NDRS
NATIONAL DISEASE REGISTRATION SERVICE

NHS England

Cancer Outcomes and Services Dataset (COSD)

Pathology User Guide v5.1.4

About the NDRS

The National Disease Registration Service (NDRS) is part of NHS England. Its purpose is to collect, collate and analyse data on patients with cancer, congenital anomalies, and rare diseases. It provides robust surveillance to monitor and detect changes in health and disease in the population. NDRS is a vital resource that helps researchers, healthcare professionals and policy makers make decisions about NHS services and the treatments people receive.

The NDRS includes:

- the National Cancer Registration and Analysis Service (NCRAS) and
- the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS)

Healthcare professionals, researchers and policy makers use data to better understand population health and disease. The data is provided by patients and collected by the NHS as part of their care and support. The NDRS uses the data to help:

- understand cancer, rare diseases, and congenital anomalies
- improve diagnosis
- plan NHS services
- improve treatment
- evaluate policy
- improve genetic counselling

NDRS
NATIONAL DISEASE REGISTRATION SERVICE

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NHS England

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Version Control

Version	Date	Brief Summary of Change	Editors
Version 5.0.1 Final	08 September 2023	– New user guide to support COSD Pathology v5.0.1 (DAPB1521 Amd89/2022)	Andrew Murphy
Version 5.1.0	04 December 2023	v5.1.0 includes new choices within the following sections: * Gynaecological * Sarcoma * Skin * Urological This will enhance the data quality and prevent incorrect data being submitted on the wrong pathology report. Updated description for Gleason Grade pUR15360 + pUR15380	Andrew Murphy
Version 5.1.1 Final	20 November 2024	– Update to Appendix A (pg118)	Andrew Murphy
Version 5.1.2 Final	19 February 2025	– Updated instructions on recording pBR4180 (pg41) and pBR4210 (pg42)	Andrew Murphy
Version 5.1.3 Final	01 August 2025	– Updated broken URLs throughout the user guide	Andrew Murphy
Version 5.1.4 Final	27 March 2026	– Corrected error in online html user guide to Appendix A (table A2)	Andrew Murphy

Executive summary

Cancer Outcomes and Services Dataset – pathology v5.0 release (April 2024)

This user guide is one of a suite of documents to aid users in implementing the COSD Information Standard (DAPB1521 Amd89/2022). It includes all the pathological data items in COSD, together with definitions, formats, codes and values and additional guidance on collection and implementation. These documents can be found by selecting COSD in the data sets section of the NDRS website.

This User Guide is aligned with and should be read in conjunction with version 5.0.1 Final of the data set, published in the data sets section of our website.

This revised version of the User Guide incorporates some amendments to the data set, an extension of scope and a revision of the current schema specification to continue to meet the business objectives of the standard.

Ongoing linkage with the Royal College of Pathologists (RC Path) 'Core' data sets is vital and continues to be a priority to ensure clinical accuracy. This data set was reviewed by the chair of the Royal College of Pathologists Working Group on Cancer Services.

Working closely with the college is vital to ensure that COSD maps exactly to their specified data items and names. This will ensure that there is no burden on the histopathologists in recording these data and reduces the burden on reporting for system suppliers to an absolute minimum, as they can map directly from their main tables to the export reports required for COSD.

It is important that where a Trust originally records a patient as having cancer and a record is sent during routine data uploads, but this diagnosis changes to a non-registerable condition, that NDRS is immediately informed of this decision. Due to the complex way cancer information systems are designed, this change of status will not be sent automatically within the next available upload of data.

A COSD Advisory Board including Trust level representation continues to help manage change and reports directly to the COSD Governance Board. The purpose and remit of the COSD Advisory Board, is to review and assess proposed changes to COSD, and make recommendations to the COSD Governance Board for further discussion and consideration before approval or rejection of any change request is made.

The COSD advisory board's role is to understand and balance the effect of any changes to the data sets within NHS Trust organisations collecting, quality assuring and reporting

high quality cancer data, but also the impact of change on the NDRS functions, and other users of the data.

The Governance Board is made up of an independent chair, the COSD data set Senior Responsible Officer, the COSD data set development sponsor and senior managers from NDRS and from Cancer Alliances. In addition, the NHSE National Clinical Director for Cancer is an advisor to the Governance Board and kept informed by receiving official board minutes and consulted on relevant topics.

Transition to NHSD and NHSE

NDRS transition to NHS Digital (NHSD)

On 01 October 2021 responsibility for the National Disease Registration Service transferred to NHS Digital from Public Health England (PHE). This transfer was part of the government's reforms to the public health system announced in March 2021 and means that NHS Digital is now the data controller for data collected by NDRS under data protection law.

Bringing together NDRS' and NHS Digital' data and technical expertise will provide significant benefits for patients, clinicians, and the wider health and social care system.

NHSD transition to NHS England (NHSE)

Building on the huge progress made on digital transformation during the pandemic, NHSD and NHSX have merged into NHS England.

The decision by the Secretary of State for Health and Social Care to accept the recommendations of Laura Wade-Gery, Chair of NHS Digital and a non-executive director at NHS England, was announced on Monday 22 November 2021. Find out more about the Laura-Wade Gery report on GOV.UK.

Responsibility for the National Disease Registration Service and NHS Digital transferred to NHS England on 01 February 2023.

The impact on COSD

We would like to confirm that the changes to NHS Digital, will have had no impact on the COSD data sets. Submissions of your monthly data will remain unchanged, and we will keep you updated on any developments going forward.

Please contact your Regional Liaison Manager if you're having difficulties.

Collecting and submitting COSD Pathology data

What is COSD?

The Cancer Outcomes and Services Data set (COSD) is a compiled data set which provides the standard for secondary uses information required to support national cancer registration and associated analysis (at local, regional, national, and international level), as well as other national cancer audit programmes.

COSD provides the standard for secondary uses and consists of:

- a set of individual data items, with their definitions
- the assemblage of these data items into tumour specific discrete data sets
- the means of flowing the data items
- compilation of the data items into two reconciled data sets
    - Patient Pathway
    - Pathology

The COSD data sets relate to all cancer patients, both adult and paediatric, in acute inpatient and outpatient settings delivered or commissioned by the NHS.

Providers of cancer services have been required to provide a monthly return on all cancer patients diagnosed from 01 January 2013 using this data set. Data are collated via the National Disease Registration Service (NDRS) local offices, and formal mechanisms for transmission of data from Providers to NDRS have been extended to carry the COSD data set.

More information can be found on the change specification, requirements specification and implementation guidance on the NHS England website.

Find out more on COSD on the data set pages of the NDRS website.

Why is it needed?

Periodically we needed to revise the COSD to ensure that we meet the current information requirements for the NHS.

The 'NHS Long Term Plan' aims to save thousands of lives each year by dramatically improving how we diagnose and treat cancer. The ambition is that by 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis.

The need to have strong cancer data collection, empowers NHS England to enforce this through the mandate of data collections. These data will be the base for cancer analysis and research for the next 5 years.

Which diagnoses apply to COSD pathology v5.0?

There is a full list/ranges of registerable SNOMED codes in Appendix A – SNOMED codes for primary diagnoses. Further guidance is available from your local NDRS office.

All conditions represented by all versions of SNOMED morphology codes (prior to CT) beginning M8 and M9 are registerable if the last digit of the code is in the range 1 to 9.

Unfortunately, there is no simple rule (like M8* etc) to identify registerable diseases using SNOMED CT codes. The codes used must therefore be compared to explicit lists of registerable codes, these are contained in 6 clusters.

More specific guidance around recording SNOMED CT, using these clusters, is available in Appendix A.

What data items should be completed?

All registerable conditions should be reported as defined in Appendices A and B. This includes submitting all pathology reports for these cases.

In addition to the core data set, most cases will also require a site specific data set to be completed. Ongoing linkage with the Royal College of Pathologists (RCPath) 'Core' data sets is vital and continues to be a priority to ensure clinical accuracy. This data set was reviewed by the chair of the RCPath Working Group on Cancer Services.

The 'Core Linkage' items are Mandatory and must be submitted for all records. (Please note that the core linkage for pathology differs from the main COSD linkage items.) All other applicable data in each section marked as 'required' should be submitted for each record as soon as available.

How is pathology collected?

There is a specific schema for reporting COSD pathology data items. These data should be reported by the pathologist, directly from their Laboratory Information Management Systems (LIMS) and sent to the NDRS (from the pathology department) in structured COSD XML.

It is not expected therefore that MDT Coordinators or other non-clinical staff, should attempt to read and transcribe these reports and information into COSD. To support this

commitment in reducing the burden of data collection, all pathology data items were removed from COSD v9 and only available in the COSD Pathology data set.

When should the data be submitted?

The extraction criteria are based solely on the date authorised field.

The deadline for submitting a pathology report/record is 25 working days after the end of each month and should only be submitted once the pathologist has finished assessing each sample and authorises the report.

It is acceptable for pathology records to be submitted quicker than 25 working days, and in some cases are submitted in real-time as the pathologist authorises each report using the direct submission method through the NDRS API portal.

Find the reporting submission schedule on the COSD data set pages, on the NDRS website.

Other guidance documentation

This User Guide provides additional information to support the COSD Specification and should also be used in conjunction with the COSD Pathology v5.0 data set. Technical guidance and implementation guidance documents are provided separately. Find all COSD supporting documentation on the COSD data set pages on the NDRS website.

Feedback and queries

Feedback and suggestions for future changes can be made using the online COSD change request form.

Questions relating to the COSD are welcomed and should be emailed to: nhsdigital.COSDenquiries@nhs.net.

Using this guide

This COSD Pathology User Guide document provides additional information to support the COSD Specification and should also be used in conjunction with the COSD Pathology data set v5.0.

During the development of COSD Pathology v5, things may have changed as follows:

- moved data items:
  - all data items that have moved within the data set since the last version will be indicated using bullet points following each data item description
- new data items:
  - all new data items or those with a new description or attribute in an existing data item, are indicated throughout the user guide in bullet points following each data item description
  - in some data items this may also indicate a change in the data item number, format, or schema specification
- deleted data items:
  - these will be indicated using bullet points following each section table

Find the technical guidance and implementation documents on the COSD data set pages of the NDRS website.

Note:

- all changes are also clearly documented within the 'Change Log' of the data set document

Layout of the user guide

The guide includes a generic chapter for 'Core' data set items followed by individual chapters for each of the site specific data sets applicable to each tumour group.

Schema specification

Mandatory:

- the 'Core' linkage items are 'mandatory' and must be submitted for all records
- it is vital that these are always available so that the correct information can be linked to the right patient and the correct tumour
- a record will not be able to be submitted if any mandatory data item is missing
- these records should not be added to the main file otherwise the whole file will fail the schema

Required:

- most other data-items are set as 'required', this means that if they are applicable to the reported tumour or patient pathway they must be completed and treated as a mandatory item
- not every data-item however will be applicable to every patient or tumour, by using 'required', this allows for a more accurate and inclusive collection of data
- therefore, all applicable data in each section marked as 'required' must be submitted for each record as soon as available

Optional:

- there are a few data-items that are optional, any Trust can submit these data, but there is no requirement to enforce this data collection at this point
- all optional data-items are under review and may change in future version controls of COSD

Pilot:

- there are no pilot data items in v5

Meaning of 'Not Known' value:

- 'Not known' includes both 'not recorded' and for example 'test not done', this is usually coded 9 or 99 (depending on the data item format)

Key to data item tables

All data items are documented as follows:

- data item number:
  - the reference number for the COSD data item
  - all pathology data items have a prefixed 'p', all other data items remain interoperable with the main COSD data set
- data Item section:
  - the section in which the data item appears
- data item name:
  - the name of the data item
  - please refer to the data set and/or schema for the data dictionary names
- format:
  - the format required for submission of the data item
- schema specification (M/R/O/X/P):
  - the detailed schema for submission of the data is included in the Technical Guidance
  - this column identifies whether items are required for the extract to pass validation rules when submitted in XML format
  - note that all applicable data should be submitted as soon as possible
  - find a detailed explanation of each schema type in the schema specification section

National codes

Where there is a defined list of values for a data item, the code appears on the left of the table and the definition appears on the right, as shown in the example tbl-1 below.

tbl-1

National Code	National Code Definition
1	1 to 3
2	4 or more
U	Number uncertain

Demographics

Demographic details are required for every record to ensure that the correct patient can be identified, and information can be correctly linked.

The demographics section should be completed by every Provider the first time a record is submitted.

There will only be one demographics section completed for each record. Demographic linkage items will be required each time the record is submitted. Almost all patients should have an NHS Number, and this should always be included where available. For those who do not have an NHS Number, the hospital number ('Local Patient Identifier') must be provided.

Diagnosis

Both 'Topography' and 'Morphology' (SNOMED and/or ICD) must be completed for all cases.

Pathology

Pathological diagnosis and grade (where applicable) are recorded on biopsies and may be amended after surgical resection (if appropriate), when pathological staging should also be available. Full text pathology reports should always be submitted.

