# Appendix C Reporting proforma for mesothelioma biopsy/cytology specimens

|  |  |  |
| --- | --- | --- |
| Surname……………… | Forenames………………… | Date of birth………….Sex…....  |
| Hospital………….…… | Hospital no…………….……  | NHS/CHI no……………..  |
| Date of receipt………… | Date of reporting……..……  | Report no………………...  |
| Pathologist……….… | Surgeon………………….… |  |

Previous treatment (neoadjuvant chemotherapy/radiotherapy)
Yes □ No □

## Specimen origin

Laterality

Right □ Left □ Not stated □

Pleura □ Lung □ Other □ ………………..….……….

## Sample type\* (more than one box may be ticked)

### Biopsy

Pleural biopsy □ Core needle biopsy □ VATS biopsy □

Open biopsy □ Lymph node biopsy □ Specify site(s) ……..…………........

Other site(s) □ Details …....................

Number of biopsies …..

### Cytology

Pleural effusion □ Pericardial effusion □ Other □ Details……………………..

FNA □ Details…………..

## Microscopic features

### Histological type of mesothelioma

M**e**sothelioma in situ □

Localised mesothelioma □

Diffuse mesothelioma □

### Histological subtype

Epithelioid □ Biphasic □ Sarcomatoid □

If epithelioid, low or high grade Low □ High □

### Histological variants

### Architectural patterns

Tubulopapillary Yes □ No □

Trabecular Yes □ No □

Adenomatoid Yes □ No □

Solid Yes □ No □

Micropapillary Yes □ No □

### Cytological features

Rhabdoid Yes □ No □

Deciduoid Yes □ No □

Small cell Yes □ No □

Clear cell Yes □ No □

Signet ring Yes □ No □

Lymphohistiocytoid Yes □ No □

Pleomorphic Yes □ No □

Transitional Yes □ No □

### Stromal features

Desmoplastic Yes □ No □

Myxoid Yes □ No □

Heterologous differentiation Yes □ No □

## Ancillary investigations

Not used □

D-PAS mucin staining Positive □ Negative □

Alcian Blue mucin staining Positive □ Negative □

Immunohistochemistry (list antibodies used – minimum of 4 recommended)

Calretinin Positive □ Negative □

Cytokeratin 5/6 Positive □ Negative □

WT-1 Positive □ Negative □

BerEP4 Positive □ Negative □

CEA Positive □ Negative □

(Other: ….................... Positive □ Negative □)

**Comments:**

**SNOMED codes:**

**Signature** …..........………………………………………………. **Date**………./….……/……….