


Carcinomas of the Oral Cavity Histopathology Reporting Proforma



Includes the  International Collaboration on Cancer reporting dataset denoted by *

Family name

Given name(s)

Date of birth

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Date of request

S1.03 Accession number

Requesting doctor - name and contact details

Sex

- Male
 Female
 Intersex/indeterminate

Ethnicity

- Unknown
 Aboriginal/Torres Strait Islander (AU)
 Māori (NZ)
 Other ethnicity:

Clinical information

S1.02 Not provided OR

Anatomical site of lesion

Laterality of the lesion

- Left Right

Clinical history

Human papilloma virus (HPV) status

Clinical diagnosis or differential diagnosis

*** Operative procedure** (select all that apply)

- Not specified
 Biopsy (excisional, incisional), *specify*

Resection, *specify*

Glossectomy, *specify*

Buccal mucosa, *specify*

Lip, *specify*

Mandibulectomy, *specify*

Maxillectomy, *specify*

Palatotomy, *specify*

Neck (lymph node) dissection*, *specify*

Other, *specify*

* If a *neck dissection* is submitted, then a separate protocol is used to record the information.

Any involvement of adjacent structures

- Not stated

*** Neoadjuvant therapy**

- Information not provided
- Not administered
- Administered, *specify type (select all that apply)*
 - Chemotherapy
 - Radiotherapy
 - Targeted therapy, *specify if available*

- Immunotherapy, *specify if available*

- Time interval since therapy, *specify*

New primary lesion or recurrence

- New primary
- Recurrence - regional, *describe*
- Recurrence - distant, *describe*

G1.01 COPY TO DOCTORS

S1.04 PRINCIPAL CLINICIAN

G1.02 ADDITIONAL COMMENTS

Macroscopic findings

S2.01 SPECIMEN LABELLED AS

S2.02 * OPERATIVE PROCEDURE

- Not specified
- Biopsy (excisional, incisional), *specify*

- Resection, *specify*

- Glossectomy, *specify*

- Buccal mucosa, *specify*

- Lip, *specify*

- Mandibulectomy, *specify*

- Maxillectomy, *specify*

- Palatectomy, *specify*

- Neck (lymph node) dissection*, *specify*

- Other, *specify*

* *If a neck dissection is submitted, then a separate protocol is used to record the information.*

S2.03 * SPECIMENS SUBMITTED (select all that apply)

- Not specified
- Lip
- Tongue
- Gingiva
- Floor of mouth
- Hard palate
- Other, *specify*
- Buccal mucosa
- Buccal vestibule
- Retromolar trigone
- Alveolar process
- Mandible
- Maxilla

Appearance

S2.04 * MACROSCOPIC TUMOUR SITE (select all that apply)

Lip

- Vermilion border upper lip
 - Left Right
 - Midline Laterality not specified
- Vermilion border lower lip
 - Left Right
 - Midline Laterality not specified
- Mucosa of upper lip
 - Left Right
 - Midline Laterality not specified
- Mucosa of lower lip
 - Left Right
 - Midline Laterality not specified
- Commissure of lip
 - Left Right Laterality not specified

Oral cavity

- Lateral border of tongue
 - Left Right Laterality not specified
- Ventral surface of tongue, not otherwise specified (NOS)
 - Left Right
 - Midline Laterality not specified
- Dorsal surface of tongue, NOS
 - Left Right
 - Midline Laterality not specified
- Anterior two-thirds of tongue, NOS
 - Left Right
 - Midline Laterality not specified
- Upper gingiva (gum)
 - Left Right
 - Midline Laterality not specified
- Anterior floor of mouth
 - Left Right
 - Midline Laterality not specified
- Floor of mouth, NOS
 - Left Right
 - Midline Laterality not specified
- Hard palate
 - Left Right
 - Midline Laterality not specified
- Buccal mucosa (inner cheek)
 - Left Right Laterality not specified
- Retromolar trigone
 - Left Right Laterality not specified
- Vestibule of mouth
 - Maxillary
 - Left Right
 - Midline Laterality not specified
 - Mandibular
 - Left Right
 - Midline Laterality not specified
- Alveolar process
 - Maxillary
 - Left Right
 - Midline Laterality not specified
 - Mandibular
 - Left Right
 - Midline Laterality not specified
- Other, specify including laterality