Linkage data items

To ensure that records submitted can be linked appropriately some key data fields must be completed for each record submitted. These are shown in the Core Linkage section. For pathology records this includes both Patient Identity and Pathology details, there will be 1 linkage section completed each time the record is submitted.

CORE

These data items will be applicable to most tumours and specimens reported by the histopathologist. Where these are mandatory they must be completed, however most data items are required, as such 'if they are applicable to the specimen being reported' they must be reported.

Note:

- it is important to refer to the pathology user guide if reporting pathology direct from the LIMS as there are different linkage items required

CORE – Linkage

These items are Mandatory for every record and are necessary to link patient records.

To ensure that records submitted can be linked appropriately, some key data fields must be completed for each record submitted. These are shown in the 'CORE Linkage' section.

There will be one linkage section completed each time the record is submitted.

CORE – Patient Identity Details

The following 'Core - Linkage' Identifier section must be provided per record (1..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
CR0010	NHS Number	n10	M*
CR0020	Local Patient Identifier	min an1 max an20	M*
CR1350	NHS Number Status Indicator Code	an2	M
CR0100	Person Birth Date	an10 ccyy-mm-dd	M
CR0030	Organisation Identifier (Code of Provider)	min an3 max an5	M

***** A combination of either 'NHS Number' and/or 'Local Patient Identifier' are mandatory for the schema. Both can be submitted, but a record cannot be submitted without at least one of these data items.

NHS Number

The 'NHS Number' is a unique identifier for a patient within the NHS in England and Wales. This will not vary between any organisations of which a person is a patient.

Notes:

- almost all patients should have an NHS Number, and this should always be included where available
- for those who do not have an NHS Number, the hospital number (Local Patient Identifier) must be provided

Local Patient Identifier

For linkage purposes, 'NHS Number' and/or 'Local Patient Identifier' are required. This is a number used to identify a patient uniquely within a health care provider. It may be different from the patient's case note number and may be assigned automatically by the computer system.

NHS Number Status Indicator Code

The 'NHS Number Status Indicator Code' indicates the verification status of the NHS number provided.

National Code	National Code Definition
01	Number present and verified
02	Number present but not traced
03	Trace required
04	Trace attempted - No match or multiple match found
05	Trace needs to be resolved (NHS number or patient details conflict)
06	Trace in progress
07	Number not present and trace not required
08	Trace postponed (baby under 6 weeks old)

Person Birth Date

The date on which a person was born or is officially deemed to have been born. This should be automatically linked via your local PAS or EPR system when you create a record for the first time.

Organisation Identifier (Code of Provider)

The 'Organisation Identifier' of the organisation acting as a health care provider (an6 not applicable to COSD). This is the 3 or 5-digit code of the organisation submitting the report.

Notes:

- there is a new code structure (ANANA) for new organisation identifiers allocated by ODS from 01 September 2020 onwards
- codes issued prior to this date will not be converted
- details of changes to ODR codes can be found on the ODS Portal

CORE – Demographic Details

Demographics

Demographic details are required for every record to ensure that the correct patient can be identified, and information can be correctly linked. The demographics section should be completed by every Provider the first time a record is submitted.

There will only be one demographics section completed for each record. Demographic linkage items will be required each time the record is submitted.

It is anticipated that some of the demographic data items listed below will be collected by every provider with which the patient has contact. Where this information is exchanged, the appropriate data item name should be used.

May be up to one occurrence per record (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
CR0050	Person Family Name	max an35	R
CR0060	Person Given Name	max an35	R
CR0070	Patient Usual Address (at Diagnosis)	an175 (5 lines each an35)	R

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
CR0080	Postcode of Usual Address (at Diagnosis)	max an8	R
CR3170	Person Stated Gender Code	an1	R

Person Family Name
That part of a person's name which is used to describe family, clan, tribal group, or marital association.

Person Given Name
The forename(s) or given name(s) of a person.

Patient Usual Address (at Diagnosis)
The patient usual address of the patient at the time of patient diagnosis.

Postcode of Usual Address (at Diagnosis)
The postcode of usual address of the patient at the time of patient diagnosis.

Person Stated Gender Code
Person's gender as self-declared (or inferred by observation for those unable to declare their ‘Person Stated Gender’).

National Code	National Code Definition
1	Male
2	Female
9	Indeterminate (Unable to be classified as either male or female)
X	Not known (‘Person Stated Gender Code’ not recorded)

CORE – Pathology

As of January 2016, all pathology should be submitted to the NDRS in structured xml. These reports will include all the data as prescribed below and would be submitted to the NDRS directly from the pathology 'Laboratory Information Management Systems' (LIMS). Once the pathologist has completed and signed off (authorised) each report, they can be submitted either individually or as a monthly batch of data. There is a separate pathology schema for submissions which come directly from the pathology LIMS.

There is no expectation therefore for providers to double enter these data by non-clinical MDT coordinators trying to read a complex pathology report and transcribe the relevant information correctly into their local cancer information system. As a result, all pathology data items have been removed from the main COSD data set and can only be reported via the pathology departments and this data set.

Pathological diagnosis and grade (where applicable) are recorded on biopsies and may be amended after surgical resection (if appropriate), when pathological staging should also be available. Full text pathology reports should be submitted to include these data items if structured coded extracts are not available. In addition, there may be more than one pathology section completed for each record.

To carry the pathology details. The core data set includes general pathological items which are applicable to all tumour sites unless otherwise stated, and site specific pathology items (relating to stage components). These core and site specific items are a subset of the RCPath cancer data sets which have been approved as professional standards by the college.

All the data items across the data set have been aligned exactly with the 'RC Path – Core' pathology data items. This has created additional changes to both data item names, descriptions and/or the attribute lists, where these were different in COSD. It is expected that these changes will help improve the data quality and ascertainment, whilst reducing the burden of double reporting.

Where structured reporting systems are not available for pathology, it is expected that many of the relevant data items will be included in the free text pathology report.

Important notes:

- all pathology data items are prefixed with a lowercase 'p', for example 'pCR0780'
- these reports should be sent to the NDRS through pre-agreed methods of submission

- the regional 'Data Liaison Managers' can support Trusts with this, and any testing required for new reporting of data
- this is especially important when a new system is implemented, or an upgrade rolled out by a supplier or Trust IT team

A patient may have any number of pathology reports, and there may be more than one pathology report per specimen.

May be multiple occurrences per record (0..*)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR0780	Investigation Result Date	an10 ccyy-mm-dd	M
pCR0950	Service Report Identifier	min an1 max an36	M
pCR6220	Pathology Observation Report Identifier	min an1 max an36	R
pCR0960	Service Report Status	an1	R

Start of section – Consultant (Pathology Test Requested By) Section 0..1

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR7100	Professional Registration Issuer Code - Consultant (Pathology Test Requested By)	an2	M
pCR7120	Professional Registration Entry Identifier - Consultant (Pathology Test Requested By)	min an1 max an32	M

End of Section - Consultant (Pathology Test Requested By)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR0980	Organisation Site Identifier (Pathology Test Requested By)	min an5 max an9	R
pCR1010	Sample Collection Date	an10 ccyy-mm-dd	R
pCR0770	Sample Receipt Date	an10 ccyy-mm-dd	R
pCR0800	Organisation Identifier (of Reporting Pathologist)	min an3 max an5	R

Start of Section - Consultant (Pathologist) Section 0..1

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR7130	Professional Registration Issuer Code - Consultant (Pathologist)	an2	M
pCR7140	Professional Registration Entry Identifier - Consultant (Pathologist)	min an1 max an32	M

End of Section - Consultant (Pathologist)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR0970	Specimen Nature	an1	R

Start of Section - Topography/Morphology SNOMED Section 0..1

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR6990	SNOMED Version (Pathology)	an2	M

Topography/Morphology Choice Choice 1..2

Choice 1

Start of repeating item - Topography (SNOMED) Pathology

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR6410	Topography (SNOMED) Pathology	min an6 max an18	M*

End of repeating item - Topography (SNOMED) Pathology

End of Choice - Choice 1

Choice 2

Start Of Repeating Item - Morphology (SNOMED) Pathology

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR6420	Morphology (SNOMED) Pathology	min an6 max an18	M*

End of repeating item - Morphology (SNOMED) Pathology

End of Choice 2

End of Topography/Morphology Choice

End of Section - Topography/Morphology SNOMED

Start of repeating item - Primary Diagnosis (ICD Pathological)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR0810	Diagnosis (ICD Pathological)	min an4 max an6	R*

End of repeating item - Primary Diagnosis (ICD Pathological)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR0820	Tumour Laterality (Pathological)	an1	R
pCR0760	Pathology Investigation Type	an2	R
pCR1020	Pathology Report Text	max an270000	R
pCR0830	Lesion Size (Pathological)	max n3.max n2	R
pCR0860	Grade of Differentiation (Pathological)	an2	R
pCR0870	Cancer Vascular or Lymphatic Invasion	an2	R
pCR1100	Perineural Invasion	an1	R
pCR0880	Excision Margin	an2	R
pCR1150	Excision Margin (Circumferential)	an1	R
pCR0840	Synchronous Tumour Indicator	an1	R
pCR0890	Number of Nodes Examined	max n3	R
pCR0900	Number of Nodes Positive	max n3	R
pCR1110	Sentinel Lymph Nodes Examined Number	max n2	R
pCR1120	Sentinel Lymph Nodes Positive Number	max n2	R
pCR1130	Post SLNB Completion Lymphadenectomy - Nodes Examined Number	max n2	R
pCR1140	Post SLNB Completion Lymphadenectomy - Nodes Positive Number	max n2	R

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCR6980	TNM Coding Edition	an1	R
pCR6820	TNM Version Number (Pathological)	max an2	R
pCR0910	T Category (Pathological)	max an15	R
pCR0920	N Category (Pathological)	max an15	R
pCR0930	M Category (Pathological)	max an15	R
pCR0940	TNM Stage Grouping (Pathological)	max an15	R
pCR1000	Neoadjuvant Therapy Indicator	an1	R
pCR7000	Ki-67 INDICATOR	an1	R
pCR7010	Ki-67 RESULT	max n3	R
pCR7020	MLH1 Nuclear Expression Intact	an1	R
pCR7030	PMS2 Nuclear Expression Intact	an1	R
pCR7040	MSH2 Nuclear Expression Intact	an1	R
pCR7050	MSH6 Nuclear Expression Intact	an1	R

Note the following data item has been retired from v5.0:

- Microsatellite Instability (MSI) Testing

Investigation Result Date

Record the date on which an investigation was concluded, for example: the date the result was authorised.

Service Report Identifier

A unique identifier of a service report.

Notes:

- it is possible that some legacy data may not have all the required mandatory fields
- the recommendation is for Trusts to update their data to meet the new requirements and improve/enrich their data submissions, or not upload the legacy data items in the new record (if that data is not available)

Pathology Observation Report Identifier

This is the local identifier of an observation report.

Notes:

- this differs from the 'Service Report Identifier' as it identifies the specific RC Path Form used
- multiple of these could be contained within a Service Report (where there are multiple tumours identified/samples taken)

Service Report Status

The status of the service report.

National Code	National Code Definition
1	Final (complete)
2	Preliminary (Interim)
3	Test not available
4	Unspecified
5	Supplementary/second opinion
6	Deleted

Important notes:

- the next 2 data items are a multiple selection group and are mandatory within the group
- there may be one occurrence per 'CORE – Pathology Details' section

Professional Registration Issuer Code – Consultant (Pathology Test Requested By)
This is a code which identifies the professional registration body for the consultant or health care professional who requested the pathology test.

National Code	National Code Definition
02	General Dental Council
03	General Medical Council
04	General Optical Council
08	Health and Care Professions Council
09	Nursing and Midwifery Council

Professional Registration Entry Identifier – Consultant (Pathology Test Requested By)
This is the registration identifier allocated by an organisation for the consultant or health care professional who requested the pathology test.

Organisation Site Identifier (Pathology Test Requested By)
The 'Organisation Identifier' of the organisation site at which the care professional, who requested the diagnostic test request for suspected cancer, is based.

Sample Collection Date
The date that a sample collection takes place or the start of a period for sample collection. This is the same as the date the Sample is taken.

Sample Receipt Date
Date of receipt of a sample by a laboratory.

Organisation Identifier (of Reporting Pathologist)
The 'Organisation Identifier' of the organisation at which the authorising pathologist is based.

Important note:

- the next 2 data items are a multiple selection group and are mandatory within the group. There may be one occurrence per CORE – Pathology Details section

Professional Registration Issuer Code – Consultant (Pathologist)
This is a code which identifies the professional registration body for the consultant or health care professional who authorises the pathology report.

National Code	National Code Definition
02	General Dental Council
03	General Medical Council
04	General Optical Council
08	Health and Care Professions Council
09	Nursing and Midwifery Council

Professional Registration Entry Identifier – Consultant (Pathologist)
This is the registration identifier allocated by an organisation for the consultant or health care professional who authorises the pathology report.

