**Appendix C Reporting proforma for ocular retinoblastoma**

Surname: Forenames: Date of birth: Sex: M / F

Hospital: Hospital no: NHS/CHI number: …………………….

Date specimen taken: Date of receipt: Date of reporting: ……………………..

Report no: Pathologist:

Surgeon:

# MACROSCOPIC DESCRIPTION

**Specimen type**: Enucleation □ Partial exenteration □ Complete exenteration □
 Other □…………….

**Site**: Left eye □ Right eye □

After sectioning:

**Number of tumour foci**: Unifocal □ Multifocal □ Cannot be assessed □

**Site of tumour:** Clock hours:………………………………………………………………………………

**Ocular structures involved**

Anterior chamber □ Iris □ Angle □ Ciliary body □ Vitreous □

Optic disc □ Choroid □ Sclera □ Extraocular spread/orbit □ Cannot be assessed □

# MACROSCOPIC COMMENTS

# HISTOLOGY

**Retinoblastoma present:** Yes □ No □

**Retinocytoma present:** Yes □ No □

**Structures involved by tumour:**

|  |  |  |
| --- | --- | --- |
| **Anterior chamber/iris/trabecular meshwork/Schlemm’s canal invasion:** | Present □ (pT2b) | Not identified □ |
| **Focal choroidal invasion:** | Present □ (pT2a)  | Not identified □ |
| **Massive choroidal invasion:**  | Present □ (pT3a)  | Not identified □ |
| **Scleral invasion**: | Yes, Inner two-thirds □ (pT3c)Yes, Outer third/full thickness □ (pT3d) | Not identified □ |
| **Invasion into or around emissary channels:** | Present □ (pT3d) | Not identified □ |
| **Extrascleral/orbit invasion (pT4):** | Present □ | Not identified □ |

**Number of tumour foci:** Unifocal □ Multifocal □ Cannot be assessed □

**Optic nerve invasion:** Present □ Not identified □

 *If optic nerve invasion present:*

 Degree of optic nerve invasion: Pre-laminar (pT2a) □ Laminar (pT2a) □ Post-laminar (pT3b) □

 Optic nerve resection margin: Involved (pT4) □ Not involved □

 Meningeal space: Involved (pT4) □ Not involved □

**Resection margins (for exenterations):**

 Involved □ Not involved □ Cannot be assessed □ Not applicable □

# HISTOLOGY COMMENTS

**Pathological staging pT pN pM (TNM 8th edition)**

**SNOMED codes T………../ M…………**

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