**Appendix D2 Reporting proforma for regional lymph nodes associated with cutaneous melanoma**

Surname……………………… Forenames………………….… Date of birth…………….. Sex…....

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

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

Pathologist……….…………… Surgeon………………….……. Date of surgical procedure ………..

**Clinical data**

Clinical site:Axillary Inguinal Other

Laterality:\*Right Left

Clinical nodal status Clinically occult (SLNB/completion lymphadenectomy) or

Clinically detected (therapeutic lymphadenectomy) or

Clinical status unknown

**Macroscopic description**

**Sentinel lymph node biopsy**

Dimensions of overall specimen …… mm x ......mm x .....mm

Macroscopic abnormality present: Not identified Yes If yes: maximum dimension\*........mm

Uncertain

Dye seen in tissue: Not identified Yes

Localising marker: Not identified Yes If yes: details..................

**Lymphadenectomy**

Dimensions of specimen …….mm x .....mm x ......mm

Macroscopic abnormality present: Not identified Yes If yes: maximum dimension\*........mm

Uncertain

Localising marker: Not identified Yes If yes: details........................

Matted nodes (stage pN3b) Not identified Yes Uncertain

**Histological data for nodes associated with cutaneous melanoma**

**Sentinel lymph node biopsy (clinically occult)**

Number of sentinel nodes identified\* …..….

Number of nodes involved\* ………

For each positive node:

Location and pattern of deposit(s)

Subcapsular only No Yes

Parenchymal

Localised (≤3) No Yes

Multifocal (>3) No Yes

Tumour burden (maximum dimension of largest tumour deposit)

<0.1 mm Yes ................... or

0.1–1.0 mm (to nearest 0.1 mm) ..................mm or

>1 mm (to nearest whole integer) ...................mm

Extranodal/capsular extension No Yes Uncertain

**Completion lymphadenectomy (clinically occult)**

Number of nodes identified\* …..…

Number of nodes involved\* …..…

Highest/most apical node involved: No Yes Not identified clinically

Extranodal/capsular extension No Yes Uncertain

Margin of specimen Involved Not involved Uncertain Not applicable

**Therapeutic lymphadenectomy (clinically detected)**

Number of nodes identified\* …..…

Number of nodes involved\* …..…

Highest/most apical node involved: No Yes Not identified clinically

Extranodal/capsular extension No Yes Uncertain

Margin of specimen Involved Not involved Uncertain Not applicable

**pTNM pN**\***…. (UICC TNM 8)** (NB: Need to summate SLNB and lymphadenectomy positive nodes)

**SNOMED codes**\* **……………..**

**Comments**

**Pathologist…………………………………….... Date………………………..**

*Notes:*

\*Data items that are currently part of the Cancer Outcomes and Services Dataset (COSD) version 8.