G2.01 * TUMOUR FOCALITY

- Unifocal
- Bilateral
- Multifocal, specify number of tumours in specimen
- Cannot be assessed, specify

S2.05 * TUMOUR DIMENSIONS (select all that apply)

- Cannot be determined/surgical resection margins involved
- Maximum tumour surface dimension (largest tumour)
 mm
- Macroscopic depth of invasion
(to reconstructed basement membrane)
 mm

S2.06 INK APPLICATION AND BLOCK IDENTIFICATION KEY

G2.02 ADDITIONAL MACROSCOPIC COMMENTS

Macroscopic findings

S3.01 * TUMOUR TYPE (select all that apply)
(Value list from the World Health Organization Classification)

- Squamous cell carcinoma
 - Conventional
 - Verrucous carcinoma
 - Basaloid squamous cell carcinoma
 - Papillary squamous cell carcinoma
 - Spindle cell carcinoma
 - Acantholytic squamous cell carcinoma
 - Adenosquamous cell carcinoma
 - Carcinoma cuniculatum
- Salivary gland neoplasm
- Neuroendocrine carcinoma, specify type
- Secretory carcinoma
- Mucoepidermoid carcinoma
 - Low grade
 - Intermediate grade
 - High grade

S3.01 * TUMOUR TYPE (continued)

- Adenoid cystic carcinoma
 - Tubular/cribriform pattern predominant
 - Solid pattern (*specify if <30% or >30%*)
- Polymorphous adenocarcinoma
 - Classic, *specify grade*
 - Cribriform
- (Hyalinizing) Clear cell carcinoma
- Myoepithelial carcinoma
- Adenocarcinoma, NOS
 - Low grade
 - Intermediate grade
 - High grade
- Carcinoma ex pleomorphic adenoma, *specify tumour type(s) eg salivary duct adenocarcinoma, NOS*
 - Intracapsular
 - Minimally invasive
 - Widely invasive
- Undifferentiated (no or limited differentiation)
- Other, *specify type*
- Cannot be assessed, *specify*

S3.02 * HISTOLOGICAL TUMOUR GRADE
(Conditional on squamous cell carcinoma selected in S3.01)

- Not applicable
- GX: Cannot be assessed
- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated
- Cannot be assessed, *specify*

S3.03 TUMOUR SIZE (greatest surface dimensions or diameter)

x

S3.04 * DEPTH OF INVASION

- ≤5 mm depth of invasion
- >5 mm and ≤10 mm depth of invasion
- >10 mm depth of invasion
- Cannot be assessed, *specify*

S3.05 * GROWTH PATTERN OF INVASION AT INVASIVE FRONT

- Cohesive
 - Broad bulbous islands of cells
 - Strands of cells (>15 cells across)
- Non-cohesive
 - Narrow strands or small islands of infiltrating cells
 - Single infiltrating keratinocytes
- Widely dispersed

G3.01 * RESPONSE TO NEOADJUVANT THERAPY

- No prior treatment
- Incomplete response
- Complete response
- Response cannot be assessed, *explain reasons*

S3.06 * LYMPHOVASCULAR INVASION

- Not identified
- Present
- Cannot be assessed, *specify*

S3.07 * PERINEURAL INVASION AT TUMOUR FRONT

- Not identified
- Present
 - Large (>1 mm diameter)
 - Small (<1 mm diameter)
- Cannot be assessed, *specify*

S3.08 * BONE INVASION

- Not applicable
- Absent
- Present
 - Erosive (cortical)
 - Infiltrative (medullary involvement)
- Cannot be assessed, *specify*