Specimen Nature
The nature of the specimen taken during a clinical investigation.

National Code	National Code Definition
1	Primary tumour
2	Further excision of primary tumour
4	Regional Lymph Nodes
5	Metastatic site other than regional lymph nodes
9	Not known

Note:

- where none of the above options are applicable, 'Not known' maybe selected

Important note:

- the next 3 data items form a section, which has a two choice group, all data items are mandatory within the group.

SNOMED version

The version of SNOMED used to encode 'Morphology (SNOMED) Pathology' and 'Topography (SNOMED) Pathology'.

Note:

- versions of SNOMED prior to SNOMED CT ceased to be licenced by The International Health Terminology Standards Development Organisation (IHTSDO) after April 2017 other than for historical content

National Code	National Code Definition
01	SNOMED II
02	SNOMED 3
03	SNOMED 3.5
04	SNOMED RT
05	SNOMED CT
99	Not Known

Important note:

- the next 2 data items form a 2-choice menu and at least one of the following choices must be provided per submission (1..2)

Choice 1

Topography (SNOMED) Pathology

This is the topographical site of the tumour as categorised by SNOMED International / SNOMED CT, multiple codes may be submitted.

Choice 2

Morphology (SNOMED) Pathology

This is the morphology of the tumour as categorised by SNOMED International / SNOMED CT, multiple codes may be submitted.

Diagnosis (ICD Pathological)

The ICD diagnosis is based on the evidence from a pathological examination, multiple codes may be submitted as it is a repeating data item.

Notes:

- where the ICD10 code only has 3 characters, for example C01, please add "X" as a 'packing digit' to meet the validation rules (such as C01.X, C07.X, C73.X)
- in addition, the reporting format excludes the decimal CXX.X or DXX.X, all xml reports must be recorded as CXXX or DXXX

Tumour Laterality (Pathological)

'Tumour laterality' identifies the side of the body for a tumour relating to paired organs within a patient based on the evidence from a pathological examination.

National Code	National Code Definition
L	Left
R	Right
M	Midline
B	Bilateral
8	Not applicable
9	Not known

Pathology Investigation Type

The type of pathology investigation procedure carried out.

National Code	National Code Definition
CY	Cytology
BU	Biopsy NOS
EX	Excision

National Code	National Code Definition
PE	Partial Excision
RE	Radical Excision
FE	Further Excision
CU	Curettage
SB	Shave Biopsy
PB	Punch Biopsy
IB	Incisional Biopsy
99	Uncertain/other

Pathology Report Text

The full text from the pathology report, which is required by Registries to calculate diagnosis, staging and additional observational findings/details.

Lesion Size (Pathological)

The size in millimetres of the diameter of a lesion, largest if more than one, if the histology of a sample proves to be invasive.

Notes:

- for COSD reporting purposes, this data item can be submitted to 2 decimal places
- this data item is not applicable for Haematology diagnosis
- please see Skin site specific data set for further information on collecting this data item, including the site specific values to be used

Grade Of Differentiation (at Diagnosis)

This is the definitive grade of the Tumour at the time of patient diagnosis.

National Code	National Code Definition
GX	Grade of differentiation is not appropriate or cannot be assessed
G1	Well differentiated
G2	Moderately differentiated
G3	Poorly differentiated
G4	Undifferentiated / anaplastic

Notes:

- the default labels for these fields ("well differentiated", "moderately differentiated" and "poorly differentiated")
- these are nationally assigned 'general' descriptions used within COSD, the correct grade will be applied by the NCRAS upon processing the data
- not required for prostate or testicular cancer or haematological diagnoses

The following mapping table can be used to map other (site-specific) invasive grades, into the main [Grade of Differentiation (At Diagnosis)] field:

Grade	GX	G1	G2	G3	G4
Invasive Grade Breast	n/a	Grade 1	Grade 2	Grade 3	n/a
Colorectal	n/a	Well/Moderately differentiated	n/a	Poorly differentiated	n/a
CNS	n/a	I	II	III	IV
Fallopian Tube, Ovary, Peritoneal	n/a	Low	Intermediate	High	n/a
Neuroendocrine (NET) Tumours	Grade of differentiation is not appropriate	Grade 1 NET	Grade 2 NET	Grade 3 NET or Grade 3 NEC	Not used

Grade	GX	G1	G2	G3	G4
	or cannot be assessed				
Salivary Tumour Grade	n/a	Low	n/a	High	n/a
Sarcoma Histological Tumour Grade	n/a	Low	Intermediate	High	n/a

Cancer Vascular or Lymphatic Invasion

An indication of the presence or absence of unequivocal tumour in lymphatic and/or vascular spaces.

National Code	National Code Definition
NU	No – vascular/lymphatic invasion not present
YU	Yes – vascular/lymphatic invasion present
YV	Vascular invasion only present
YL	Lymphatic invasion only present
YB	Both lymphatic and vascular invasion present
UU	Uncertain whether vascular/lymphatic invasion is present or not
XX	Cannot be assessed
99	Not known

Note:

- this data item is not applicable for Haematological diagnoses

Perineural Invasion

This data item is now centralised in CORE, as this is relevant to many tumours. Is there perineural invasion (invasion into perineurium of nerve bundles- PNI)

National Code	National Code Definition
1	Present
2	Not Identified
3	Uncertain
X	Cannot be assessed
8	Not Applicable
9	Not Known

Excision Margin

An indication of whether the excision margin was clear of the tumour and if so, by how much. Where there is more than one measurement, record the closest or closest relevant margin. Where actual measurements are not taken use options 01, 05 or 06.

National Code	National Code Definition
01	Excision margins are clear (distance from margin not stated)
02	Excision margins are clear (tumour >5mm from the margin)
03	Excision margins are clear (tumour >1mm but less than or equal to 5mm from the margin
04	Tumour is less than or equal to 1mm of excision margin, but does not reach margin
05	Tumour reaches tumour margin
06	Uncertain

National Code	National Code Definition
07	Margin not involved (equal to or greater than 1mm)
08	Margin not involved (less than 1mm)
09	Margin not involved (1 to 5 mm)
98	Not applicable
99	Not Known

Notes:

- codes 07, 08 and 09 are only applicable for skin cancers, they have been included to align with the RCPath data sets for skin diagnoses
- this data item is not applicable for Haematological diagnoses

Excision Margin (Circumferential)

This data item is now centralised in CORE, as this is relevant to many tumours. Identify whether circumferential margin is involved. (Involved equals 1mm or less, not involved equals greater than 1mm).

National Code	National Code Definition
0	Margin not involved
1	Margin involved
8	Not Applicable
9	Not known

Synchronous Tumour Indicator

An indicator of the presence of multiple tumours at a tumour site.

National Code	National Code Definition
Y	Yes, synchronous tumours present
N	No, no synchronous tumours present
9	Not Known

Note:

- this data item is not applicable for Haematological diagnoses

Number of Nodes Examined

The number of local and regional nodes examined.

Note:

- this data item is not applicable for CNS, Haematological or Lung diagnoses

Number of Nodes Positive

The number of local and regional nodes reported as being positive for the presence of tumour metastases.

Note:

- this data item is not applicable for CNS, Haematological or Lung diagnoses

Sentinel Lymph Nodes Examined Number

This data item is now centralised in CORE, as this is relevant to many tumours. Record the number of sentinel lymph nodes examined.

Sentinel Lymph Nodes Positive Number

This data item is now centralised in CORE, as this is relevant to many tumours. Record the number of sentinel lymph nodes positive.

Post SLNB Completion Lymphadenectomy - Nodes Examined Number

This data item is now centralised in CORE, as this is relevant to many tumours. Post Sentinel Lymph Node Biopsy (SLNB) completion lymphadenectomy (not always done), number of nodes examined.

Post SLNB Completion Lymphadenectomy - Nodes Positive Number

This data item is now centralised in CORE, as this is relevant to many tumours. Post Sentinel Lymph Node Biopsy (SLNB completion lymphadenectomy (not always done), number of nodes positive.

Important notes:

- the COSD Core TNM Staging data items below are not applicable for CNS, Gynaecological, Haematological, Skin and most CTYA diagnoses
- see site specific data sets for further information on collecting applicable stage data, including the site specific values to be used for TNM where relevant

TNM Coding Edition

The TNM Coding edition in use.

National Code	National Code Definition
1	UICC (Union for International Cancer Control)
2	AJCC (American Joint Committee on Cancer)
3	ENETS (European Neuroendocrine Tumour Society)

Note:

- European Neuroendocrine Tumour Society (ENTS) v4 has been added to this list of TNM coding editions reportable through COSD, to improve data quality

TNM Version Number (Pathological)

The AJCC, UICC or ENETS version number used for Tumour, Node and Metastasis (TNM) staging used for the pathological examination.

T Category (Pathological)

'T Category (Pathological)' is the code which classifies the size and extent of the primary tumour based on the evidence from a pathological examination.

N Category (Pathological)

'N Category (Pathological)' is the code which classifies the absence or presence and extent of regional lymph node metastases based on the evidence from a pathological examination.

M Category (Pathological)

'M Category (Pathological)' is the code which classifies the absence or presence of distant metastases based on the evidence from a pathological examination.

TNM Stage Grouping (Pathological)

'TNM Stage Grouping (Pathological)' is the code which classifies the combination of tumour, node and metastases into stage groupings based on the evidence from a pathological examination.

Neoadjuvant Therapy Indicator

Indicator of whether the pathological stage was recorded after the patient had received neoadjuvant therapy (i.e. chemotherapy or radiotherapy prior to surgery).

National Code	National Code Definition
Y	Yes
N	No
9	Not known

Note:

- if this is 'Yes' the pathology stage fields should NOT be prefixed with the letter 'y'

Ki-67 Indicator

Indicate if a Ki-67 staining was done on the sample.

National Code	National Code Definition
1	Done and available
2	Done but not available
3	Not done
9	Not Known

Ki-67 Result

Record the percentage of tumour cells that are positive for Ki-67, on a scale of 0 to 100.

MLH1 Nuclear Expression Intact

Is MLH1 immunohistochemistry nuclear expression intact?

National Code	National Code Definition
Y	Yes
N	No
E	Equivocal
F	Test failed
X	Not performed

PMS2 Nuclear Expression Intact

Is PMS2 immunohistochemistry nuclear expression intact?

National Code	National Code Definition
Y	Yes
N	No
E	Equivocal
F	Test failed
X	Not performed

MSH2 Nuclear Expression Intact

Is MSH2 immunohistochemistry nuclear expression intact?

National Code	National Code Definition
Y	Yes
N	No
E	Equivocal
F	Test failed
X	Not performed

MSH6 Nuclear Expression Intact

Is MSH6 immunohistochemistry nuclear expression intact?

National Code	National Code Definition
Y	Yes
N	No
E	Equivocal
F	Test failed
X	Not performed

BREAST - Pathology

This is the site specific section for additional breast cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

May be up to one occurrence per pathology report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pBR4140	Disease Extent	an1	R
pBR4160	DCIS Grade	an1	R
pBR4180	DCIS /Pleomorphic or DCIS Like LCIS Size	max n3.max n2	R
pBR4190	Whole Tumour (Invasive + DCIS) Size	max n3.max n2	R
pBR4200	Metastasis Extent Code	an1	R
pBR4210	Distance to Margin	max n2.max n1	R
pBR4230	ER Allred Score	an1	O
pBR4220	ER Status	an1	R
pBR4300	PR Allred Score	an1	O
pBR4290	PR Status	an1	O
pBR4280	HER2 IHC Score	max an2	R
pBR4310	HER2 ISH Status	an1	R
pBR4240	Cytology (Breast)	an2	R
pBR4250	Cytology (Node)	an3	R

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pBR4260	Core Biopsy (Breast)	min an2 - max an3	R
pBR4270	Core Biopsy (Node)	an3	R

Disease Extent

Disease extent, is the tumour localised or are there multiple invasive foci in the same breast?

National Code	National Code Definition
1	Multiple invasive foci
2	Localised
X	Not assessable

Notes:

- the data item has a new name, previously 'Multifocal Tumour Indicator (Breast)'
- all the national codes and definitions have been updated to meet the 'RCPath Core' data set

DCIS grade

If ductal carcinoma in situ is present, record the DCIS grade. This is the cytonuclear grade.

National Code	National Code Definition
H	High
I	Intermediate
L	Low
X	Not assessable (Cannot be assessed)

DCIS/pleomorphic or DCIS like LCIS Size

Record the size of the non-invasive tumour in mm. This is only required if there is no invasive component.

Notes:

- for COSD reporting purposes, this data item can be submitted to 2 decimal places
- as the new RCPath Breast data set (Nov2024) and proforma definitions do not match those in the current COSD data set, the following advice is given when recording this data item
    - if one or other field (of DCIS size or LCIS size) is completed then send that, but if both are completed, I don't think we can instruct what to do – so probably send neither?
    - this will be corrected in the next version of COSD Pathology

Whole Tumour (Invasive + DCIS) Size

Record the whole size of the tumour (invasive + surrounding DCIS, if DCIS extends >1mm beyond invasive) (mm) (For tumours without a DCIS component this will be the same as 'Invasive Lesion Size').

