



Psdt Carcinoma Paratiroideo

Allegato 3 : Modello di refertazione patologica per il carcinoma paratiroideo

**Gruppo di Studio Tumori della Tiroide e delle ghiandole endocrine
Rete Oncologica Piemonte e Valle d'Aosta**

A cura del gruppo Patologi del GdL 2024:

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REFERTAZIONE DIAGNOSTICA STANDARDIZZATA sec. LINEE GUIDA WHO

Il referto dovrebbe includere le seguenti informazioni:

DATI CLINICI: non disponibili/ipertiroidismo (primario, secondario, terziario)/pregressi interventi alle paratiroidi (specificare)/anamnesi familiare rilevante (specificare)/presenza di sindromi cliniche (specificare)/altro (specificare)

TIPO DI INTERVENTO CHIRURGICO: non specificato/paratiroidectomia di singola ghiandola/paratiroidectomia en bloc con lobo tiroideo/altri tipi di campionamento di paratiroidi (monolaterale o bilaterale)/linfadenectomia (specificare)/tessuti molli del collo (specificare)/altro (specificare)

CAMPIONI INVIATI

SEDE DEL TUMORE: ghiandola paratiroide sinistra (superiore-inferiore)/ghiandola paratiroide destra (superiore-inferiore)/intratiroidea/mediastinica/altro (specificare)

PESO DEL CAMPIONE

DIMENSIONI DEL TUMORE

ISTOTIPO sec. WHO: tumore paratiroideo atipico/carcinoma

GRADO ISTOLOGICO DELLA NEOPLASIA: (non raccomandato sec WHO 5° ed)

ESTENSIONE DELL'INVASIONE: non valutabile/tumore confinato alla paratiroide senza invasione capsulare tumorale/invasione della capsula tumorale/invasione dei tessuti molli periparatiroidi/invasione di altre strutture (specificare: nervo laringeo ricorrente, ghiandola tiroide, esofago, muscolo scheletrico, altro)

INVASIONE VASCOLARE EMATICA: assente/presente

INVASIONE VASCOLARE LINFATICA: assente/presente

INVASIONE PERI-NEURALE: non identificata/presente

NECROSI: non identificata/presente

CONTA MITOTICA /2 mm²:

MARGINE CHIRURGICO: indenne R0 (specificare la distanza minima dal margine più vicino in mm)/infiltrato (tumore adiacente al margine R1, sezionato-frammentato-rotto R2 –specificare le strutture adiacenti o coinvolte)/non valutabile (specificare)

STATUS LINFONODALE: linfonodi non inviati o non reperiti/numero di linfonodi esaminati e quanti coinvolti (se presenti)

ALTRI REPERTI: non identificati/presenti (altri nella stessa ghiandola paratiroide della neoplasia, altro-specificare)/tessuto di altra ghiandola paratiroide inviata (normale, ipercellulare-specificare, altro-specificare)

METODICHE ANCILLARI: non eseguite/eseguite con risultato espresso per tutti i marcatori testati; tra questi **Bertone Fabio, Bondi Stefano, Borasi Andrea, Bosso Maria Chiara, Bossotti Maurizio, Brunetti Marco, Caracciolo Alessandra, Cavalot Andrea Luigi, Cestino Luca, Gervasio Carmine Fernando, Girauda Giorgio, Landra Marino, Lauro Corrado, Lettini Ivan,**

Magnano Mauro, Nardo Matteo, Pileci Stefano, Quaglini Francesco, Ricci Eugenia, Scardilli Marcella

, desiderabili sec WHO 5° ed: Ki-67 (MIB1), parafibrina, e galec **Bertone Fabio, Bondi Stefano, Borasi Andrea, Bosso Maria Chiara, Bossotti Maurizio, Brunetti Marco, Caracciolo Alessandra, Cavalot Andrea Luigi, Cestino Luca, Gervasio Carmine Fernando, Giraudo Giorgio, Landra Marino, Lauro Corrado, Lettini Ivan, Magnano Mauro, Nardo Matteo, Pileci Stefano, Quaglini Francesco, Ricci Eugenia, Scardilli Marcella**

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METASTASI A DISTANZA CONFERMATE CON ESAME ISTOLOGICO: non identificate/non valutate/presenti (specificare la sede)

STAGING ANATOMO-PATOLOGICO (sec. AJCC TNM 8th edition)

Tempo massimo stimato per la consegna del referto istologico: 4 settimane.

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