G3.02 INVOLVEMENT OF ADJACENT STRUCTURES

- Absent
- Present, *specify sites*

S3.09 *SURGICAL MARGIN STATUS

Invasive carcinoma

Involved

Specify margin(s), if possible

Not involved

Distance of tumour from closest margin mm

Distance not assessable

Specify closest margin, if possible

Carcinoma in situ/moderate to severe dysplasia

Involved

Specify margin(s), if possible

Not involved

Distance of tumour from closest margin mm

Distance not assessable

Specify closest margin, if possible

G3.03 *COEXISTENT PATHOLOGY (select all that apply)

None identified

Proliferative verrucous leukoplakia

Fungal infection

Dysplasia, specify grade

HPV positive dysplasia

Submucous fibrosis

Inflammation

Other, specify

G3.04 RADIATION INDUCED TISSUE DAMAGE

Not identified

Identified, specify (describe induced damage, if possible)

Cannot be assessed, specify (describe reason, if possible)

G3.05 ADDITIONAL MICROSCOPIC COMMENT

Ancillary findings

G4.01 *ANCILLARY STUDIES

Not performed

Performed, specify

IMMUNOHISTOCHEMICAL STAINS

Antibodies (list as applicable)

Positive

Negative

Equivocal

Interpretation

Clinical significance

IN SITU HYBRIDISATION

Record performing laboratory, result, conclusion, person responsible for reporting

CYTOGENETICS

Record performing laboratory, result, conclusion, person responsible for reporting

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

Primary tumour (T)

TX Primary tumour cannot be assessed

Tis Carcinoma in situ

T1 Tumour <2 cm with depth of invasion (DOI)* <5 mm

T2 Tumour <2 cm, with DOI* >5 mm and <10 mm or tumour >2 cm and <4 cm, with DOI* <10 mm

T3 Tumour >2 cm and <4 cm with DOI* >10 mm or tumour >4 cm with DOI* <10 mm

T4 Moderately advanced or very advanced local disease

T4a Moderately advanced local disease.

Tumour >4 cm with DOI* >10 mm or tumour invades adjacent structures only (e.g., through cortical bone of the mandible or maxilla, or involves the maxillary sinus or skin of the face)

T4b Very advanced local disease.

Tumour invades masticator space, pterygoid plates, or skull base and/or encases internal carotid artery

Note: Superficial erosion of bone/tooth socket (alone) by a gingival primary is not sufficient to classify a tumour as T4

*DOI is depth of invasion and not tumour thickness

Regional lymph nodes (pN)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(-)
- N2 Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); or larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-); or metastasis in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(-); or in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension, ENE(-)
- N2a Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+); or a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-)
- N2b Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(-)
- N2c Metastasis in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(-)
- N3 Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-); or metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); or multiple ipsilateral, contralateral or bilateral nodes any with ENE(+);
- N3a Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-)
- N3b Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); or multiple ipsilateral, contralateral or bilateral nodes any with ENE(+); or a single contralateral node of any size and ENE(+); or multiple ipsilateral, contralateral or bilateral nodes any with ENE(+); or a single contralateral node of any size and ENE(+)

Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L) Similarly, clinical and pathological ENE should be recorded as ENE(-) or ENE(+)

Distant metastasis (pM)

- M0 No distant metastasis
- M1 Distant metastasis

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Anatomic Stage / Prognostic Group

Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage II	T2	N0	M0
Stage III	T3	N0	M0
	T1	N1	M0
	T2	N1	M0
	T3	N1	M0
Stage IVA	T4a	N0	M0
	T4a	N1	M0
	T1	N2	M0
	T2	N2	M0
	T3	N2	M0
	T4a	N2	M0
Stage IVB	Any T	N3	M0
	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

S5.02 Year of publication and edition of cancer staging system

G5.01 DIAGNOSTIC SUMMARY

Include: Type of specimen; Anatomical site; Tumour type; Histological grade; Tumour dimensions; Depth of invasion; Pattern of invasion; Lymphovascular invasion; Perineural invasion; Bone invasion; Involvement or close margins with measurements.

S5.03 OVERARCHING COMMENT

G5.02 Edition/version number of the Structured Reporting Protocol.