanatory Notes</u>** **Scope of Guidelines:** First sentence: "oral cancer including the lip" was changed to "nasal cavity and paranasal sinus cancer." Third to last sentence: "oral cavity" was changed to "nasal cavity and paranasal sinus." **B. Histologic Type** Histologic types were updated. **C. Histologic Grade** **D. Surgical Margins** **E. Orientation of Specimen** **F. Perineural Invasion** **G. Extranodal Extension** **I. Classification of Neck Dissection** **J. Regional Lymph Nodes (pN0): Isolated Tumor Cells** **K. Lymph Nodes, Measurement of Tumor Metastasis** Edits were made to these notes. **References** References were updated.
	Pharynx	**3.3.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Entire Document</u>** "Mucosal malignant melanoma" was changed to "Mucosal melanoma." **<u>Excisional Biopsy, Resection</u>** **Procedure** "Incisional biopsy" was deleted. **Specimen Laterality** **Tumor Laterality**

			Tumor Focality "Bilateral" was deleted as a choice for these data elements. **Histologic Type** <u>Carcinomas of the Oropharynx and Hypopharynx</u> "Keratinizing" and "Nonkeratinizing" were added under "Squamous cell carcinoma, conventional" as follows: ___ Squamous cell carcinoma, conventional ___ Keratinizing ___ Nonkeratinizing <u>Carcinomas of the Nasopharynx</u> The former WHO designations were deleted. <u>Carcinomas of Minor Salivary Glands</u> Low, intermediate, and high grade were added to adenoid cystic carcinoma as follows: ___ Adenoid cystic carcinoma ___ Low grade ___ Intermediate grade ___ High grade <u>Neuroendocrine Carcinoma</u> "Large cell carcinoma, neuroendocrine type (poorly differentiated neuroendocrine carcinoma)" was added. **Margins** Reporting on margins was updated, as follows: ___ Cannot be assessed ___ Margins uninvolved by invasive carcinoma Distance from closest margin: Specify distance: ____ mm ___ Cannot be determined Specify location of closest margin, per orientation, if possible: _____ + Location and distance of other close margins (Note D): _____ ___ Margins involved by invasive carcinoma Specify margin(s), per orientation, if possible: _____ ___ Margins uninvolved by carcinoma in situ (includes moderate and severe dysplasia#) (Note

			D) Distance from closest margin: Specify distance: ____ mm ___ Cannot be determined Specify location of closest margin, per orientation, if possible: _____ ___ Margins involved by carcinoma in situ (includes moderate and severe dysplasia#) (Note D) Specify margin(s), per orientation, if possible: _____ *# Applicable only to squamous cell carcinoma and histologic variants.* **Pathologic Staging (pTNM)** **For All Carcinomas Excluding Mucosal Melanoma** <u>Primary Tumor (pT): Oropharynx</u> Definitions of pT2 and pT3 were updated, as follows: ___ pT2: Tumor more than 2 cm but not more than 4 cm in greatest dimension ___ pT3: Tumor more than 4 cm in greatest dimension or extension to lingual surface of epiglottis <u>Regional Lymph Nodes (pN)</u> *Number of Lymph Nodes Involved* Size was changed from "largest positive lymph node" to largest metastatic focus in the lymph node." Extracapsular extension was added, as follows: *Extracapsular Extension* ___ Not identified ___ Present + Distance from lymph node capsule: _____ mm ___ Indeterminate <u>Distant Metastasis (pM)</u> Deleted "Source of pathologic metastatic specimen (specify)." **Ancillary Studies** Deleted "if available at time of report completion" from heading, and added "(>70% nuclear

			and cytoplasmic staining)" to p16, as follows: **Ancillary Studies (required only for oropharynx [p16, HPV] and nasopharynx [EBV]) (select all that apply)** ___ p16 ___Positive (>70% nuclear and cytoplasmic staining) ___ Negative **<u>Explanatory Notes</u>** **Scope of Guidelines:** First sentence: "oral cancer including the lip" was changed to "pharyngeal cancer." Third to last sentence: "oral cavity" was changed to "pharynx." **B. Histologic Type:** Carcinomas of the Oropharynx and Hypopharynx were updated. Neuroendocrine Carcinoma: added "Large cell carcinoma, neuroendocrine type (poorly differentiated neuroendocrine carcinoma)." **C. Histologic Grade; D. Surgical Margins; E. Orientation of Specimen; F. Perineural Invasion; G. Extracapsular Extension; J. Regional Lymph Nodes (pN0): Isolated Tumor Cells; K. Lymph Nodes;** **O. Ancillary Testing:** Edits were made to these notes. **References:** References were updated.
Hematologic	**Bone Marrow**	**3.0.1.1**	**<u>The following changes were made in June 2012:</u>** **<u>Explanatory Notes</u>** **C. Histologic Type** The word "checklist" was changed to "case summary."
	Hodgkin Lymphoma	**3.1.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Biopsy, Resection</u>** **Pathologic Extent of Tumor** Elements describing involvement of lymph nodes were deleted, and specific involvement of spleen and liver are no longer data elements, as follows:

			+ Pathologic Extent of Tumor + ___ Bone marrow involvement + ___ Other site involvement + Specify site(s): _____ **<u>Explanatory Notes</u>** **D. Pathologic Extent of Tumor (Stage)** The second and third paragraphs were replaced with the following: Historically, pathologic staging depended on the biopsy of multiple lymph nodes on both sides of the diaphragm, splenectomy, wedge liver biopsy, and bone marrow biopsy to assess distribution of disease. Currently, staging of Hodgkin lymphoma is more commonly clinical than pathologic. Clinical staging generally involves a combination of clinical, radiologic, and surgical data. Imaging studies (eg, computed tomography scans, magnetic resonance imaging studies, and positron emission tomography), biopsy (to determine diagnosis, histologic type, and extent of disease), and bone marrow examination are often the main criteria for staging Hodgkin lymphoma patients.
	Non-Hodgkin Lymphoma	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Biopsy, Resection</u>** **Pathologic Extent of Tumor** Elements describing involvement of lymph nodes were deleted, and specific involvement of spleen and liver are no longer data elements, as follows: **+ Pathologic Extent of Tumor** + ___ Bone marrow involvement + ___ Other site involvement + Specify site(s): _____ **<u>Explanatory Notes</u>** **D. Pathologic Extent of Tumor (Stage)** The first sentence of the third paragraph was modified slightly to read as follows: Historically, pathologic staging depended on the biopsy of multiple lymph nodes on both sides

			of the diaphragm, splenectomy, wedge liver biopsy, and bone marrow biopsy to assess distribution of disease.
	Ocular Adnexal Lymphoma	**3.0.0.0**	-
Ophthalmic	**Retinoblastoma**	**3.1.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Enucleation, Partial or Complete Exenteration</u>** **Tumor Basal Area on Transillumination** The word "Size" was changed to "Area." The second dimension was deleted from "Anterior-posterior length" and "Transverse length" as follows: **Tumor Basal Area on Transillumination** ___ Cannot be determined Anterior-posterior length: ___ mm Transverse length: ___ mm **<u>Explanatory Notes</u>** **G. Resectioning the Globe** The following sentence and Figure 3 were added: Each calotte should also be sampled. The calottes should be breadloafed and submitted in a cassette on edge for processing as shown in Figure 3. **References** Reference #19 was added.
	Uveal Melanoma	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Resection</u>** **+ Additional Pathologic Findings** "Microvascular patterns" was changed to "Extravascular matrix pattern."
Pediatric	**Extrgonadal Germ Cell**	**3.0.0.1**	**<u>The following changes were made in November 2011:</u>** **<u>Resection</u>**

			Margins The designation "select all that apply" has been removed from this reporting element.
	Hepatoblastoma	**3.1.1.0**	**<u>The following changes were made in October 2013:</u>**
	Neuroblastoma	**3.0.0.1**	**<u>The following changes were made in June 2012:</u>** **<u>Resection, Biopsy</u>** **Histologic Type** The word "checklist" was changed to "case summary" in the note.
	PNET/Ewing Sarcoma	**3.1.0.2**	**<u>The following changes were made in June 2012:</u>** **<u>Explanatory Notes</u>** **M Category Considerations** The word "checklist" was changed to "case summary."
	Rhabdomyosarcoma	**3.1.0.0**	**<u>The following changes were made in February 2011:</u>** **<u>Resection or Biopsy</u>** **Lymph Nodes** Specify: Number examined / Number involved, has been changed to: ___ No nodes submitted or found <u>Number of Lymph Nodes Examined</u> Specify: ____ ___ Number cannot be determined (explain): _____ <u>Number of Lymph Nodes Involved</u> Specify: ____ ___ Number cannot be determined (explain): _____
	Wilms Tumor	**3.1.0.2**	**<u>The following changes were made in June 2012:</u>** **<u>Resection for Pediatric Renal Tumor</u>** **Note** The word "checklist" was changed to "case summary."

