Carcinomas of the Larynx, Hypopharynx and Trachea Histopathology Reporting Proforma



Includes the reporting dataset denoted by *

	Sex Male Female Intersex/indeterminate Ethnicity Unknown Aboriginal/Torres Strait Islander (AU) Māori (NZ) Other ethnicity: request S1.03 Accession number
Clinical information	New primary lesion or recurrence
S1.02 O Not provided OR	 New primary Recurrence - regional, <i>describe</i> Recurrence - distant, <i>describe</i> Recurrence - distant, <i>describe</i> *Operative procedure Text OR (select all that apply)
Neoadjuvant therapy	
 Information not provided Not administered Administered, specify type (select all that apply) Chemotherapy Radiotherapy Targeted therapy, specify if available 	 Biopsy (excisional, incisional), specify Resection, specify Resection, specify Neck (lymph node) dissection*, specify
Immunotherapy, <i>specify if available</i>	
	Other, <i>specify</i>
Time interval since therapy, <i>specify</i>	* If a neck dissection is submitted, then a separate dataset is used to record the information.
	S1.04 PRINCIPAL CLINIICIAN

G1.01 ADDITIONAL COMMENTS	S2.06 *TUMOUR SITE (select all that apply)
	Cannot be assessed
	 No macroscopically visible tumour Trachea
	Left Right
	☐ Midline
Macroscopic findings	Hypopharynx
	Left Right Midline Laterality not specified
S2.01 SPECIMEN LABELLED AS	
	Pharyngeal wall (posterior and/or lateral)
S2.02 * OPERATIVE PROCEDURE	Other, <i>specify</i>
O Not specified	
Biopsy (excisional, incisional), <i>specify</i>	Larynx, supraglottis
	Left I Right
Resection, <i>specify</i>	☐ Midline
	Epiglottis
Neck (lymph node) dissection*, specify	Laryngeal aspect
	Aryepiglottic fold
	 Arytenoid False vocal cord/fold
• Other, <i>specify</i>	
	Larynx, glottis
* If a neck dissection is submitted, then a separate	Left Right
dataset is used to record the information.	Midline Laterality not specified
	True vocal cord/fold
	 Anterior commissure Posterior commissure
\$2.03 *SPECIMENS SUBMITTED (select all that apply)	
O Not specified	Larynx, subglottis
	Left Right Midline Laterality not specified
Hypopharynx	Midline Laterality not specified
Other, specify	• Other, <i>specify including laterality</i>
Transoral laser excision	S2.06 *TUMOUR FOCALITY
Total laryngectomy	
Other, <i>specify</i>	Bilateral
	Multifocal, specify number of tumours in specimen
	•
	Cannot be assessed, <i>specify</i>
	•
S2.04 SPECIMEN DIMENSIONS Record for each specimen submitted	
	S2.07 *MAXIMUM DIMENSION OF LARGEST TUMOUR
mm x mm x mm	
	mm
	Cannot be assessed, <i>specify</i>
	·

G2.01 ADDITIONAL DIMENSIONS OF LARGEST TUMOUR	Microscopic findings
Additional dimensions (largest tumour)	
mm x mm	S3.01 * HISTOLOGICAL TUMOUR TYPE (select all that apply (Value list from the World Health Organization Classification of Head and Neck Tumours (2017))
G2.02 DEPTH OF INVASION mm G3.03 INVOLVEMENT OF THYROID CARTILAGE AND ANTERIOR SOFT TISSUES OF THE NECK Not identified Present, specify	 Squamous cell carcinoma, conventional type Squamous cell carcinoma, variant types Adenosquamous carcinoma Basaloid squamous cell carcinoma Papillary squamous cell carcinoma Spindle cell squamous cell carcinoma Verrucous squamous cell carcinoma Lymphoepithelial carcinoma Neuroendocrine carcinoma Well differentiated neuroendocrine carcinoma Poorly differentiated neuroendocrine carcinoma
G2.04 TUMOUR DESCRIPTION (select all that apply)	Small cell neuroendocrine carcinoma
Exophytic Polypoid Endophytic Nodular Ulcerated	 Large cell neuroendocrine carcinoma Combined (or composite) neuroendocrine carcinoma, with squamous or adenosquamous component Carcinomas of minor salivary glands Adenoid cystic carcinoma, <i>specify grade</i>
G3.05 MUCOSAL SURFACE ABNORMALITIES/LESION(S)	
 Not identified Present, describe and measure 	Mucoepidermoid carcinoma, <i>specify grade</i>
G3.06 MACROSCOPIC DISTANCE TO CLOSEST MARGIN(S) mm Specify margin(s)	Other, specify Other, specify Other, specify
	S3.02 *HISTOLOGICAL GRADE
G2.07 DISTANCE OF EDGE OF TUMOUR TO TRACHEOSTOMY SITE G2.08 MACROSCOPIC INVOLVEMENT OF OTHER TISSUES Laryngeal cartilage, specify numbers involved Extralaryngeal tissues	 Not applicable GX: Cannot be assessed G1: Well differentiated G2: Moderately differentiated G3: Poorly differentiated Other, specify
Other, <i>describe</i>	
	S3.03 *EXTENT OF INVASION** (select all that apply) Larynx Not identified
S2.08 INK APPLICATION AND BLOCK IDENTIFICATION KEY	 Not identified Involves mucosa Involves paraglottic space Involves pre-epiglottic space Partial thickness invasion of cartilage Full thickness invasion of cartilage Tumour thickness
G2.09 ADDITIONAL MACROSCOPIC COMMENTS	
	Hypopharynx Tissue layers involved, specify