Note:

- for COSD reporting purposes, this data item can be submitted to 2 decimal places

Metastasis Extent Code

For single node positivity, specify micrometastatic status as follows: Greater than 2mm = Metastases, 2mm to greater than 0.2mm = Micrometastasis, less than or equal to 0.2mm = Isolated tumour cells.

National Code	National Code Definition
2	Micrometastasis
3	Isolated tumour cells (ITCs)
4	Macrometastasis
9	Not known

Distance to Margin

Distance to closest relevant margin (mm). Record the smallest value from the superior, inferior, medial, lateral and nipple margins whether invasive or non-invasive. (For COSD measurement to the nearest mm is sufficient but may be recorded to nearest tenth of mm).

ER Allred Score

ER Allred score (range 0, 2 -8). This is an optional data item, as it is not in the 'RC Path Core' data set.

ER Status

Oestrogen Receptor (ER) status. (A positive score means that oestrogen is causing the tumour to grow, and a negative score means that the tumour is not driven by oestrogen).

National Code	National Code Definition
P	Positive (> or = 1%)
N	Negative (<1%)
X	Not performed

PR Allred Score

Record the PR ALLRED score if known. (Range 0, 2-8). This is an optional data item, as it is not in the 'RC Path Core' data set.

PR Status

Progesterone Receptor Status. Record the PR status if known. This is an optional data item, as it is not in the 'RC Path Core' data set.

National Code	National Code Definition
P	Positive
N	Negative
X	Not performed

HER2 IHC Score

HER2 Immunohistochemical score (Human Epidermal Growth Factor Receptor 2). Where the initial result of this test is "Borderline", a further report will follow with result of the ISH test.

National Code	National Code Definition
N1	Negative (0)
N2	Negative (1+)
B	Borderline (2+)
P	Positive (3+)
X	Not performed

Note:

- the data item has a new name, previously ‘HER2 Status’

HER2 ISH Status

Record the result of the ISH (in situ hybridization) test. This is only required if the initial HER2 status is ‘Borderline’.

National Code	National Code Definition
P	Amplified
N	Non-amplified
B	Borderline
X	Not performed

Note:

- ‘P’ and ‘N’ national code definitions have been updated to meet the ‘RCPath Core’ data set

Cytology (Breast)

Cytology opinion (Breast).

National Code	National Code Definition
C1	Inadequate/unsatisfactory specimen
C2	Benign
C3	Uncertain
C4	Suspicious of malignancy
C5	Malignant

Cytology (Node)

Cytology opinion on axillary lymph node.

National Code	National Code Definition
LC1	Inadequate/unsatisfactory specimen
LC2	Benign
LC3	Uncertain
LC4	Suspicious of malignancy
LC5	Malignant

Note:

- all national codes have been updated to meet the 'RCPath Core' data set

Core Biopsy (Breast)

Needle core biopsy opinion.

National Code	National Code Definition
B1	Unsatisfactory/normal tissue only
B2	Benign
B3a	Uncertain malignant potential without epithelial atypia
B3b	Uncertain malignant potential with epithelial atypia
B4	Suspicious
B5a	Malignant (In situ)
B5b	Malignant (Invasive)
B5c	Malignant (Not assessable)

Core Biopsy (Node)

Needle biopsy opinion on axillary lymph node.

National Code	National Code Definition
LB1	Inadequate/unsatisfactory
LB2	Normal/Benign
LB3	Uncertain
LB4	Suspicious
LB5	Malignant

CENTRAL NERVOUS SYSTEM - Pathology

This is the site specific section for additional central nervous system cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

May be up to one occurrence per Pathology Report (0..1)

Start of repeating item - Molecular Diagnostics Code

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pBA3070	Molecular Diagnostics Code	an2	R*

End of repeating item - Molecular Diagnostics Code

Start of repeating item - Immunohistochemistry Hormone Expression Type

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pBA3150	Immunohistochemistry Hormone Expression Type	an1	R*

End of repeating item - Immunohistochemistry Hormone Expression Type

Molecular Diagnostics Code

Chromosomal or genetic markers associated with the brain tumour. This may involve selection of more than one value for each tumour, as it is a repeating data item.

This table was extensively discussed by the Brain CNS expert group and has been based on the 2016 WHO categories for Molecular Diagnostic Markers.

National Code	National Code Definition
06	Evidence of ALK rearrangement
07	Evidence of native ALK
08	Evidence of ATRX mutation

National Code	National Code Definition
09	Evidence of wt ATRX
10	Evidence of BRAF V600E mutation
11	Evidence of wt BRAF
12	Evidence of KIAA1549-BRAF fusion
13	Evidence of BRAF/RAF1 mutations, or fusions involving genes other than KIAA1549
14	Evidence of C11orf95-RELA fusion
15	Evidence of native C11orf95 and RELA
16	Evidence of amplification or fusion of C19MC locus (chr.19q13.42)
17	Evidence of unaltered C19MC locus (chr.19q13.42)
18	Evidence of CDK4/6 amplification
19	Evidence of CDK4/6 normal copy number
20	Evidence of CDKN2A locus homozygous deletion
21	Evidence of CDKN2A locus normal copy number
22	Evidence of CCND1/2/3 amplification
23	Evidence of CCND1/2/3 normal copy number
24	Evidence of CTNNB1 mutation
25	Evidence of wt CTNNB1
26	Evidence of amplification of EGFR

National Code	National Code Definition
27	Evidence of mutation / rearrangement of EGFR
28	Evidence of unaltered EGFR
29	Evidence of EWSR1-FLI1 fusion
30	Evidence of native EWSR1 and FLI1
31	Evidence of FGFR1 mutation / rearrangement / fusion
32	Evidence of unaltered FGFR1
33	Evidence of H3F3A/H3F3B (H3.3) K27M mutation
34	Evidence of H3F3A/H3F3B (H3.3) wt K27
35	Evidence of H3F3A/H3F3B (H3.3) G34R/V mutation
36	Evidence of H3F3A/H3F3B (H3.3) wt G34
37	Evidence of HIST1H3B K27M mutation
38	Evidence of HIST1H3B wt K27
39	Evidence of HIST1H3C K27M mutation
40	Evidence of HIST1H3C wt K27
41	Evidence of ID2 amplification
42	Evidence of ID2 normal copy number
43	IDH1 (codon 132) or IDH2 (codon 172) mutation identified
44	IDH1 (codon 132) and IDH2 (codon 172) wt confirmed
45	Evidence of KLF4 K409Q and TRAF7 mutations

National Code	National Code Definition
46	Evidence of wt KLF4 and TRAF7
47	Evidence of MAP2K1 mutation
48	Evidence of wt MAP2K1
49	Evidence of MET amplification
50	Evidence of MET normal copy number
51	Evidence of significant MGMT promoter methylation
52	Evidence of unmethylated MGMT promoter
53	Evidence of MYC/MYCN amplification
54	Evidence of MYC/MYCN normal copy number
55	Evidence of NF1 biallelic loss / mutation
56	Evidence of unaltered NF1
57	Evidence of NF2 biallelic loss / mutation
58	Evidence of unaltered NF2
59	Evidence of NKTR fusions
60	Evidence of native NKTR
61	Evidence of PTEN biallelic loss / mutation
62	Evidence of unaltered PTEN
63	Evidence of SDHB or SDHD mutation
64	Evidence of wt SDHB and SDHD

National Code	National Code Definition
65	Evidence of SHH pathway activation
66	Evidence of normal SHH pathway
67	Evidence of inactivation of SMARCB1 (INI1)
68	Evidence of wt SMARCB1 (INI1)
69	Evidence of inactivation of SMARCA4
70	Evidence of wt SMARCA4
71	Evidence of TERT promotor mutation
72	Evidence of wt TERT promotor
73	Evidence of TP53 mutation
74	Evidence of wt TP53
75	Evidence of TSC1 or TSC2 mutation
76	Evidence of wt TSC1 and TSC2
77	Evidence of VHL mutation
78	Evidence of wt VHL gene
79	Evidence of WNT pathway activation
80	Evidence of normal WNT pathway
81	Evidence of WWTR1-CAMTA1 fusion
82	Evidence of native WWTR1 and CAMTA1
83	Evidence of codeletion of chr.1p and chr.19q

National Code	National Code Definition
84	Evidence of total chr.1p loss but normal copy number of chr.19q
85	Evidence of normal copy number of both chr.1p and chr.19q
86	Evidence of monosomy chr.6
87	Evidence of chr.6 normal copy number
88	Evidence of polysomy chr.7
89	Evidence of chr.7 normal copy number
90	Evidence of loss of chr.10 or chr.10q
91	Evidence of chr.10 normal copy number
92	Evidence of loss of chr.22 or chr.22q
93	Evidence of chr.22 or chr.22q normal copy number
98	Other
99	Not Known (Not Recorded)

Immunohistochemistry Hormone Expression Type

Hormone expression by immunohistochemistry. for pituitary adenomas only. This may involve selection of more than one value, as it is a repeating data item.

National Code	National Code Definition
1	ACTH
2	LH
3	FSH

National Code	National Code Definition
4	Alpha-subunit
5	TSH
6	Prolactin
7	Growth Hormone

Note:

- '0 – Non functioning' has been removed from the above table on the advice of subject matter experts (SMEs)

COLORECTAL – Pathology

This is the site specific section for additional colorectal cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

May be up to one occurrence per pathology report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCO5190	Longitudinal Margin Involved	an1	R
pCO5210	Distance to Circumferential Margin	max n2.max n2	R
pCO5260	Plane of Surgical Excision	an1	R
pCO5270	Distance From Dentate Line	max n3.max n2	R
pCO5280	Distance Beyond Muscularis Propria	max n3.max n2	R
pCO5290	Response to Preoperative Therapy	an2	R

Note the following data item has been retired from v5.0:

- Status Of Circumferential Excision Margin
  - this data item is now centralised in CORE [pCR1150], as this is relevant to many tumours

Longitudinal Margin Involved

Record whether the proximal or distal resection margins were involved. If the minimal distance from the cut margin is less than or equal to 1 mm the margin is considered 'involved'.

National Code	National Code Definition
0	Margin not involved
1	Margin involved

National Code	National Code Definition
8	N/A - Not submitted by pathologist
9	Not Known

Notes:

- this data item has a new name, previously 'Positive Proximal or Distal Resection Margin'
- '8 – N/A - Not submitted by pathologist' has been updated to match the RCPath Core data set

Distance to Circumferential Margin

Record the distance from the outer margin of the tumour to the closest non peritonealised circumferential resection margin in mm.

Plane of Surgical Excision

This is the quality of the surgical excision as seen by the pathologist. This grades the resection on its worst plane.

National Code	National Code Definition
1	Mesorectal fascia
2	Intramesorectal
3	Muscularis propria

Distance From Dentate Line

For abdominoperineal excision specimens only. Record the distance of the tumour from the dentate line in mm measured on the gross specimen.

Distance Beyond Muscularis Propria

Maximum distance of spread beyond muscularis propria in mm. If there is doubt about the sites of the muscularis propria estimate the distance as accurately as possible.

Response to Preoperative Therapy

If preoperative therapy was given what was the response.

National Code	National Code Definition
08	No viable cancer cells (TRS 0)
09	Single cells or rare small groups of cancer cells (TRS 1)
10	Residual cancer with evident tumour regression (TRS 2)
11	No evident tumour regression (TRS 3)
97	Not Applicable

CHILDREN TEENAGERS AND YOUNG ADULTS – Renal Pathology (Paediatric Kidney)

This is the site specific section for additional children teenagers and young adult cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

May be up to one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pCT6610	Pre or Intra-Operative Tumour Rupture	an1	R
pCT6620	Anaplastic Nephroblastoma	an1	R
pCT6630	Perirenal Fat Invasion	an1	R
pCT6640	Renal Sinus Invasion	an1	R
pCT6650	Renal Vein Tumour	an1	R
pCT6680	Viable Tumour at Resection Margin	an1	R
pCT6670	Tumour Local Stage (Pathological)	an1	R

Pre or Intra-Operative Tumour Rupture
Is there an indication of whether the Tumour has ruptured based on clinical data provided.

National Code	National Code Definition
Y	Yes
N	No

National Code	National Code Definition
X	Not stated

Note:

- this data item has a new name, previously 'Tumour Rupture'

Anaplastic Nephroblastoma

Is there evidence of anaplasia, focal or diffuse, based on established pathological classification?

National Code	National Code Definition
F	Focal
D	Diffuse
U	Uncertain
N	No

Notes:

- 'D - Diffuse' national code definition has been updated meet the 'RCPath Core' data set
- 'N - No' is a new attribute for v5

Perirenal Fat Invasion

Are there areas of perirenal fat suspected for tumour infiltration?