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Skin	**Melanoma**	**3.3.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Biopsy, Excision, Re-excision</u>** **Margins** <u>Deep Margin</u> Deleted "Specify location(s), if possible." **Microsatellitosis** "Not applicable" was added. **Pathologic Staging (pTNM)** <u>Regional Lymph Nodes (pN0)</u> Deleted the designations of "(microscopic)" and "(macroscopic)" and added "(micrometastasis)" and "(macrometastasis)"; and changed "Number containing metastases identified macroscopically/ microscopically" to "Number containing metastases" as follows: **Regional Lymph Nodes (pN)** ___ pNX: Regional lymph nodes cannot be assessed ___ pN0: No regional lymph node metastasis pN1: Metastasis in 1 regional lymph node ___ pN1a: Clinically occult metastasis (micrometastasis) ___ pN1b: Clinically apparent metastasis (macrometastasis) pN2: Metastasis in 2 to 3 regional nodes or intralymphatic regional metastasis without nodal metastasis ___ pN2a: Clinically occult metastasis (micrometastasis) ___ pN2b: Clinically apparent metastasis (macrometastasis) ___ pN2c: Satellite or in-transit metastasis without nodal metastasis ___ pN3: Metastasis in 4 or more regional lymph nodes, or matted metastatic nodes, or in-transit metastasis or satellites(s) with metastasis in regional node(s) ___ No nodes submitted or found Number of lymph nodes identified: ____ Number containing metastases: ____ **<u>Explanatory Notes</u>**

			O. TNM and Stage Groupings Corrected a typographic error in subheading: changed "R Category Considerations" to "N Category Considerations." Edited paragraph: "Isolated Tumor Cells, Micrometastasis, and Sentinel Lymph Nodes." Added paragraph: "Micrometastasis versus Macrometastasis."
	Merkel Cell Carcinoma	**3.0.1.1**	**<u>The following changes were made in June 2012:</u>** **<u>Incisional Biopsy, Excision, Re-Excision, Lymphadenectomy</u>** **Note** The word "checklist" was changed to "case summary." **Mitotic Index** "Mitotic Index" was changed to "Mitotic Rate." **<u>Explanatory Notes</u>** "Mitotic Index" was changed to "Mitotic Rate" (note B). The word "checklist" was changed to "case summary" and "protocol" (notes B and C, respectively).
	Squamous Cell Carcinoma	**3.1.0.2**	**<u>The following changes were made in October 2013:</u>** **<u>Biopsy, Excision, Re-excision, Lymphadenectomy</u>** **<u>Pathologic Staging (pTNM)</u>** **Primary Tumor (pT)** The definition of pT4 was updated, as follows: ___ pT4: Tumor with invasion of skeleton (axial or appendicular) or perineural invasion of skull base
Thorax	**Heart**	**3.0.0.0**	**<u>No changes have been made since the October 2009 release of this protocol</u>**

	Lung	**3.3.0.0**	**<u>The following changes were made in October 2013:</u>** **<u>Resection</u>** **Tumor Site** "Mainstem bronchus" was added, as follows: **Tumor Site** ___ Upper lobe ___ Middle lobe ___ Lower lobe ___ Mainstem bronchus ___ Other(s) (specify): _____ ___ Not specified **Histologic Type** Bronchioloalveolar carcinoma elements were deleted, and adenocarcinoma elements were updated, as follows: ___ Adenocarcinoma ___ Adenocarcinoma, lepidic predominant ___ Adenocarcinoma, acinar predominant ___ Adenocarcinoma, papillary predominant ___ Adenocarcinoma, solid predominant ___ Adenocarcinoma, micropapillary predominant ___ Minimally invasive adenocarcinoma ___ Adenocarcinoma in situ ___ Mucinous adenocarcinoma ___ Fetal adenocarcinoma ___ Enteric adenocarcinoma **Histologic Grade** This reporting element was changed from required to optional. **Margins** Specific reporting elements for "Parietal Pleural Margin" and "Chest Wall Margin" were deleted.

			Added "required only if applicable" to "Other Attached Tissue Margin" and deleted "Not applicable," as follows: <u>Other Attached Tissue Margin</u> (required only if applicable) Specify margin: _____ ___ Cannot be assessed ___ Uninvolved by invasive carcinoma ___ Involved by invasive carcinoma **Treatment Effect** Added "required only if applicable." **Lymph-Vascular Invasion** "Select all that apply" was added, and optional subelements were added under "Present," as follows: **Lymph-Vascular Invasion (select all that apply)** ___ Not identified ___ Present + ___ Lymphatic + ___ Arterial + ___ Venous ___ Indeterminate **Ancillary Studies** All reporting elements were deleted, and the following note was added: ***Note: For reporting cancer biomarker testing results, the CAP Lung Biomarker Template should be used.*** ***Pending biomarker studies should be listed in the Comments section of this report.*** **<u>Explanatory Notes</u>** **B. Histologic Type** The second sentence of the first paragraph was replaced with the following:

			The International Association for the Study of Lung Cancer (IASLC)/American Thoracic Society (ATS)/European Respiratory Society (ERS) multidisciplinary classification of adenocarcinoma, published in 2011, is recommended for classification of adenocarcinomas.[6,7] In the first sentence of the second paragraph, "bronchiolalveolar carcinoma" was replaced with "adenocarcinoma in situ," and the following sentence was added at the end of the paragraph: The diagnoses of adenocarcinoma in situ and minimally invasive adenocarcinoma should only be made on solitary lesions of 3 cm diameter or less. **C. Histologic Grade** The following was added: There is no well-established system for grading of squamous cell carcinoma or adenocarcinoma of the lung. Several systems have been proposed utilizing architectural pattern, nuclear grade, and mitotic rate. The architectural pattern of adenocarcinoma shows prognostic reproducibility and may be utilized. In this system, lepidic pattern is classified as G1, acinar and papillary patterns as G2, and micropapillary, solid, and mucinous patterns as G3.[6] **K. Ancillary Studies** This note was deleted. **References** References #6 and 7 were added, and the remaining references renumbered accordingly. References #28 to 35 were deleted.
	Pleural Mesothelioma	**3.1.0.0**	**<u>The following changes were made in February 2011:</u>** **<u>Resection</u>** **Regional Lymph Nodes (pN)** Specify: Number examined / Number involved, has been changed to: ___ No nodes submitted or found *Number of Lymph Nodes Examined* Specify: ____

			___ Number cannot be determined (explain): _____ *Number of Lymph Nodes Involved* Specify: ____ ___ Number cannot be determined (explain): _____
	Thymoma and Thymic Carcinoma	**3.1.0.0**	**<u>The following changes were made February 2011:</u>** **<u>Resection</u>** **Regional Lymph Nodes** Specify: Number examined / Number involved, has been changed to: ___ No nodes submitted or found <u>Number of Lymph Nodes Examined</u> Specify: ____ ___ Number cannot be determined (explain): _____ <u>Number of Lymph Nodes Involved</u> Specify: ____ ___ Number cannot be determined (explain): _____
Other	**Bone**	**3.1.1.1**	**<u>The following changes were made in October 2013:</u>** **<u>Explanatory Notes</u>** **A. Processing** **Molecular Studies: Table 1** Table 1 was updated. **C. Classification of Bone Tumors** The WHO classification was updated. References to primitive neuroectodermal tumor (PNET) were deleted throughout the notes. **D. Grading** “Undifferentiated high-grade” was added in the definition of grade 3 in the second paragraph,

			as follows: Grade 3 (high-grade) chondrosarcoma is hypercellular, pleomorphic, and contains prominent mitotic activity. Mesenchymal chondrosarcoma, fibrosarcoma, leiomyosarcoma, liposarcoma, undifferentiated high-grade pleomorphic sarcoma of bone and other "soft tissue-type" sarcomas that rarely occur in bone can be graded according to the French Federation of Cancer Centers Sarcoma Group (FNCLCC) grading system[7] **Bone Tumor Grades (Summary)** The list was updated. **References** References #2, 3, and 4 were updated, and a bibliography reference was added.

	Peritoneum	**3.2.0.0**	**<u>The following changes were made in October 2013:</u>**
			<u>Resection</u>
			
			Specimen
			Changed "Bilateral ovaries" and "Bilateral fallopian tubes" to "Ovary, Right, Left" and "Fallopian tube, Right, Left" as follows:
			
			Specimen (select all that apply)
			___ Peritoneum
			___ Omentum
			___ Ovary
			  ___ Right
			  ___ Left
			___ Fallopian tube
			  ___ Right
			  ___ Left
			___ Uterus
			___ Other (specify): _____
			___ Not specified
			
			Procedure (select all that apply)
			Added "select all that apply."

			Tumor Focality Added "Diffuse" as follows: **Tumor Focality** ___ Unifocal ___ Multifocal ___ Diffuse ___ Cannot be determined
	Soft Tissue	**3.1.2.0**	**<u>The following changes were made in October 2013:</u>** **<u>Biopsy</u>; <u>Resection</u>** **Treatment Effect** Added "required only if applicable" to this element. **<u>Explanatory Notes</u>** **A. Tissue Processing** Table 1 was updated. **C. Histologic Classification** The WHO classification was updated. **D. Grading** The second sentence was modified, as follows: Whilst normograms assess multiple clinical and histological parameters to calculate the probability of recurrence for a given patient,[5] there is, however, no generally agreed-upon scheme for grading soft tissue tumors.[6] <u>Differentiation</u>: The definitions of the scores were updated. **Table 2** The histologic types were updated.

			Mitosis Count: Score 3 definition was updated. Tumor Necrosis: Score 1 and 2 definitions were updated. **References** References #4, 5, and 7 were updated.