S3.04 *TUMOUR THICKNESS	
	G3.02 *COEXISTENT PATHOLOGY (select all that apply)
mm	None identified
	 Necrotizing sialometaplasia Infection, <i>specify</i>
G3.01 *PATTERN OF INVASIVE FRONT (Resection specimens only, not applicable to biopsies)	
Cohesive	
Non-cohesive	Dysplasia, <i>specify type and grade</i>
	
S3.05 *PERINEURAL INVASION	Other, <i>specify</i>
 Not identified Present Cannot be assessed, specify 	
S3.06 *LYMPHOVASCULAR INVASION	G2.03 RADIATION INDUCED TISSUE DAMAGE
Not identified Present	O Not identified
Cannot be assessed, <i>specify</i>	Identified, <i>specify</i> (describe induced damage, if possible)
*	Cannot be assessed, <i>specify</i> (describe reason, if possible)
S3.07 *MARGIN STATUS Invasive carcinoma	
Specify margin(s), if possible	
	G3.04 ADDITIONAL MICROSCOPIC COMMENT
Vot involved	
Distance from closest margin mm	
 Distance not assessable 	
Specify closest margin, if possible	
	Ancillary findings
Carcinoma in situ/high-grade dysplasia**	G4.01 *ANCILLARY STUDIES
Involved Specify margin(s), if possible	Not performed
	Performed, <i>specify</i>
◯ Not involved	
Distance from closest margin mm	
 Distance not assessable 	
Specify closest margin, if possible	
Cannot be assessed, <i>specify</i>	
** High-grade dysplasia is synonymous with moderate/	
severe dysplasia.	

Synthesis and overview

S5.01 ***PATHOLOGICAL STAGING** (AJCC 8th Edition)##

TNM Descriptors (only if applicable) (select all that apply)

- m multiple primary tumours
- 🗌 r recurrent
- y post-therapy

Supraglottis

- TX Primary tumour cannot be assessed
- Tis Carcinoma in situ
- T1 Tumour limited to one subsite of supraglottis with normal vocal cord mobility
- T2 Tumour invades mucosa of more than one adjacent subsite of supraglottis or glottis or region outside the supraglottis (e.g. mucosa of base of tongue, vallecula, medial wall of pyriform sinus) without fixation of the larynx
- T3 Tumour limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, pre-epiglottic space, paraglottic space, and/or inner cortex of thyroid cartilage
- T4 Moderately advanced or very advanced
 T4a Moderately advanced local disease
 Tumour invades through the outer cortex of the thyroid cartilage and/or invades tissues beyond
- thyroid cartilage and/or invades tissues beyond the larynx (e.g. trachea, soft tissues of neck including deep/extrinsic muscle of tongue, strap muscles, thyroid, or oesophagus
- T4b Very advanced local disease Tumour invades prevertebral space, encases carotid artery, or invades mediastinal structures

Glottis

- TX Primary tumour cannot be assessed
- Tis Carcinoma in situ
- T1 Tumour limited to the vocal cord(s) (may involve anterior or posterior commissure) with normal mobility
- T1a Tumour limited to one vocal cord
- T1b Tumour involves both vocal cords
- T2 Tumour extends to supraglottis and/or subglottis and/or with impaired vocal cord mobility
- T3 Tumour limited to the larynx with vocal cord fixation and/or invasion of paraglottic space, and/ or inner cortex of the thyroid cartilage
- T4 Moderately advanced or very advanced
- T4a Moderately advanced local disease
 - Tumour invades through the outer cortex of the thyroid cartilage and/or invades tissues beyond the larynx (e.g. trachea, cricoid cartilage, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid or oesophagus)
- T4b Very advanced local disease
 Tumour invades prevertebral space, encases
 carotid artery, or invades mediastinal structures

G5.02 Edition/versoin number of the Endometrial Cancer Structured Reporting Protocol.

Subglottis

- TX Primary tumour cannot be assessed
- Tis Carcinoma in situ
- T1 Tumour limited to subglottis
- T2 Tumour extends to vocal cord(s) with normal or impaired mobility
- T3 Tumour limited to larynx with vocal cord fixation and/or invasion of paraglottic space and/or inner cortex of the thyroid cartilage
- OT4 Moderately advanced or very advanced
- T4a Tumour invades cricoid or thyroid cartilage and/ or invades tissues beyond the larynx (e.g. trachea, soft tissues of neck including deep/extrinsic muscles of the tongue, strap muscles, thyroid, oesophagus)
- T4b Very advanced local disease

Tumour invades prevertebral space, encases carotid artery, or invades mediastinal structures

Primary tumour: Hypopharynx

- TX Primary tumour cannot be assessed
- Tis Carcinoma in situ
- T1 Tumour limited to one subsite of hypopharynx and/or 2 cm or smaller in greatest dimension
- T2 Tumour invades more than one subsite of hypopharynx or an adjacent site, or measures larger than 2 cm but not larger than 4 cm in greatest dimension without fixation of hemilarynx
- T3 Tumour larger than 4 cm in greatest dimension, or with fixation of hemilarynx or extension to oesophageal mucosa
- T4 Moderately advanced and very advanced local disease
- T4a Moderately advanced local disease Tumour invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, oesophageal muscle or central compartment soft tissue[#]
- T4b Very advanced local disease
 Tumour invades prevertebral fascia, encases
 carotid artery, or invades mediastinal structures
 - # Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.
 - ## Used with permission of the American College of Surgeons, Chicago, Illinois. The original source for this information is the AJCC Cancer Staging Manual, Eighth Edition (2016) published by Springer Science+Business Media
- G5.01 DIAGNOSTIC SUMMARY Include: Specimen(s) submitted; Tumour type; Tumour grade; Lymphovascular involvement; Perineural involvement; Margins of resection; Tumour stage.

S5.02 OVERARCHING COMMENT