National Code	National Code Definition
Y	Yes
N	No
U	Uncertain

Renal Sinus Invasion

Is there evidence of invasion of renal sinus by tumour?

National Code	National Code Definition
Y	Yes
N	No
U	Uncertain

Renal Vein Tumour

Is there evidence of tumour thrombus in the renal vein?

National Code	National Code Definition
Y	Yes
N	No
U	Uncertain

Viable Tumour At Resection Margin

Is there evidence of viable tumour in the renal sinus?

National Code	National Code Definition
V	Viable
N	Non-viable
X	Not applicable

Tumour Local Stage (Pathological)

Local stage of the tumour as assessed by pathologist. Classification system used is International Society of Paediatric Oncology (SIOP).

National Code	National Code Definition
1	Stage I
2	Stage II
3	Stage III

GYNAECOLOGICAL – Pathology

This is the site specific section for additional gynaecological cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

Important notice:
To improve the data quality and accuracy of data submitted, a new choice has been added to this section to some tumour groups where applicable. This will allow for only the specific disease data items to be submitted alongside the Core Pathology data items and prevent any accidental addition of other disease specific items in each pathology report submitted.

GYNAECOLOGICIAL - Pathology

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pGY7600	Omentum Involvement	an1	R
pGY7450	Invasive Thickness	max n2.max n2	R

Notes:

- the following data items have been moved to another part of the data set:
  - Fallopian Tube Involvement
    - moved to Gynaecological - Pathology - Fallopian Tube, Ovarian Epithelial and Primary Peritoneal
  - Ovarian Involvement
    - moved to Gynaecological - Pathology - Fallopian Tube, Ovarian Epithelial and Primary Peritoneal
  - Serosal Involvement
    - moved to Gynaecological - Pathology - Endometrial
- the following data items moved within this section:
  - Invasive Thickness
    - moved from Gynaecological - Pathology - Fallopian Tube, Ovarian Epithelial and Primary Peritoneal
- the following data item has been retired from v5
  - Omental Involvement

Omentum Involvement

This is a new data item for v5. Is there involvement of the omentum?

National Code	National Code Definition
Y	Yes
N	No
X	Not Assessable

Invasive Thickness
Record the thickness or depth of the invasive lesion in mm for Cervix and Vulva.

Note:
- this data item has moved in v5 on the advice of the RCPath SMEs

GYNAECOLOGICIAL - Pathology - Fallopian Tube, Ovarian Epithelial and Primary Peritoneal [Choice 1]

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pGY7610	Omental Deposit Size	max n4.max n1	R
pGY7050	Fallopian Tube Involvement	an1	R
pGY7120	Ovarian Involvement	an1	R
pGY7140	Capsule Status	an1	R
pGY7190	Ovarian Surface Involvement	an1	R
pGY7170	Peritoneal Cytology	an1	R
pGY7180	Peritoneal Involvement	an1	R

Notes:
- the following data item has been moved to another part of the data set:
  - Invasive Thickness

        - moved to Gynaecological - Pathology
- the following data items moved within this section:
    - Fallopian Tube Involvement
        - moved from Gynaecological – Pathology
    - Ovarian Involvement
        - moved from Gynaecological – Pathology

Omental Deposit Size

This is a new data item for v5. Record the maximum dimension of largest omental deposit in mm.

Fallopian Tube Involvement

For ovarian/fallopian tube and Primary Peritoneum cancers, is there microscopic involvement of fallopian tubes

National Code	National Code Definition
1	Not involved
2	Right involved
3	Left involved
4	Both involved
X	Not assessable

Ovarian Involvement

For ovarian/fallopian tube and Primary Peritoneum cancers, is there microscopic involvement of ovaries

National Code	National Code Definition
1	Not involved
2	Right involved
3	Left involved
4	Both involved

National Code	National Code Definition
X	Not assessable

Capsule Status
Capsule status of ovaries (record the most severe).

National Code	National Code Definition
1	Intact
2	Disrupted
3	Involved (Tumour on Surface)
X	Not assessable (Fragmented Specimen)

Note:
- Both '3' and 'X' have updated national code definitions

Ovarian Surface Involvement
Is there involvement of the surface of either ovary?

National Code	National Code Definition
Y	Yes
N	No
X	Not Assessable

Peritoneal Cytology
Result of peritoneal cytology.

National Code	National Code Definition
1	Positive
2	Negative
3	Indeterminate
4	Not received

Notes:

- '1', '2' and '3' have updated national code definitions
- 4 – Not received is a new attribute in v5
- 'X' has been retired from v5

Peritoneal Involvement

Is there peritoneal involvement?

National Code	National Code Definition
1	Not Involved
2	Involved
3	Cannot be assessed
8	Not applicable

Notes:

- '1', '2', '3' and '8' are new attributes for v5
- 'N', 'X', 'I' and 'B' have been retired in v5

GYNAECOLOGICIAL - Pathology – Endometrial [Choice 2]

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pGY7130	Serosal Involvement	an1	R
pGY7240	Involvement of Cervical Stroma	an1	R
pGY7260	Myometrial Invasion	an1	R
pGY7270	Parametrium Involvement	an1	R
pGY7500	Peritoneal Involvement (Endometrial)	an1	R
pGY7510	Site Of Peritoneal Involvement	an1	R
pGY7520	ER Allred Score	an1	R
pGY7530	Extent of Lymphovascular Invasion	an1	R
pGY7540	P53 IHC Status	an1	R

Notes:

- the following data item moved within this section:
  - Serosal Involvement
    - moved from Gynaecological - Pathology
- the following data item has been retired from v5
  - Peritoneal Washings

Serosal Involvement

For endometrial cancers, is there microscopic involvement of uterine serosa

National Code	National Code Definition
X	Not Assessable
I	Invasive carcinoma

National Code	National Code Definition
B	Borderline changes (non-invasive implants)
N	Not involved

Involvement of Cervical Stroma

Is there microscopic involvement of cervical stroma?

National Code	National Code Definition
Y	Involved
N	Not involved
X	Not Assessable

Note:

- 'Y' and 'N' national code definitions have been updated meet the 'RCPath Core' data set

Myometrial Invasion

Is there microscopic evidence of myometrial invasion?

National Code	National Code Definition
3	Greater than or equal to 50%
4	None or less than 50%

Parametrium Involvement

Is there microscopic involvement of parametrium?

National Code	National Code Definition
Y	Involved

National Code	National Code Definition
N	Not involved
X	Not Assessable

Note:

- 'Y' and 'N' national code definitions have been updated meet the 'RCPath Core' data set

Peritoneal Involvement (Endometrial)

Is there involvement of peritoneum?

National Code	National Code Definition
Y	Involved
N	Not involved
X	Not Assessable

Note:

- 'Y' and 'N' national code definitions have been updated meet the 'RCPath Core' data set

Site Of Peritoneal Involvement

If there is peritoneal involvement, which site(s) is involved?

National Code	National Code Definition
P	Pelvic
A	Abdominal
X	Not assessable

ER Allred Score

This is a new data item for v5. Endometrial ER status recorded as Allred score 0-2 negative: 3-8 positive

National Code	National Code Definition
N	Negative (0-2)
P	Positive (3-8)

Extent of Lymphovascular Invasion

This is a new data item for v5. Record the extent of the Lymphovascular Invasion is only applicable if Lymphovascular Invasion is present

National Code	National Code Definition
P	Focal
E	Extensive/substantial

P53 IHC Status

This is a new data item for v5. P53 Immunohistochemical status. Record the P53 IHC Status result

National Code	National Code Definition
W	Wild Type
M	Mutant
E	Equivocal
X	Not tested

GYNAECOLOGICIAL - Pathology – Cervical [Choice 3]

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pGY7620	CGIN	an1	R
pGY7300	CIN Grade	an1	R
pGY7350	Smile	an1	R

Start of Repeating Item - Excision Margin (Pre Invasive)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pGY7310	Excision Margin (Pre Invasive)	an1	R*

End of Repeating Item - Excision Margin (Pre Invasive)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pGY7340	Parametrial Involvement	an1	R
pGY7360	Thickness Uninvolved Stroma	max n2.max n2	R
pGY7370	Vaginal Involvement	an1	R

Notes:

- the following data item has been moved to another part of the data set:
  - Invasive Thickness
    - moved to Gynaecological - Pathology
- the following data item has been retired from v5
  - CGIN Grade

CGIN

This is a new data item for v5. Specify if CGIN (cervical glandular intraepithelial neoplasia) is present or absent

National Code	National Code Definition
1	Present
2	Absent

CIN Grade

Specify presence and grade of CIN (cervical intra-epithelial neoplasia) or absent.

National Code	National Code Definition
1	Grade 1
2	Grade 2
3	Grade 3
4	Absent

Notes:

- '4' has a new national code definition, aligning with the RCPath Core data set
- 'X' has been retired for v5

SMILE

Specify presence of SMILE (Stratified Mucin-Producing Intra-Epithelial Lesion).

National Code	National Code Definition
1	Present
2	Absent
X	Not Assessable

Excision Margin (Pre Invasive)

Is there evidence of resection margin involvement by in situ/pre invasive disease (CIN, CGIN, and SMILE).

National Code	National Code Definition
1	Clear
2	Involved by CIN
3	Involved by CGIN
4	Involved by SMILE
X	Not Assessable

Notes:

- 'Y' and 'N' have been retired in v5
- '1', '2', '3' and '4' are new attributes for v5, aligning with the RCPath Core data set
- this is now a repeating data item, so multiple attributes can be selected

Parametrial Involvement

Is there evidence of parametrial involvement?

National Code	National Code Definition
Y	Yes
N	No
X	Not Assessable

Notes:

- the data item name has been updated, previously 'Paracervical or Parametrial Involvement'

Thickness Uninvolved Stroma

Minimum thickness of uninvolved cervical stroma in millimetres (mm) (minimum tumour-free rim).

Vaginal Involvement

Is there evidence of microscopic vaginal involvement?

National Code	National Code Definition
Y	Yes
N	No
X	Not Assessable

GYNAECOLOGICIAL - Pathology - Nodes

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pGY7060	Nodes Examined Number (Para-Aortic)	max n2	R
pGY7080	Nodes Positive Number (Para-Aortic)	max n2	R
pGY7630	Nodes Examined Number (Left Pelvic)	max n2	R
pGY7640	Nodes Positive Number (Left Pelvic)	max n2	R
pGY7650	Nodes Examined Number (Right Pelvic)	max n2	R
pGY7660	Nodes Positive Number (Right Pelvic)	max n2	R
pGY7410	Nodes Examined Number (Inguino-Femoral)	max n2	R
pGY7420	Nodes Positive Number (Inguino-Femoral)	max n2	R
pGY7230	Extranodal Spread	an1	R

Note the following data items have been retired from v5

- Nodes Examined Number (Pelvic)
- Nodes Positive Number (Pelvic)

Nodes Examined Number (Para-Aortic)
The number of para-aortic nodes examined. (Not applicable for vulval cancers) Use 0 if nodes not sent.

Nodes Positive Number (Para-Aortic)
The number of para-aortic nodes reported as being positive for the presence of tumour metastases. (Not applicable for vulval cancers).

Nodes Examined Number (Left Pelvic)
The number of left pelvic nodes examined (Not applicable for vulval cancers). Use 0 if nodes not sent.

Nodes Positive Number (Left Pelvic)
The number of left pelvic nodes reported as being positive for the presence of tumour metastases. (Not applicable for vulval cancers).

Nodes Examined Number (Right Pelvic)
The number of right pelvic nodes examined (Not applicable for vulval cancers). Use 0 if nodes not sent.

Nodes Positive Number (Right Pelvic)
The number of right pelvic nodes reported as being positive for the presence of tumour metastases. (Not applicable for vulval cancers).

Nodes Examined Number (Inguino-Femoral)
The number of inguino-femoral nodes examined. (Only applicable to vulval cancers). Use 0 if nodes not sent.

Nodes Positive Number (Inguino-Femoral)
The number of inguino-femoral nodes reported as being positive for the presence of tumour metastases. (Only applicable to vulval cancers).

Extranodal Spread
Is there evidence of extranodal spread/extension? (Only applicable to vulval and cervix cancers)

National Code	National Code Definition
Y	Yes
N	No
X	Not Assessable

HAEMATOLOGY – Pathology

Currently, Haematology has no additional site-specific histopathological data items to collect. Please use the Core-Pathology data items and the free text field for all haematology diagnoses.

Haematology Oncology Data Set (HODS)

The main difference in this data to normal histopathology is that it should be an amalgamation of multiple tests, which are looked at by a specialist and a final diagnosis reached. The report text and diagnosis codes are based upon tests from multiple specimens and should ideally contain an integrated summary as well as an overall conclusion and code.

In addition, HODS have their own specific haematology diagnostic systems used to collect these data. It is important however, that an extract from these HODS systems is created monthly for all registerable cancer diagnoses.

It is vital that pathology (laboratory) managers work with their regional NDRS Liaison Managers and NDRS regional centres to test files before submission, to ensure that all file formats pass validation.

