**Appendix E Histopathology worksheet for metastatic carcinoma of uncertain primary site**

Surname.................................................................................................................................

Forenames..............................................................................................................................

Date of birth....................... Sex.......

Hospital.............................. Hospital no......................... NHS/CHI no......................................

Date of receipt................... Date of reporting................ Report no..........................................

Pathologist......................................……………………. Surgeon............................................

**Carcinoma subtype: immunohistochemistry**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Panel** | **Specific immunohistochemical markers used** | **Positive** | **Negative** | **Equivocal** |
| Adenocarcinoma |  |  |  |  |
| Squamous carcinoma |  |  |  |  |
| Urothelial carcinoma |  |  |  |  |
| Neuroendocrine neoplasm |  |  |  |  |
| Solid carcinoma: renal |  |  |  |  |
| Solid carcinoma: liver |  |  |  |  |
| Solid carcinoma: thyroid |  |  |  |  |
| Solid carcinoma: adrenal |  |  |  |  |
| Germ cell tumour |  |  |  |  |
| Mesothelioma |  |  |  |  |

Result for CK7………………………… Result for CK20………………………………

Any other relevant IHC markers employed:………………………………………………………

…………………………………………………………………………………………………………

**Diagnosis (specific carcinoma subtype):**……………………………………………………...

**Adenocarcinoma subtyping: morphology**

|  |  |
| --- | --- |
| **Morphological pattern** | **Present? (tick more than 1 if necessary)** |
| Poorly differentiated carcinoma |  |
| Adenocarcinoma NOS |  |
| Papillary adenocarcinoma |  |
| Signet ring cell/diffuse adenocarcinoma |  |
| Other specific morphology (describe) |  |

**Adenocarcinoma subtyping: immunohistochemistry**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Panel** | **Specific immunohistochemical markers used** | **Positive** | **Negative** | **Equivocal** |
| Prostate |  |  |  |  |
| Lung |  |  |  |  |
| Breast |  |  |  |  |
| Ovary and other gynaecological |  |  |  |  |
| Colorectum |  |  |  |  |
| Gastro-oesophageal |  |  |  |  |
| Pancreatico-biliary |  |  |  |  |
| Other (specify) |  |  |  |  |

**Adenocarcinoma subtype diagnosis: ………………………………………………….**

Any further comments especially for assessment of poorly differentiated malignancy: ………………………………………………………………………………………………………