

**ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY**  
**Final Anatomic Diagnosis Checklist**

**LUNG CARCINOMA**

(Ver 1.1 11-03)

**Accession No.:**

**Part No.**

**Date:**

**Patient Name:**

**ORGAN,**

**SITE,**

**OPERATION:**

Lung

Right

Pneumonectomy

Left

Lobectomy

Upper lobe

Other \_\_\_\_\_

Middle lobe

Lower lobe

Other \_\_\_\_\_

**-Primary Tumor Diagnosis:** *Required*

Squamous cell carcinoma  
spindle cell variant

Adenocarcinoma

Acinar type

Papillary type

Bronchioloalveolar type (non-mucinous, mucinous)

Solid type with mucus formation

Large cell carcinoma

Giant cell variant

Clear cell variant

Adenosquamous cell carcinoma

Typical carcinoid (well differentiated neuroendocrine carcinoma)

Atypical carcinoid (moderately differentiated neuroendocrine carcinoma)

Small cell carcinoma (poorly differentiated neuroendocrine carcinoma)

Classic type (*includes "oat cell" and "intermediate type"*)

Mixed type (small cell/large cell undifferentiated)

Combined type (small cell/adenocarcinoma, small cell/squamous)

Large cell neuroendocrine carcinoma (poorly differentiated neuroendocrine carcinoma)

Lymphoepithelioma-like carcinoma

Basaloid carcinoma

Adenoid cystic carcinoma

Mucoepidermoid carcinoma

Sarcomatoid carcinoma

Other \_\_\_\_\_

*Note: Bronchioloalveolar carcinoma is limited to noninvasive tumors. If invasion is present (vascular, stromal, or pleural), such tumors are reclassified as adenocarcinoma, mixed subtype, with the indication of the histologic types present.*

**ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY**  
**Final Anatomic Diagnosis Checklist**

**LUNG CARCINOMA**

**A. Size of Tumor:** *Required* \_\_\_\_\_ cm x \_\_\_\_\_ cm x \_\_\_\_\_ cm.

**B. Histologic Grade:** *Required*

- X (grade cannot be assessed)
- I (well differentiated)
- II (moderately differentiated)
- III (poorly differentiated)
- IV (undifferentiated)

**C. Extent of Primary:** *Required*

Tumor surrounded by lung and not invading visceral pleura

Tumor extends to but does not invade visceral pleura

Tumor invades:

- visceral pleura
- parietal pleura
- chest wall
- diaphragm
- mediastinal pleura
- parietal pericardium
- other organs (specify): \_\_\_\_\_

Tumor involves the main bronchus:

- 2 cm or more distal to the carina
- less than 2 cm from the carina

**ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY**  
**Final Anatomic Diagnosis Checklist**

**LUNG CARCINOMA**

**-Margins of Excision:** *Required*

**A. Bronchial Margin of Excision:**

Negative for tumor  
Positive for tumor

**B. Comment:** \_\_\_\_\_

*Note: All of the following lymph node groups will not be identified in most cases. However, appropriate designations are provided below.* <sup>Required</sup>

**-Lymph Nodes (peribronchial, \_\_\_\_\_ specify laterality):**

- A. Number examined \_\_\_\_\_
- B. Number positive \_\_\_\_\_
- C. Comment \_\_\_\_\_

Tumor extends into perinodal adipose tissue

**-Lymph Nodes (hilar \_\_\_\_\_ specify laterality):**

- A. Number examined \_\_\_\_\_
- B. Number positive \_\_\_\_\_
- C. Comment \_\_\_\_\_

Tumor extends into perinodal adipose tissue

**-Lymph Nodes ( \_\_\_\_\_ )**

- A. Number examined \_\_\_\_\_
- B. Number positive \_\_\_\_\_
- C. Comment \_\_\_\_\_

Tumor extends into perinodal adipose tissue

*Note: Regional lymph nodes are as below. For a more detailed mapping of regional lymph nodes and their staging significance, see AJCC 2002 staging manual (reference 1).*

**Mediastinal:** Paratracheal, pre and retrotracheal (including precarinal), aortic (including aortopulmonary window, periaortic, ascending aortic, and phrenic), subcarinal, periesophageal, inferior pulmonary ligament

**Intrapulmonary:** Hilar (proximal lobar), peribronchial, intrapulmonary (including interlobar, lobar, and segmental)

**ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY**  
**Final Anatomic Diagnosis Checklist**

**LUNG CARCINOMA**

**-Additional Tumor Features:**

**A. Lymphatic vessel invasion in lung:** *Optional*

Identified                      Not Identified

**B. Blood vessel invasion in lung:** *Required*

Identified                      Not Identified

**C Comments:** *Optional*

Lymphoplasmacytic response is present, \_\_\_\_\_

Stromal response is present, \_\_\_\_\_

Tumor necrosis is present, \_\_\_\_\_

Additional tumor nodule(s) (specify number, cell type, location, size, etc.)

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**-Non neoplastic lung tissue:** *Optional*

**A. Associated Obstructive pneumonia:**

None

Focal

Extending to hilar region

Entire Lung

**B. Other:**

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**Final Anatomic Diagnosis Checklist**

**LUNG CARCINOMA**

**-Ancillary Studies:** *Optional*

Special stains are performed, the results are as follows:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Interpretation \_\_\_\_\_  
\_\_\_\_\_

Immunohistochemical studies are performed, the results are as follows:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Interpretation \_\_\_\_\_  
\_\_\_\_\_

**LUNG CARCINOMA**

**-pTN Stage:** *Required*

**A. Primary Tumor:**

- pTX** Primary tumor cannot be assessed
- pT0** No evidence of primary tumor
- pTis** Carcinoma in situ
- pT1** Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, not invading the main bronchus
- pT2** Tumor with any of the following features of size or extent
  - More than 3 cm in greatest dimension
  - Invades visceral pleura
  - Involves main bronchus, 2 cm or more distal to the carina
  - Associated with atelectasis or obstructive pneumonitis which extends to the hilar region but does not involve the entire lung
- pT3** Tumor of any size that directly invades any of the following
  - Parietal pleura
  - Chest wall (including superior sulcus tumors)
  - Diaphragm
  - Mediastinal pleura
  - Parietal pericardium
  - Tumor in the main stem bronchus less than 2 cm distal to the carina but without involvement of the carina
  - Associated atelectasis or obstructive pneumonitis of the entire lung
- pT4** Tumor of any size that invades any of the following
  - mediastinum
  - heart
  - great vessels
  - trachea
  - esophagus
  - vertebral body
  - carinaOr tumor with malignant pleural effusion  
Or separate tumor nodules in the same lobe.

*Note: Superficial tumors of any size with invasive components limited to the bronchial wall extending proximal to the main bronchus are classified as T1*

**ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY**  
**Final Anatomic Diagnosis Checklist**

**LUNG CARCINOMA**

**B. Regional Lymph Nodes:**

- pNX** Regional lymph nodes cannot be assessed
- pN0** No regional lymph node metastasis
- pN1** Metastasis in ipsilateral peribronchial and/or hilar lymph nodes, and intrapulmonary nodes, including direct extension.
- pN2** Metastasis in ipsilateral mediastinal and/or subcarinal lymph nodes
- pN3** Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene or supraclavicular lymph nodes

**C. Distant Metastasis**

- pMX** Cannot be assessed
- pM0** No distant metastasis
- pM1** Distant metastasis

Reference:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6<sup>th</sup> edition, 2002 (pg. 167-177).