HEAD and NECK – Pathology

This is the site specific section for additional head and neck cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

HEAD & NECK – Pathology – Various

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pHN9300	Maximum Depth of Invasion	max n3.max n2	R
pHN9600	Pattern of Invasive Front	an1	R
pHN9610	Bone/Cartilage Invasion	an1	R
pHN9330	Neck Dissection Laterality	an1	R

Note the following data items have been retired in v5:

- Bone Invasion
- Cartilage Invasion

Maximum Depth of Invasion

The maximum depth of invasion in mm. Record as 00 to indicate 'not applicable', (This is not applicable for nasopharynx, hypopharynx, nasal cavity, or sinuses).

Note:

- this has a new format to improve data quality, previously ‘max n3’

Pattern Of Invasive Front

This is a new data item for v5. Record the pattern of the leading edge of invasion of tumour (resection specimens and excisional biopsies only, not applicable to incisional biopsies).

National Code	National Code Definition
1	Cohesive

National Code	National Code Definition
2	Non-cohesive
3	Widely dispersed

Bone/Cartilage Invasion

This is a new data item for v5. Is there evidence of invasion into the bone or cartilage.

National Code	National Code Definition
Y	Yes
N	No (Not identified)

Neck Dissection Laterality

Identify laterality of neck dissection if performed.

National Code	National Code Definition
1	Left
2	Right
3	Bilateral
4	Not performed
8	Not applicable

HEAD & NECK – Pathology – Salivary

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pHN9390	Macroscopic Extraglandular Extension	an1	M

Macroscopic Extraglandular Extension

Macroscopic extension of tumour outside the capsule of the salivary gland.

National Code	National Code Definition
Y	Yes
N	No

Notes:

- '1' and '2' have been retired from v5
- 'Y' and 'N' are new attributes in v5

HEAD & NECK – Pathology – General and Salivary

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pHN9620	Nodes Positive Number (Left)	max n3	R
pHN9410	Largest Metastasis Left Neck	max n3.max n2	R
pHN9630	Nodes Positive Number (Right)	max n3	R
pHN9420	Largest Metastasis Right Neck	max n3.max n2	R
pHN9430	Extracapsular Spread/Extranodal Extension	an1	R

Notes:

- The following data item has been retired from v5:
  - Positive Nodes Laterality
- The following are new data items in v5:
  - Nodes Positive Number (Left)
  - Nodes Positive Number (Right)

Nodes Positive Number (Left)

This is a new data item in v5. Record the number of regional nodes reported as being positive on the left side

Largest Metastasis Left Neck

If Neck dissected on Left side, the size in mm of the largest metastasis.

Note:

- this has a new format to improve data quality, previously 'max n3'

Nodes Positive Number (Right)

This is a new data item in v5. Record the number of regional nodes reported as being positive on the right side

Largest Metastasis Right Neck

If Neck dissected on Right side, the size in mm of the largest metastasis.

Note:

- this has a new format to improve data quality, previously 'max n3'

Extracapsular Spread/Extranodal Extension

Invasion of metastatic tumour outside the capsule of a lymph node.

National Code	National Code Definition
1	Present (size not stated)
4	Present <=2mm
5	Present >2mm
2	absent

National Code	National Code Definition
3	Not assessable

Notes:

- this data item has a new name, previously 'Extracapsular Spread'
- '1' has a new national code definition
- '4' and '5' are new attributed in v5

HEAD & NECK – Pathology – Viral Testing

This section name has been updated in v5, previously 'Head & Neck - Pathology - Human Papillomavirus (HPV)'.

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pHN9500	p16 Testing Indicator	an1	R
pHN9510	HPV-ISH Testing	an1	R
pHN9640	EBV-ISH Testing	an1	R

p16 Testing Indicator

Indicate the result of p16 immunohistochemistry.

National Code	National Code Definition
P	Positive
N	Negative
X	Not Performed/Not Known

HPV-ISH Testing

Indicate the result of HPV-ISH testing (Human Papillomavirus – In Situ Hybridisation).

National Code	National Code Definition
P	Positive
N	Negative
X	Not Performed/Not Known

EBV-ISH Testing

This is a new data item in v5. Indicate the result of EBV-ISH testing
(Epstein Barr Virus - In Situ Hybridisation)

National Code	National Code Definition
P	Positive
N	Negative
X	Not Performed/Not Known

LIVER - Pathology

This is a new site specific section for recording liver specific data items. These will be aligned within the schema to form a single report.

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pLV10010	Number of Tumours	max n2	R
pLV10020	Satellite Tumour Indicator	an1	R
pLV10030	Liver Capsule Intact And Smooth	an1	R

Start of Section - Invasion of adjacent organ Section 0..1
Choice1

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pLV10040	Invasion of Adjacent Organ	an1	M
pLV10050	Organ Invaded	max an150	M

End of choice 1
Choice 2

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pLV10040	Invasion of Adjacent Organ	an1	M

End of choice 2
End of Section - Invasion of adjacent organ

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pLV10060	Fibrosis In Background Liver	an1	R

Start of Repeating Item - Aetiology of background liver disease

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pLV10070	Aetiology of Background Liver Disease	an1	R*

End of Repeating Item - Aetiology of background liver disease

Start of Repeating Section - Aetiology of background liver disease (0..*)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pLV10070	Aetiology of Background Liver Disease	an1	M
pLV10080	Other Aetiology of Background Liver Disease	max an150	M

End of Repeating Section - Aetiology of background liver disease

Number of Tumours

This is a new data item in v5. Record the number of tumours present in the liver (including primary or metastases).

Satellite Tumour Indicator

This is a new data item in v5. Were there any satellite tumour(s) present in the liver.

National Code	National Code Definition
Y	Yes
N	No

Liver Capsule Intact And Smooth

This is a new data item in v5. Is the liver capsule intact and smooth.

National Code	National Code Definition
Y	Yes
N	No

Note:

- the following section forms a two choice option

Invasion of Adjacent Organ

Choice 1: This is a new data item in v5 and is split to create a choice. Is there invasion of adherent or adjacent organ to the liver.

National Code	National Code Definition
Y	Yes

Organ Invaded

This is a new data item in v5. If 'Yes' selected in pLV10040, state the organ(s) invaded.

Invasion of Adjacent Organ

Choice 2: This is a new data item in v5 and is split to create a choice. Is there invasion of adherent or adjacent organ to the liver.

National Code	National Code Definition
N	No

Note:

- these data items are mandatory within the group (choice), therefore you cannot submit this section without data being collected within this data item

Fibrosis In Background Liver

This is a new data item in v5. If present, state the fibrosis in background liver.

National Code	National Code Definition
1	None present
2	Portal/periportal
3	Sinusoidal/pericellular
4	Both portal and sinusoidal
5	Bridging
6	Bridging with nodules
7	Complete cirrhosis

Aetiology of Background Liver Disease

This is a new data item in v5 and is split to create a repeating data item, followed by a section. If known, state the aetiology of background liver disease.

National Code	National Code Definition
1	Hepatitis B
2	Hepatitis C
3	Autoimmune hepatitis
4	Haemochromatosis
5	Alcohol
6	Non-Alcoholic Fatty Liver Disease (NAFLD)
9	Not known

Notes:

- this data item is a repeating item, so multiple selections can be made

Aetiology of Background Liver Disease

This is a new data item in v5 and is split to create a repeating section. Specify ‘Other’ if none of the above are applicable, then state the aetiology of background liver disease.

National Code	National Code Definition
8	Other

Other Aetiology of Background Liver Disease

This is a new data item in v5. If 'Other' selected in pLV10070, state the other aetiology of background liver disease.

Note:

- these data items are mandatory within the group, therefore you cannot submit this section without both data items being recorded

LUNG – Pathology

This is the site specific section for additional lung cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

May be up to one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pLU10110	Extent of Atelectasis	an1	R
pLU10120	Extent of Pleural Invasion	an1	R
pLU10130	Pericardial Invasion	an1	R
pLU10140	Diaphragm Invasion	an1	R
pLU10150	Invasion Into Great Vessel	an1	R
pLU10160	Invasion Into Heart	an1	R
pLU10170	Malignant Pleural Effusion	an1	R
pLU10190	Invasion Into Mediastinum	an1	R
pLU10180	Satellite Tumour Nodules Location	an1	R

Extent of Atelectasis

Extent of atelectasis/obstructive pneumonitis.

National Code	National Code Definition
4	Extends to the hilar region, either involving part of the lung or the whole lung
5	None/less than the other category

Extent of Pleural Invasion

What is the extent of pleural invasion?

National Code	National Code Definition
1	No pleural invasion
2	Visceral pleura only
3	Parietal pleura/chest wall

Pericardial Invasion

Does the tumour invade the pericardium?

National Code	National Code Definition
Y	Yes
N	No
9	Not known (Cannot be assessed)

Diaphragm Invasion

Does the tumour invade the diaphragm?

National Code	National Code Definition
Y	Yes
N	No
9	Not known (Cannot be assessed)

Invasion Into Great Vessel

Does the tumour invade the great vessels (aorta, central pulmonary artery, or vein)?

National Code	National Code Definition
Y	Yes
N	No
9	Not known (Cannot be assessed)

Invasion Into Heart

Does the tumour invade the Atrium or Heart?

National Code	National Code Definition
Y	Yes
N	No
9	Not known (Cannot be assessed)

Malignant Pleural Effusion

Is there evidence of malignant pleural effusion?

National Code	National Code Definition
Y	Yes
N	No
9	Not known (Cannot be assessed)

Invasion Into Mediastinum

Is there evidence of malignant pleural effusion?

National Code	National Code Definition
Y	Yes
N	No
9	Not known (Cannot be assessed)

Satellite Tumour Nodules Location

Record the most distant location of separate tumour nodules.

National Code	National Code Definition
1	Separate tumour nodules in same lobe
2	Separate tumour nodules in a different ipsilateral lobe
3	Separate tumour nodules in a contralateral lobe
4	No separate tumour nodules
9	Not known

SARCOMA – Pathology

This is the site specific section for additional sarcoma cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

Important notice:
To improve the data quality and accuracy of data submitted, a new choice has been added to this section to some tumour groups where applicable. This will allow for only the specific disease data items to be submitted alongside the Core Pathology data items and prevent any accidental addition of other disease specific items in each pathology report submitted.

SARCOMA - Pathology - Bone and Soft Tissue

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSA11170	Genetic Confirmation Indicator	an1	R

Genetic Confirmation Indicator
Are there any cytogenetic or molecular genetic data confirming the histological diagnosis?

National Code	National Code Definition
Y	Yes, confirmed
N	No, Not confirmed
X	Test not done

SARCOMA – Pathology – Bone [Choice 1]

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSA11130	Extent of Local Spread (Bone)	an1	R

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSA11140	Tumour Necrosis	max n3	R

Extent Of Local Spread (Bone) [Tumour Breach Identifier]

For medullary tumours only. Does the tumour breach the cortex? The extent of local spread will determine whether the tumour is intracompartmental or extracompartmental.

National Code	National Code Definition
I	Intracompartmental
E	Extracompartmental

Tumour Necrosis

Approximate percentage of tumour necrosis in response to pre-operative therapy. Range 0 to 100

SARCOMA – Pathology – Soft Tissue [Choice 2]

May be one occurrence per Pathology Report (0..1)

Start of Repeating Item - Tissue planes involved

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSA11300	Tissue Planes Involved	an1	R*

End of Repeating Item - Tissue planes involved

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSA11220	Mitotic Index (Sarcoma)	max n3	R

Note the following data item has been retired in v5:

- Tumour Depth

Tissue Planes Involved

This is a new data item in v5. Record which tissue planes are involved.

National Code	National Code Definition
1	Cutaneous
2	Subcutaneous
3	Deep fascia
4	Subfascial
9	Not known

Note:

- this data item is a repeating item, so multiple selections can be made

Mitotic Index (Sarcoma)

Mitotic index per 5mm squared. Also known as mitotic rate and mitotic count. ONLY APPLICABLE TO GISTs.

Note:

- this data item has an updated name, previously 'Mitotic Rate (Sarcoma)'

SKIN – Pathology

This is the site specific section for additional skin cancer specific data items to be recorded. These will be aligned within the schema to form a single report. Data items within the following groups have been re-ordered to improve data collection and prevent errors, in some cases the same data item may be collected within more than one section.

From v5, two new sections have been added for Merkel Cell Carcinoma and Cutaneous Adnexal Carcinoma.

Important notice:
To improve the data quality and accuracy of data submitted, a new choice has been added to this section to some tumour groups where applicable. This will allow for only the specific disease data items to be submitted alongside the Core Pathology data items and prevent any accidental addition of other disease specific items in each pathology report submitted.

SKIN – Pathology – Basal Cell Carcinoma (BCC) [Choice 1]

This section allows for only Basal Cell Carcinoma (BCC) data to be recorded.

