Carcinoma of the Thyroid Histopathology Reporting Guide



Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
Patient identifiers Elements in black text are CORE. Elements in grey text are N indicates multi-select values indicates single select values	SCOPE OF THIS DATASET
CLINICAL INFORMATION (select all that apply)	OPERATIVE PROCEDURE (select all that apply)
☐ Information not provided ☐ Previous history of thyroid tumour or related abnormality specify	Not specified Total thyroidectomy Near total thyroidectomy Hemithyroidectomy Lobectomy Isthmusectomy
Relevant biopsy/cytology results, specify	Partial excision, specify type if possible Lymph node dissection Other, specify
Imaging findings, specify	^a Anything less than a lobectomy excluding isthmusectomy, including substernal excision.
Previous surgery/therapy, specify	OPERATIVE FINDINGS Not specified
Relevant familial history, specify	Intra-operative macroscopic evidence of extrathyroidal extension Yes, specify location and tissue invaded
Presence of clinical syndrome, specify	○ No ○ Information not available
Other, specify	Intra-operative impression of completeness of excision R0/R1 R2, specify location
	Other, specify

SPECIMEN(S) SUBMITTED (select all that apply) Not specified Thyroid gland Left Right Isthmus	HISTOLOGICAL TUMOUR TYPE (select all that apply) (Value list from the World Health Organization Classification of Tumours: Pathology and Genetics of Tumours of Endocrine Organs (2017))
Parathyroid gland(s) Lymph node(s), specify site(s) and laterality	Papillary thyroid carcinoma Classic (usual, conventional) Columnar cell variant Cribriform-morular variant
Other, specify site(s) and laterality	Diffuse sclerosing variantEncapsulated variantEncapsulated/well demarcated follicular variant with invasion
TUMOUR FOCALITY ☐ Unifocal ☐ Multifocal, specify number of tumours in specimen (if >5 state such but no need to specify the number) ☐ Cannot be assessed, specify	 ☐ Infiltrative follicular variant ☐ Hobnail variant ☐ Microcarcinoma ☐ Oncocytic variant ☐ Solid variant ☐ Tall cell variant ☐ Warthin-like variant ☐ Other variant, specify
	Follicular thyroid carcinoma (FTC) FTC, minimally invasive FTC, encapsulated angioinvasive
TUMOUR SITE (select all that apply) (For the most clinically relevant tumour)	FTC, widely invasive Hürthle (oncocytic) cell tumours Hürthle cell carcinoma, minimally invasive
 Not specified Lobe Left Isthmus Pyramidal lobe Soft tissue or muscle, specify site(s) and laterality Other, specify site(s) and laterality 	Hürthle cell carcinoma, encapsulated angioinvasive
TUMOUR DIMENSIONS Maximum tumour dimension (largest tumour)	
Additional dimensions (largest tumour) mm × mm Cannot be assessed, specify	MITOTIC ACTIVITY ^b ○ Not identified/low (<3 mitoses/2 mm²) ○ High (≥3 mitoses/2 mm²) Number of mitoses per 2 mm² ○ Cannot be assessed b 2 mm² approximates 10 HPFs on some microscopes.
	Well-differentiated Poorly differentiated Undifferentiated/anaplastic

