Retinoblastoma

Protocol applies to retinoblastoma only.

Protocol revision date: January 2005
Based on AJCC/UICC TNM, 6th edition

Procedures
• Cytology (No Accompanying Checklist)
• Biopsy (No Accompanying Checklist)
• Resection (Globe)

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Retinoblastoma • Ophthalmic

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The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the “Surgical Pathology Cancer Case Summary (Checklist)” portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.
Summary of Changes to Checklist(s)

Protocol revision date: January 2005

No changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision
Surgical Pathology Cancer Case Summary (Checklist)

Protocol revision date: January 2005
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RETINOBLASTOMA: Enucleation, Partial or Complete Exenteration

Patient name:
Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC

Specimen Type
___ Enucleation
___ Limited exenteration
___ Complete exenteration
___ Other (specify): ____________________________
___ Not specified

Laterality
___ Right
___ Left
___ Not specified

Specimen Size

For Enucleation
Anteroposterior diameter: ___ mm
Horizontal diameter: ___ mm
Vertical diameter: ___ mm
Length of optic nerve: ___ mm
Diameter of optic nerve: ___ mm
___ Cannot be determined (see Comment)

For Exenteration
Greatest dimension: ___ cm
*Additional dimensions: ___ x ___ cm
___ Cannot be determined (see Comment)

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Tumor Site and Extent
(macroscopic examination/transillumination) (check all that apply)
___ Cannot be determined
___ Superotemporal quadrant of globe
___ Supronasal quadrant of globe
___ Inferotemporal quadrant of globe
___ Inferonasal quadrant of globe
___ Anterior chamber
___ Extrascleral extension
___ Optic nerve

Tumor Basal Dimensions on Transillumination
___ Cannot be determined
Size: ___ x ___ mm

Tumor Dimensions After Sectioning
___ Cannot be determined
Base at cut edge: ___ mm
Height at cut edge: ___ mm
Maximal tumor height: ___ mm

Tumor Location After Sectioning:
___ Cannot be determined
Distance from anterior edge of tumor to limbus at cut edge: ___ mm
Distance of posterior margin of tumor base from edge of optic disc: ___ mm

Tumor Involvement or Gross Pathology of Other Ocular Structures
(check all that apply)
___ Cannot be determined
___ Optic disc
___ Choroid minimal (Bruch’s membrane destroyed by 3 or less microscopic cell clusters without deeper penetration)
___ Choroid, massive (anything beyond minimal)
___ Vitreous
___ Retinal detachment
___ Ciliary body
___ Iris
___ Lens
___ Anterior chamber
___ Angle
___ Sclera
___ Cornea

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MICROSCOPIC

Histologic Features (check all that apply)
___ Cannot be determined
___ Undifferentiated
___ Differentiated
   *___ Homer Wright rosettes
   *___ Flexner-Wintersteiner rosettes
   *___ Fleurettes
___ Necrotic

Growth Pattern
___ Cannot be determined
___ Endophytic
___ Exophytic
___ Combined exophytic/endophytic
___ Diffuse

Extent of Optic Nerve Invasion
___ Cannot be determined
___ None
___ Anterior to lamina cribrosa
___ At lamina cribrosa
___ Posterior to lamina but not to end of nerve
___ To cut end of optic nerve

Involvement of Other Structures (check all that apply)
___ Cannot be determined
___ Choroid
___ Vitreous
___ Sclera
___ Vortex vein
___ Iris
___ Other(s) (specify): ____________________________

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Pathologic Staging (pTNM)

Primary Tumor (pT)
___ pTX: Primary tumor cannot be assessed
___ pT0: No evidence of primary tumor
___ pT1: Tumor confined to the retina, the vitreous, or subretinal space. No optic nerve or choroidal invasion
pT2: Minimal invasion of the optic nerve and/or optic coats
___ pT2a: Tumor invades optic nerve up to, but not through, the level of the lamina cribrosa
___ pT2b: Tumor invades choroid focally
___ pT2c: Tumor invades optic nerve up to, but not through, the level of the lamina cribrosa and invades the choroid focally
pT3: Significant invasion of the optic nerve and/or optic coats
___ pT3a: Tumor invades optic nerve through the level of the lamina cribrosa but not to the line of resection.
___ pT3b: Tumor massively invades the choroid
___ pT3c: Tumor invades the optic nerve through the level of the lamina cribrosa but not to the line of resection and massively invades the choroid
___ pT4: Extraocular tumor extension that includes any of the following: invasion of optic nerve to the line of resection; invasion of orbit through the sclera; extension both anteriorly or posteriorly into the orbit; extension into the brain; extension to, but not through, the chiasm; extension into the brain beyond the chiasm

Regional Lymph Nodes (pN)
___ pNX: Regional lymph nodes cannot be assessed
___ pN0: No regional lymph node metastasis
___ pN1: Regional lymph node metastasis

Distant Metastasis (pM)
___ pMX: Cannot be assessed
pM1: Distant metastasis
___ pM1a: Bone marrow
___ pM1b: Other sites
*Specify site(s), if known: _______________________

Margins (check all that apply)
___ Cannot be assessed
___ No tumor at margins
___ Tumor present at surgical margin of optic nerve
___ Extrascleral extension (for enucleation specimens)
___ Other margin involved
   Specify: _______________________

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**Additional Pathologic Findings (check all that apply)**

*___ None identified
*___ Calcifications
*___ Mitotic rate: Number of mitoses per 40x objective with a field area of 0.152 mm²: ___
*___ Necrosis
*___ Apoptosis
*___ Basophilic vascular deposits
*___ Inflammatory cells
*___ Hemorrhage
*___ Neovascularization (specify site): ________________________
*___ Other (specify): __________________________

*Comment(s)*

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