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12120	Skin Cancer Lesion Indicator	max an3	R

Start of Repeating Item - Skin Cancer Perineural Invasion Indicator

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12700	Skin Cancer Perineural Invasion Indicator	an1	R*

End of Repeating Item - Skin Cancer Perineural Invasion Indicator

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12710	Maximum Dimension/Diameter of Lesion	an1	R

Note the following data items have been retired in v5:

- Perineural Invasion
  - this has been replaced with a generic data item, in the Core Pathology section
- Lesion Diameter Greater Than 20mm Indicator

Skin Cancer Lesion Indicator

This is the specimen number or letter used to identify the specimen within a report. Where more than one primary skin cancer is reported on the same pathology report, record the lesion number or letter as specified on the pathology report.

Skin Cancer Perineural Invasion Indicator

This is a new data item in v5. If perineural invasion is present, indicate to what extent.

National Code	National Code Definition
1	Named nerve
2	≥0.1 mm
3	Beyond dermis

Maximum Dimension/Diameter of Lesion

This is a new data item in v5. Record the maximum dimension/diameter of the lesion using the RCPath approved range.

National Code	National Code Definition
1	Less than or equal to 20mm
2	Greater than 20mm but less than or equal to 40mm

National Code	National Code Definition
3	Greater than 40mm
U	Uncertain
X	Cannot be assessed

SKIN – Pathology – Squamous Cell Carcinoma (SCC) [Choice 2]

This section allows for only Squamous Cell Carcinoma (SCC) data to be recorded.

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12120	Skin Cancer Lesion Indicator	max an3	R

Start of Repeating Item - Skin Cancer Perineural Invasion Indicator

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12700	Skin Cancer Perineural Invasion Indicator	an1	R*

End of Repeating Item - Skin Cancer Perineural Invasion Indicator

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12710	Maximum Dimension/Diameter of Lesion	an1	R

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12720	Lesion Thickness Indicator	an1	R

Note the following data item has been retired in v5:

- Perineural Invasion
  - this has been replaced with a generic data item, in the Core Pathology section
- Lesion Diameter Greater Than 20mm Indicator
- Clarks Level IV Indicator
- Lesion Vertical Thickness Greater Than 2mm Indicator

Skin Cancer Lesion Indicator

This is the specimen number or letter used to identify the specimen within a report. Where more than one primary skin cancer is reported on the same pathology report, record the lesion number or letter as specified on the pathology report.

Skin Cancer Perineural Invasion Indicator

This is a new data item in v5. If perineural invasion is present, indicate to what extent.

National Code	National Code Definition
1	Named nerve
2	≥0.1 mm
3	Beyond dermis

Note:

- this data item is a multiple repeating data item, so multiple selections can be submitted

Maximum Dimension/Diameter of Lesion

This is a new data item in v5. Record the maximum dimension/diameter of the lesion using the RCPath approved range.

National Code	National Code Definition
1	Less than or equal to 20mm
2	Greater than 20mm but less than or equal to 40mm
3	Greater than 40mm
U	Uncertain
X	Cannot be assessed

Lesion Thickness Indicator

This is a new data item in v5. Record the thickness of the lesion using the RCPath approved range.

National Code	National Code Definition
1	Less than or equal to 2mm
2	Greater than 2mm but less than or equal to 4mm
3	Greater than 4mm but less than or equal to 6mm
4	Greater than 6mm
U	Uncertain
X	Cannot be assessed

SKIN – Pathology – Malignant Melanoma (MM) [Choice 3]

This section allows for only Malignant Melanoma (MM) data to be recorded.

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12120	Skin Cancer Lesion Indicator	max an3	R
pSK12580	Ulceration Indicator	an1	R
pSK12590	Mitotic Index (Skin)	max n3	R
pSK12600	Microsatellite or in-Transit Metastasis Indicator	an1	R
pSK12620	Tumour Regression Indicator	an1	R
pSK12630	Breslow Thickness	max n2.max n2	R
pSK12430	Tumour Infiltrating Lymphocytes (TILS)	an1	R

Note the following data items have been retired in v5, and replaced with generic data items in the Core Pathology section:

- Sentinel Nodes Examined Number
- Sentinel Nodes Positive Number
- Post SNB Completion Lymphadenectomy – Nodes Sampled Number
- Post SNB Completion Lymphadenectomy – Nodes Positive Number

Skin Cancer Lesion Indicator

This is the specimen number or letter used to identify the specimen within a report. Where more than one primary skin cancer is reported on the same pathology report, record the lesion number or letter as specified on the pathology report.

Ulceration Indicator

Loss of full thickness of epidermis associated with reactive changes (ulceration).

National Code	National Code Definition
1	Present
2	Not Identified
U	Uncertain
X	Cannot be assessed

Note:
- 'Y', 'N' and '9' have been retired in v5
- '1' and '2' are new attributes from v5

Mitotic Index (Skin)
Mitotic index (skin) is the mitotic count per square mm.

Notes:
- this data item has an updated name, previously 'Mitotic Rate (Skin)'
- may also be known as Mitotic Rate or Count

Microsatellite Or In-Transit Metastasis Indicator
Is there evidence of Microsatellite or in transit metastases. (Intralymphatic metastatic cells separate from main tumour)

National Code	National Code Definition
1	Present
2	Not Identified
U	Uncertain
X	Cannot be assessed

Note:
- 'Y', 'N' and '9' have been retired in v5
- '1' and '2' are new attributes from v5

Tumour Regression Indicator

Area of loss of tumour associated with reactive changes.

National Code	National Code Definition
1	Present
2	Not Identified
U	Uncertain
X	Cannot be assessed

Note:

- 'Y', 'N' and '9' have been retired in v5
- '1' and '2' are new attributes from v5

Breslow Thickness

Breslow thickness in mm, can be recorded to nearest 0.01mm where clinically appropriate.

Note:

- 'Breslow Thickness' should be measured to a minimum of one decimal place but at times to a greater degree of precision as to allow accuracy

Tumour Infiltrating Lymphocytes (TILS)

Type of TILS. Tumour infiltrating lymphocytes (TILS) are white blood cells that have left the bloodstream and migrated into a tumour.

National Code	National Code Definition
N	Non-Brisk
B	Brisk
A	Absent

SKIN – Pathology – Merkel Cell Carcinoma (MCC) [Choice 4]

This is a new section in v5 and allows for only Merkel Cell Carcinoma (MCC) data to be recorded.

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12120	Skin Cancer Lesion Indicator	max an3	R
pSK12710	Maximum Dimension/Diameter of Lesion	an1	R
pSK12600	Microsatellite or in-Transit Metastasis Indicator	an1	R

Skin Cancer Lesion Indicator

This is a new data item in v5. This is the specimen number or letter used to identify the specimen within a report. Where more than one primary skin cancer is reported on the same pathology report, record the lesion number or letter as specified on the pathology report.

Maximum Dimension/Diameter of Lesion

This is a new data item in v5. Record the maximum dimension/diameter of the lesion using the RCPath approved range.

National Code	National Code Definition
1	Less than or equal to 20mm
2	Greater than 20mm but less than or equal to 40mm
3	Greater than 40mm
U	Uncertain
X	Cannot be assessed

Microsatellite Or In-Transit Metastasis Indicator
This is a new data item in v5. Is there evidence of Microsatellite or in transit metastases. (Intralymphatic metastatic cells separate from main tumour)

National Code	National Code Definition
1	Present
2	Not Identified
U	Uncertain
X	Cannot be assessed

SKIN – Pathology – Adnexal [Choice 5]

This is a new section in v5 and allows for only cutaneous adnexal carcinoma data to be recorded.

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12120	Skin Cancer Lesion Indicator	max an3	R
pSK12710	Maximum Dimension/Diameter of Lesion	an1	R

Start of Repeating Item - Skin Cancer Perineural Invasion Indicator

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pSK12700	Skin Cancer Perineural Invasion Indicator	an1	R*

End of Repeating Item - Skin Cancer Perineural Invasion Indicator

Skin Cancer Lesion Indicator

This is a new data item in v5. This is the specimen number or letter used to identify the specimen within a report. Where more than one primary skin cancer is reported on the same pathology report, record the lesion number or letter as specified on the pathology report.

Maximum Dimension/Diameter of Lesion

This is a new data item in v5. Record the maximum dimension/diameter of the lesion using the RCPath approved range.

National Code	National Code Definition
1	Less than or equal to 20mm
2	Greater than 20mm but less than or equal to 40mm
3	Greater than 40mm
U	Uncertain
X	Cannot be assessed

Skin Cancer Perineural Invasion Indicator

This is a new data item in v5. If perineural invasion is present, indicate to what extent.

National Code	National Code Definition
1	Named nerve
2	≥0.1 mm
3	Beyond dermis

Note:

- this data item is a multiple repeating data item, so multiple selections can be submitted

UPPER GI – Pathology

This is the site specific section for additional Upper GI cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

May be up to one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pUG14510	Excision Margin (Proximal)	an1	R
pUG14520	Excision Margin (Distal)	an1	R

Note the following data items has been retired from v5:

- Total Number of Colorectal Metastases in Liver Code
  - removed as now collected within the new Liver Pathology section in pLV10010
- Excision Margin (Proximal, Distal)
  - replaced with separate data items for Distal and Proximal on advice of RCPath SMEs
- Excision Margin (Circumferential)
  - this data item is now centralised in CORE [pCR1150], as this is relevant to many tumours

Excision Margin (Proximal)

This is a new data item in v5. Identify whether the proximal margin is involved by neoplastic or pre-neoplastic disease. (Involved equals 1mm or less, not involved equals greater then 1mm).

National Code	National Code Definition
1	Normal/Not involved
2	Dysplasia
3	Barrett's
4	Carcinoma/Involved

Excision Margin (Distal)

This is a new data item in v5. Identify whether the distal margin is involved by neoplastic or pre-neoplastic disease. (Involved equals 1mm or less, not involved equals greater then 1mm).

National Code	National Code Definition
1	Normal/Not involved
2	Dysplasia
3	Carcinoma/Involved

UROLOGICAL – Pathology

This is the site specific section for additional urological cancer specific data items to be recorded. These will be aligned within the schema to form a single report.

Important notice:
To improve the data quality and accuracy of data submitted, a new choice has been added to this section to some tumour groups where applicable. This will allow for only the specific disease data items to be submitted alongside the Core Pathology data items and prevent any accidental addition of other disease specific items in each pathology report submitted.

UROLOGY – Pathology – Bladder [Choice 1]

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pUR15120	Detrusor Muscle Presence Indicator	an1	R
pUR15290	Tumour Grade (Urology)	an1	R

Detrusor Muscle Presence Indicator
Bladder only. Presence or absence of detrusor muscle in the specimen.

National Code	National Code Definition
1	Present (Yes)
2	Absent (No)
3	Indeterminate
X	Not applicable

Tumour Grade (Urology)
Bladder only. Specify whether Low, High Grade or PUNLMP (Papillary Urothelial Neoplasm of Low Malignant Potential).

National Code	National Code Definition
L	Low
H	High
P	PunImp
X	Not applicable

UROLOGY – Pathology – Kidney [Choice 2]

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pUR15130	Tumour Necrosis Indicator	an1	R
pUR15140	Perinephric Fat Invasion	an1	R
pUR15150	Adrenal Invasion	an1	R
pUR15160	Renal Vein Tumour	an1	R
pUR15170	Gerota's Fascia Invasion	an1	R

Tumour Necrosis Indicator

Is there evidence of coagulative tumour necrosis?

National Code	National Code Definition
1	Macroscopic (confluent)
2	Microscopic (coagulative)
3	Not identified

National Code	National Code Definition
8	Cannot be assessed (e.g. post embolisation)

Perinephric Fat Invasion

Is there evidence of perinephric fat invasion?

Y	Yes (Present)
Y	Yes (Present)
N	No (Not Identified)
9	Cannot be assessed/Not applicable

Adrenal Invasion

Is there evidence of direct adrenal invasion?

Y	Yes (Present)
1	Present, direct extension
2	Present, metastasis
3	Not Involved
8	Cannot be assessed/Not applicable

Note:

- '3' has an updated national code definition, previously 'Not Identified'

Renal Vein Tumour

Is there evidence of tumour thrombus in the renal vein?

Y	Yes (Present)
1	Microscopic involvement only
2	Gross involvement confirmed microscopically
3	Not identified
8	Cannot be assessed/Not applicable

Gerota's Fascia Invasion

Is there evidence of invasion into Gerota's fascia?

Y	Yes (Present)
Y	Yes (Present)
N	No (Not Identified)
9	Cannot be assessed/Not applicable

UROLOGY – Pathology – Penis [Choice 3]

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pUR15180	Corpus Spongiosum Invasion	an1	R
pUR15190	Corpus Cavernosum Invasion	an1	R
pUR15200	Urethra or Prostate Invasion	an1	R

Corpus Spongiosum Invasion

Is there evidence of invasion into corpus spongiosum?

Y	Yes (Present)
Y	Yes
N	No

Corpus Cavernosum Invasion

Is there evidence of invasion into corpus cavernosum?

