

# Person with cancer—lung cancer immunohistochemistry type, code N[N]

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# Person with cancer—lung cancer immunohistochemistry type, code N[N]

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Lung cancer immunohistochemistry
<b>METEOR identifier:</b>	433027
<b>Registration status:</b>	<a href="#">Health!</a> , Standard 08/05/2014
<b>Definition:</b>	The type of <a href="#">immunohistochemistry</a> stains used to assist in the identification of abnormal cells and hence the diagnosis of a person with cancer, as represented by a code.
<b>Context:</b>	This should be collected for people with cancer where pathology data is available.
<b>Data Element Concept:</b>	<a href="#">Person with cancer—immunohistochemistry type</a>
<b>Value Domain:</b>	<a href="#">Lung cancer immunohistochemistry type code N[N]</a>

## Value domain attributes

### Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	Number
<b>Format:</b>	N[N]
<b>Maximum character length:</b>	2

	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	1	Thyroid transcription factor-1 (TTF-1)
	2	Cytokeratin 5 (CK5)
	3	Cytokeratin 6 (CK6)
	4	Cytokeratin 7 (CK7)
	5	Cytokeratin 20 (CK20)
	6	p53-related transcription factor p63 (p63)
	7	Napsin
	88	Other
<b>Supplementary values:</b>	97	Not applicable-immunohistochemical staining not performed
	98	Unknown if immunohistochemistry performed
	99	Immunohistochemistry performed but stains not stated/inadequately described

## Collection and usage attributes

<b>Guide for use:</b>	Record the code for each immunohistochemical profile obtained to assist in the diagnosis of lung cancer.
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**Comments:** Thyroid transcription factor-1 and cytokeratin 7 and 20 can be useful, in conjunction with tumour morphology and clinical and radiological findings, to help to distinguish between primary and metastatic lung adenocarcinomas.

Cytokeratin 5/6 and p63 immunostaining is used by some pathologists to help to determine whether a tumour is a squamous or non-squamous type.

The majority (about 75%) of primary lung adenocarcinomas are CK7 positive, CK20 negative and TTF-1 positive and Napsin stains are positive in approximately 80% of primary lung adenocarcinomas.

## Source and reference attributes

**Submitting organisation:** Cancer Australia

**Reference documents:** Royal College of Pathologists of Australasia 2010. Lung cancer structured reporting protocol. 1st Edition (Version 1.0). Surry Hills, NSW: Royal College of Pathologists of Australasia

## Data element attributes

### Collection and usage attributes

**Guide for use:** Record each [immunohistochemical](#) profile obtained to assist in the diagnosis of cancer.

When "other" is recorded, record the immunohistochemistry stain in text in [Person with cancer—immunohistochemistry type, text X\[49\]](#).

**Collection methods:** This information should be sought from the patient's medical record and may be included as a supplementary report in the original pathology report, or a stand-alone pathology report if a different laboratory performs the test.

**Comments:** Immunohistochemistry may be helpful in some instances for precise histological subclassification of the tumour and the exclusion of metastasis.

## Source and reference attributes

**Submitting organisation:** Cancer Australia

### Relational attributes

**Related metadata references:** See also [Person with cancer—immunohistochemistry type, text X\[X\(49\)\] Health!](#), Standard 08/05/2014

**Implementation in Data Set Specifications:** [Lung cancer \(clinical\) DSS Health!](#), Superseded 14/05/2015  
**Conditional obligation:** Conditional on immunohistochemistry testing being completed.

[Lung cancer \(clinical\) NBPDS Health!](#), Standard 14/05/2015  
**Conditional obligation:** Conditional on immunohistochemistry testing being completed.