

This form should be completed by a Consultant Histopathologist - Please complete for resections

| | | | | | | | | | | | |
|---------------|--|--------------|---|--|--|--|----------|--|--------------|--|--|
| Patient Name: | <input style="width: 95%;" type="text"/> | D.O.B | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | Sex: | <input style="width: 95%;" type="text"/> | Hospital No: | <input style="width: 95%;" type="text"/> | |
| | | | | | | | | | | | |
| NHS No: | <input style="width: 95%;" type="text"/> | Date of Opn: | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | Surgeon: | <input style="width: 95%;" type="text"/> | | Specimen No: | <input style="width: 95%;" type="text"/> |
| | | | | | | | | | | | |

1. Specimen Type *Site of tumour:* Right Left

| | | |
|--|--|--|
| <input type="checkbox"/> VATS segmentectomy | <input type="checkbox"/> VATS lobectomy | <input type="checkbox"/> Wedge resection |
| <input type="checkbox"/> Open segmentectomy | <input type="checkbox"/> Open lobectomy / bi-lobectomy | <input type="checkbox"/> Sleeve |
| <input type="checkbox"/> Pneumonectomy (extra-pericardial) | <input type="checkbox"/> Pneumonectomy (intra-pericardial) | |
| <input type="checkbox"/> Other eg chest wall, mediastinum, liver etc. Please state:..... | | |

2. Gross Description *Location of Tumour*

| | |
|--|--|
| <input type="checkbox"/> Main Bronchus within 20mm of carina (T3) - this will require clinical information | Omit shaded items if unavailable |
| <input type="checkbox"/> Main Bronchus (T2) | |
| <input type="checkbox"/> Non-assessable | <input type="checkbox"/> Left upper lobe <input type="checkbox"/> Left lower lobe |
| <input type="checkbox"/> Right upper lobe | <input type="checkbox"/> Right middle lobe <input type="checkbox"/> Right lower lobe |

Tumour sizemm (T1 <30mm or superficial tumours confined to bronchial wall, T2 = >30mm)

Distance from bronchial or medial resection margin.....mm

Extent of Atelectasis / Obstructive pneumonitis:
None Involving hilar region but not whole lung (T2) Involving whole lung (T3)

3. Histology Type

| | | |
|---|---|---|
| <input type="checkbox"/> Squamous cell carcinoma | <input type="checkbox"/> Adenocarcinoma | <input type="checkbox"/> Bronchiolo-alveolar cell carcinoma |
| <input type="checkbox"/> Large cell undifferentiated | <input type="checkbox"/> Small cell carcinoma | |
| <input type="checkbox"/> Mixed tumours (please specify | | |
| <input type="checkbox"/> Other tumour (please specify eg carcinoid, etc.....) | | |

Local Invasion

| | | |
|--|--|--|
| <input type="checkbox"/> Visceral Pleura (T2) | <input type="checkbox"/> Parietal Pleura/Chest wall (T3) | <input type="checkbox"/> Mediastinal Pleura (T3) |
| <input type="checkbox"/> Pericardium (T3) | <input type="checkbox"/> Diaphragm (T3) | <input type="checkbox"/> Atrium, heart (T4) |
| <input type="checkbox"/> Great vessel (aorta, central pulmonary artery or vein) (T4) | | <input type="checkbox"/> Separate tumour nodules in same lobe (T4) |
| <input type="checkbox"/> Malignant pleural effusion (T4) | | |

Lymph node spread

| | | |
|---|------------------------------------|--|
| Ipsilateral hilar / intrapulmonary (node stations 10-14) | <input type="checkbox"/> Submitted | <input type="checkbox"/> Involved (N1) |
| Ipsilateral mediastinal (node stations 1-9) | <input type="checkbox"/> Submitted | <input type="checkbox"/> Involved (N2) |
| Contralateral mediastinal, hilar, ipsilateral or contralateral scalene, supraclavicular | <input type="checkbox"/> Submitted | <input type="checkbox"/> Involved (N3) |

Margins

| | | | |
|--------------------|--|-------------------|--|
| <i>Bronchial</i> | <input type="checkbox"/> Clear <input type="checkbox"/> Involved | <i>Vascular</i> | <input type="checkbox"/> Clear <input type="checkbox"/> Involved |
| <i>Mediastinal</i> | <input type="checkbox"/> Clear <input type="checkbox"/> Involved | <i>Chest Wall</i> | <input type="checkbox"/> Clear <input type="checkbox"/> Involved |

Other Pathology

| | |
|---|--|
| <input type="checkbox"/> Emphysema (moderate/severe degree) | <input type="checkbox"/> Interstitial fibrosis-state cause (if known)..... |
| <input type="checkbox"/> Other (please state)..... | |

Metastases

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Unknown (MX) | <input type="checkbox"/> Absent (MO) |
| <input type="checkbox"/> Present (M1) including tumour nodules in different lobes. Please state..... | |

4. Pathological Staging T N M (Select highest stage from above data)

Complete resection at all margins Yes No

Name of Pathologist: SNOMED Code: T: M: DATE:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

When completed, please send this form, with a copy of the typed report, to: NYCRIS, Arthington House, Hospital Lane, Leeds, LS16 6QB