Y	Yes (Present)
Y	Yes
N	No

Urethra Or Prostate Invasion

Is there evidence of invasion into the urethra or prostate?

Y	Yes (Present)
Y	Yes
N	No

UROLOGY – Pathology – Prostate [Choice 4]

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pUR15350	Biopsy Gleason Grade (Primary)	an1	R
pUR15360	Biopsy Gleason Grade (Secondary)	an1	R

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pUR15370	Non-Biopsy Gleason Grade (Primary)	an1	R
pUR15380	Non-Biopsy Gleason Grade (Secondary)	an1	R
pUR15390	Non-Biopsy Gleason Grade (Tertiary)	an1	R
pUR15270	TURP Tumour Percentage	max n3	R

Note the following data items have been retired in v5:

- Gleason Grade (Primary)
- Gleason Grade (Secondary)
- Gleason Grade (Tertiary)
- Perineural Invasion
    - this data item has been replaced with a generic data item, in the Core Pathology section 'pCR1100'

Additional supporting information:

- the Gleason Grading System is used to help evaluate the prognosis of men with prostate cancer
- a pathologist assigns a Gleason grade to the most common tumour pattern in a biopsy specimen (Primary Grade) then the second most common (Secondary Grade)
- the grades are added together to give the Gleason Score. Sometimes pathologists will also give a grade to a third component of the specimen (Tertiary Grade) although this recorded separately and is not added to the score

Biopsy Gleason Grade (Primary)

This is a new data item in v5. What is the most extensive Gleason grade in the biopsy?

Range '3-5' and '8 - Not applicable' (IN CATEGORIES)

Note:

- both the national code range and national code definition has been updated meet the 'RCPath Core' data set, and after consultation with RCPath SMEs

Biopsy Gleason Grade (Secondary)
This is a new data item in v5. If additional grades are present, what is the highest additional grade. If no additional grades are present, primary and secondary grades are the same.

Range '3-5' and '8 - Not applicable' (IN CATEGORIES)

Note:

- both the national code range and national code definition has been updated meet the 'RCPath Core' data set, and after consultation with RCPath SMEs

Non-Biopsy Gleason Grade (Primary)
This is a new data item in v5. What is the most extensive Gleason grade in the non-biopsy sample?

Range '2-5' and '8 - Not applicable' (IN CATEGORIES)

Note:

- both the national code range and national code definition has been updated meet the 'RCPath Core' data set, and after consultation with RCPath SMEs

Non-Biopsy Gleason Grade (Secondary)
This is a new data item in v5. If additional grades are present, what is the second most extensive grade (TURP and radicals). If no additional grades are present, primary and secondary grades are the same.

Range '2-5' and '8 - Not applicable' (IN CATEGORIES)

Note:

- both the national code range and national code definition has been updated meet the 'RCPath Core' data set, and after consultation with RCPath SMEs

Non-Biopsy Gleason Grade (Tertiary)
This is a new data item in v5. Is there a different third grade in addition the primary and secondary grades and what is its value?

Range '3-5' and '8 - Not applicable' (IN CATEGORIES)

Note:

- both the national code range and national code definition has been updated meet the 'RCPath Core' data set, and after consultation with RCPath SMEs

TURP Tumour Percentage

For TURP only, what percentage of tumour if clinically unsuspected tumour.

Range 0 to 100.

UROLOGY – Pathology – Testicular [Choice 5]

May be one occurrence per Pathology Report (0..1)

Data Item Number	Data Item Name	Format	Schema Specification (M/R/O/P)
pUR15310	Rete Testes Invasion	an1	M

Rete Testes Invasion

For Seminoma only, does the tumour invade the rete testis?

Y	Yes (Present)
Y	Yes (Present)
N	No (Not identified)
X	Not applicable (Cannot be assessed)

What's changed since user guide 4.1.1

This updated version of the User Guide includes new data-items, re-alignment of data structure, amendments and contains corrections – for example, where there were errors in previous versions and updates where clinical coding or staging values changed from COSD Pathology data set v4.1.1 and should be used to help data collection.

COSD Pathology v5.0, has further aligned all data items with those in the RCPath 'Core' data sets. This has meant some data item name, description and/or list of attribute changes.

In addition, to improve the data quality and accuracy of data submitted, a new choice has been added to some tumour groups where applicable. This will allow for only the specific disease data items to be submitted alongside the Core Pathology data items and prevent any accidental addition of other disease specific items in each pathology report submitted. Affected data sets are Gynaecological, Sarcoma, Skin and Urological.

All data items have been reviewed by the chair of the RCPath Working Group on Cancer Services and other SMEs. Aligning with the college core data sets, makes COSD Pathology a burden neutral data set, as all these data items must be collected as prescribed by the college.

All pathological data item numbers are prefixed with a 'p' and all others are interoperable with the main COSD v10 data set. This allows for updates and corrections to be made without having 2 data items in different data sets with the same data item number.

Throughout the data set there are now 'choices' which will make collecting and reporting data easier to understand and will be supported by the new schemas. The addition of grouped data items into discrete sections, improves data collection and reporting.

The proposed changes can be divided into the five key areas:

- deleted data items
- new data items
- data items with amended attributes
- moved data items
- schema specification changes

Note:

- in some cases, the same data item is used in different sections of the data set, in these circumstances they are only counted once

The following are the major changes to COSD Pathology v5.0:

Key Change	Numbers
Deleted Data Items	28
New Data Items	42
Data Items with Amended Attributes	13
Moved Data Items	4
Schema Specification Change	1

Ongoing linkage with the Royal College of Pathologists (RC Path) 'Core' data sets is vital and continues to be a priority to ensure clinical accuracy. This data set was reviewed by the chair of the Royal College of Pathologists Working Group on Cancer Services.

Working closely with the college is vital to ensure that COSD maps exactly to their specified data items and names. This will ensure that there is no burden on the histopathologists in recording these data, as they are mandated to collect these via the RCPath. In addition, it also reduces the burden on reporting for system suppliers to an absolute minimum, as they can map directly from their main tables to the export reports required for COSD.

Appendix A: SNOMED codes for primary diagnoses

The following guide shows all the registerable diseases by SNOMED code. Further guidance is available from your local NDRS office.

All conditions represented by all versions of SNOMED morphology codes (prior to CT) beginning M8 and M9 are registerable if the last digit of the code is in the range 1 to 9.

Benign Cancers

Codes ending in a zero (0=benign) are not registerable unless the corresponding SNOMED topography code is shown in table A1:

Table A1

Tumour Site	SNOMED2 Topography code (First 3/4 digits)	SNOMED International Topography code (First 3/4
Pituitary Gland	T91	TB1
Pineal Body	T92	TB2
Brain and Central Nervous System	TX excluding TX05-TX07	TA0-TA8 excluding TA05-TA07

Non M8/M9 Morphologies

The following codes not beginning with M8 or M9 are registerable and should also be sent:

Table A2

SNOMED Morphology code	Tumour Site	SNOMED2 Topography code	SNOMED International
M49000	Bone Marrow	T06	TC1
M74008	All Sites excluding skin		
M74009	All Sites excluding skin		
M72860	All Sites including skin		

The WHO classification of tumours now considers keratoacanthoma a sub-type of squamous cell carcinoma, so the morphology code for keratoacanthoma (M72860) has been added to the list of morphologies to be included in the submission.

SNOMED CT

Versions of SNOMED prior to SNOMED CT ceased to be licenced by The International Health Terminology Standards Development Organisation (IHTSDO) after April 2017, other than for historical content.

All Trusts are therefore advised to report all SNOMED Topography and Histology from April 2017 in CT only.

Unfortunately, there is no simple rule (like M8* etc) to identify registerable diseases using SNOMED CT codes. The codes used must therefore be compared to explicit lists of registerable codes.

The explicit lists are available as subset for SNOMED CT via TRUD (registration is required):
https://isd.digital.nhs.uk/trud3/user/authenticated/group/0/pack/40/subpack/279/releases

The lists of registerable code are updated when SNOMED CT is updated (usually every 6 months).

The subset contains 6 clusters:

1. CLUSTER 1A Malignant diagnosis
2. CLUSTER 1B In situ diagnosis
3. CLUSTER 1C Uncertain diagnosis
4. CLUSTER 1D CNS neoplasms diagnosis
5. CLUSTER 2 Benign neoplasms diagnosis
6. CLUSTER 3 Anatomic structures of the Central Nervous system diagnosis

Trusts should submit cases to NDRS if the pathology report has been coded with a SNOMED CT conceptid from CLUSTER 1A, 1B, 1C or 1D. CLUSTER 1A, 1B and 1C code all malignant, in situ and uncertain behaviour tumours. Cluster 1D captures all CNS neoplasms where there is enough information in a single code to know it should be registered – for example, benign neoplasm of cerebrum (disorder).

Trusts should also submit a case to NDRS if the pathology report has been coded with SNOMED CT conceptids from both CLUSTER 2 and CLUSTER 3. CLUSTER 2 is benign

neoplasms and CLUSTER 3 is CNS structures – NDRS only requires benign tumours to be sent if they are associated with the CNS.

When should the data be submitted?

The extraction criteria are based solely on the date authorised field.

The deadline for submitting a pathology report/record is 25 working days after the end of each month and should only be submitted once the pathologist has finished assessing each sample and authorises the report.

It is acceptable for pathology records to be submitted quicker than 25 working days, and in some cases are submitted in real-time as the pathologist authorises each report using the direct submission method through the NDRS API portal.

The reporting dates can be found on the COSD website.

Appendix B: CWT - ICD10 codes and tumour groups for primary diagnoses

Please refer to the downloadable documents on our website for full details of the ICD-10 codes used within COSD

These are registerable conditions for the purposes of Cancer Waiting Times (CWT) and used within Cancer Registration, such as NCRAS mandatory fields.

Notes:

- the table lists all the registerable diseases by ICD10 code, together with the expected data set to be completed and the potential stage
- this table provides general guidelines only as not all permutations can be covered and there will always be exceptions, local clinical input is essential to identify and complete the appropriate stage
- further guidance is available from your local cancer registration service office

Appendix C: mandatory registerable conditions

Mandatory registerable conditions

Please refer to the downloadable documents on our website for full details of the ICD-10 codes used within COSD

Further details to be provided regarding applicable data fields for each disease. These are additional Cancer Registration, for example, NCRAS mandatory registerable conditions.

Notes:

- the following table lists all the registerable diseases by ICD10 code, together with the expected data set to be completed and the potential stage
- this table provides general guidelines only as not all permutations can be covered and there will always be exceptions, local clinical input is essential to identify and complete the appropriate stage
- further guidance is available from your local cancer registration service office
- although primary amyloidosis (E85.9) is listed as an E ICD code in the World Health Organisation (WHO) disease classification, amongst clinicians it is widely acknowledged and subsequently treated as a cancer, receiving chemotherapy in some cases
- whilst we await the WHO disease classification being updated to reflect this fact, it's inclusion as a registerable condition requiring collection via the COSD has been agreed with the National Disease Registration Service

Appendix D: recommended staging to be collected by cancer registries

Recommended staging to be collected by cancer registries

Please refer to the downloadable documents on our website for full details of the recommended stage for each specific tumour type

The National Staging Panel for Cancer Registration recommends that the staging systems recorded by the cancer registries follow the guidance issued by the Royal College of Pathologists and the Cancer Outcomes Services Dataset.

It is also important to note that both UICC and AJCC coding systems have updated to v8, please refer directly to the TNM Staging Books, for the most recent and accurate stage groupings /combination.

Notes:

- FIGO 2021 for vulvar cancer takes effect from 1 January 2022
- FIGO 2018 for cervical cancer takes effect from 1 January 2020
- head and neck sites changed from TNM7 to TNM8 from 1 January 2019
- TNM 7 changed to TNM 8 (except head and neck) from 1 January 2018
- Lower GI changed from TNM5 to TNM8 from 1 January 2018

Additional notes:

- the use of preferred staging systems (which should be used), is under frequent review and may change in the future
  - the list was accurate at the time of publication
- ENETS - European Neuroendocrine Tumour Society TNM, can now be recorded in the 'CORE – Staging' section, along with all other TNM stage (where applicable)

Site specific stage items to be submitted:

CNS – CTYA CTYA	• Chang Staging System Stage • International Staging System for Retinoblastoma • International Neuroblastoma Risk Group (INGR) Staging System • Pretext Staging System Stage • Wilms Tumour Stage • TNM Stage Grouping for Non CNS Germ Cell Tumours • Final Figo Stage

Gynaecological	• Ann Arbor Stage
Haematological	• Binet Stage
	• R-ISS Stage for Myeloma
Haem – CTYA	• Ann Arbor Stage
	• Murphy (St Jude) Stage
	• Children's Oncology Group (COG) Staging System
	• Central Nervous System Involvement
Liver	• Barcelona Clinic Liver Cancer (BCLC) Stage
Urological	• Stage Grouping (Testicular), as defined by The Royal Marsden Hospital (RMH)