TUMOUR ENCAPSULATION/CIRCUMSCRIPTION	LYMPH NODE STATUS
○ Encapsulated	No nodes submitted or found
○ Infiltrative	Number of lymph nodes examined
Other, specify	○ Not involved
	○ Involved
	Number of positive lymph nodes
CAPSULAR INVASION	
○ Not applicable	Number cannot be determined
Uncertain	Location of involved lymph nodes, specify
O Not identified	
PresentCannot be assessed, specify	
earmor be assessed, speeny	
	Greatest dimension of largest lymph mm node with metastasis
LYMPHATIC OR BLOOD VESSEL INVASION	Greatest dimension of largest
○ Not identified	metastatic focus in lymph node
Type of vessel involved (select all that apply)	Extranodal extension
Blood vessel	○ Not identified
Number of vessels involved, for encapsulated	Present
neoplasms, <i>specify</i>	Cannot be determined
Focal, 1-3 fociExtensive, ≥4 foci	
Lymphatic	C-CELL HYPERPLASIA
☐ Small vessel, not otherwise classifiable	(Medullary carcinoma only)
Extrathyroidal blood vessel invasion	○ Not identified
Not identified	Present
Present	Unilateral
Cannot be assessed, <i>specify</i>	Bilateral
	COEXISTENT PATHOLOGY (select all that apply)
NECROSIS 📜	None identified
O Not identified	☐ Nodular hyperplasia
O Present	☐ Diffuse hyperplasia
EVERATING OF ALL EVERY COMPANY OF A SHARE OF	Dyshormonogenetic goitreChronic lymphocytic thyroiditis
EXTRATHYROIDAL EXTENSION (select all that apply)	Follicular adenoma
Cannot be assessed Not identified	Hürthle cell adenoma
☐ Invasion into perithyroid fibroadipose tissue	 Noninvasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)
☐ Invasion into skeletal muscle	Other, specify
 Invasion into subcutaneous soft tissue, larynx, trachea, oesophagus or recurrent laryngeal nerve 	V
☐ Invasion into prevertebral fascia or encasing the carotid	
artery or mediastinal vessel	
MARGIN STATUS	PARATHYROID GLAND STATUS
	Not identified
Not involved Distance of tumour to closest margin	Present
Distance of tumour to closest margin mm	Number of parathyroid gland(s) found
Involved, specify (anterior or posterior)	Normal
	○ Involved by carcinoma
Cannot be accessed specify	O Hypercellular/enlarged
Cannot be assessed, specify	

ANCILLA	ARY STUDIES
_	t performed
Pe	rformed, specify
HISTOLO	OGICALLY CONFIRMED DISTANT METASTASES
○ No	t identified
\simeq	t assessed
Pre	esent, specify site(s)
PATHOL	OGICAL STAGING (UICC TNM 8th edition) [
	Descriptors (only if applicable) (select all that apply)
=	multiple primary tumoursrecurrent
	- post-therapy
	Primary tumour cannot be assessed
○ T1	
	to the thyroid
	T1a Tumour 1 cm or less in greatest dimension, limited to the thyroid
	T1b Tumour more than 1 cm but not more than 2 cm in greatest dimension, limited to the thyroid
	greatest dimension, limited to the thyroid
() T3	limited to the thyroid or with gross extrathyroidal extension invading only strap muscles (sternohyoid, sternothyroid, or omohyoid muscles)
0	T3a Tumour more than 4 cm in greatest dimension, limited to the thyroid
0.	T3b Tumour of any size with gross extrathyroidal extension invading strap muscles (sternohyoid,
	sternothyroid, or omohyoid muscles)
○ T4	Includes gross extrathyroidal extension into major neck structures
0.	T4a Tumour extends beyond the thyroid capsule and invades any of the following: subcutaneous soft tissues, larynx, trachea, oesophagus, recurrent laryngeal nerve
\bigcirc	T4b Tumour invades prevertebral fascia, mediastinal vessels, or encases carotid artery
	papillary, follicular, poorly differentiated, Hürthle cell and c carcinomas.
^e T4 has b	een added for clarity from AJCC TNM 8 th edition.
Regio	nal lymph nodes (pN)
○NX	Regional lymph nodes cannot be assessed
◯ N0	, ,
O N1	- , ,
<u> </u>	N1a Metastasis in level VI (pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes) or upper/superior mediastinum
() I	N1b Metastasis in other unilateral, bilateral or contralateral cervical (levels I, II, III, IV or V) or retropharyngeal
Malignan	ed with permission. Source: UICC TNM Classification of t Tumours, 8 th Edition, eds by James D. Brierley, Mary K. rowicz, Christian Wittekind. 2016, Publisher Wiley-Blackwell.