Carcinomas of the Hypopharynx, Larynx and Trachea
Histopathology Reporting Guide

Family/Last name
Given name(s)
Patient identifiers
Date of birth
Date of request
Accession/Laboratory number

Elements in black text are CORE. Elements in grey text are NON-CORE.

NEOADJUVANT THERAPY
- Information not provided
- Not administered
- Administered, specify type
  - Chemotherapy
  - Radiotherapy
  - Targeted therapy, specify if available
- Immunotherapy, specify if available

OPERATIVE PROCEDURE (select all that apply)
- Not specified
- Biopsy (excisional, incisional), specify
- Resection, specify
- Neck (lymph node) dissection*, specify
- Other, specify

TUMOUR SITE (select all that apply)
- Cannot be assessed
- No macroscopically visible tumour
- Trachea
  - Left
  - Midline
  - Right
  - Laterality not specified
- Hypopharynx
  - Left
  - Midline
  - Right
  - Laterality not specified
  - Piriform sinus
  - Postcricoid
  - Pharyngeal wall (posterior and/or lateral)
  - Other, specify

SPECIMENS SUBMITTED (select all that apply)
- Not specified
- Trachea
- Hypopharynx
  - Laryngopharyngectomy
  - Other, specify

SPECIMEN DIMENSIONS
Maximum dimension
Additional dimensions

INTERNATIONAL COLLABORATION ON CANCER REPORTING
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International Collaboration on Cancer Reporting (ICCR)
Larynx, supraglottis
- Left
- Midline
- Right
- Laterality not specified
- Epiglottis
  - Lingual aspect
  - Aryepiglottic fold
  - False vocal cord/fold
  - Ventricle
- Arytenoid
- False vocal cord/fold

Larynx, glottis
- Left
- Midline
- Right
- Laterality not specified
- True vocal cord/fold
- Anterior commissure
- Posterior commissure

Larynx, subglottis
- Left
- Midline
- Right
- Laterality not specified

Other, specify including laterality

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

TUMOUR DIMENSIONS
Maximum tumour dimension (largest tumour)

mm

Additional dimensions (largest tumour)

mm x mm

Cannot be assessed, specify

HISTOLOGICAL TUMOUR TYPE (select all that apply)
(Value list from the World Health Organization Classification of Head and Neck Tumours (2017))
- 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
  - Moderately differentiated neuroendocrine carcinoma
  - Poorly differentiated neuroendocrine carcinoma
    - Small cell neuroendocrine carcinoma
    - Large cell neuroendocrine carcinoma
- Combined (or composite) neuroendocrine carcinoma, with squamous or adenosquamous component
- Carcinomas of Minor Salivary Glands
  - Adenoid cystic carcinoma, specify grade
  - Mucoepidermoid carcinoma, specify grade
  - Other, specify

HISTOLOGICAL TUMOUR GRADE
- Not applicable
- Gx: Cannot be assessed
- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated
- Other, specify

EXTENT OF INVASION (select all that apply)
Larynx
- Not identified
- Involves mucosa
- Involves paraglottic space
- Involves pre-epiglottic space
- Partial thickness invasion of cartilage
- Full thickness invasion of cartilage
  - Tumour thickness
    mm

Hypopharynx
- Tissue layers involved, specify

  - Tumour thickness
    mm
**ANCILLARY STUDIES**

(Resection specimens only, not applicable to biopsies)

- **Performed,** specify
- Not performed

**PERINEURAL INVASION**

- Not identified
- Present
- Cannot be assessed, specify

**LYMPHOVASCULAR INVASION**

- Not identified
- Present
- Cannot be assessed, specify

**MARGIN STATUS**

**Invasive carcinoma**

- Involved
  - Specify margin(s), if possible
- Not involved
  - Distance from closest margin **mm**
  - Distance not assessable
  - Specify closest margin, if possible

**Carcinoma in situ/high-grade dysplasia**

- Involved
  - Specify margin(s), if possible
- Not involved
  - Distance from closest margin **mm**
  - Distance not assessable
  - Specify closest margin, if possible
- Cannot be assessed, specify

**PATHOLOGICAL STAGING (UICC TNM 8th edition)**

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

**TNM Descriptors**

- Only if applicable

**Primary tumour (pT)**

- TX - Primary tumour cannot be assessed
- Tis - Carcinoma in situ

**Primary tumour: Hypopharynx**

- T1 - Tumour limited to one subsite of hypopharynx and/or 2 cm or less in greatest dimension
- T2 - Tumour invades more than one subsite of hypopharynx or an adjacent site, or measures more than 2 cm but not more than 4 cm in greatest dimension without fixation of hemilarynx
- T3 - Tumour more than 4 cm in greatest dimension, or with fixation of hemilarynx or extension to oesophageal mucosa
- T4a - Moderately advanced local disease
  - Tumour invades any of the following: thyroid/ cricoid cartilage, hyoid bone, thyroid gland, oesophagus, or central compartment soft tissue
- T4b - Very advanced local disease
  - Tumour invades prevertebral fascia, encases carotid artery, or invades mediastinal structures

**COEXISTENT PATHOLOGY**

- None identified
- Necrotizing sialometaplasia
- Infection, specify
- Dysplasia, specify type and grade
- Hyperplasia, specify
- Other, specify

**PERINEURAL INVASION**

- Cannot be assessed, specify

**LYMPHOVASCULAR INVASION**

- Cannot be assessed, specify

**MARGIN STATUS**

**Invasive carcinoma**

- Involved
  - Specify margin(s), if possible
- Not involved
  - Distance from closest margin **mm**
  - Distance not assessable
  - Specify closest margin, if possible

**Carcinoma in situ/high-grade dysplasia**

- Involved
  - Specify margin(s), if possible
- Not involved
  - Distance from closest margin **mm**
  - Distance not assessable
  - Specify closest margin, if possible
- Cannot be assessed, specify

**PATHOLOGICAL STAGING (UICC TNM 8th edition)**

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**Primary tumour: Hypopharynx**

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- T2 - Tumour invades more than one subsite of hypopharynx or an adjacent site, or measures more than 2 cm but not more than 4 cm in greatest dimension without fixation of hemilarynx
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**Note that the results of lymph node/neck dissection are derived from a separate dataset.**

* Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.
### Primary tumour: Supraglottis

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Tumour limited to one subsite of supraglottis with normal vocal cord mobility</td>
</tr>
<tr>
<td>T2</td>
<td>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 piriform sinus) without fixation of the larynx</td>
</tr>
<tr>
<td>T3</td>
<td>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</td>
</tr>
<tr>
<td>T4a</td>
<td>Moderately advanced local disease</td>
</tr>
<tr>
<td>T4b</td>
<td>Very advanced local disease</td>
</tr>
</tbody>
</table>

### Primary tumour: Glottis

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Tumour limited to the vocal cord(s) (may involve anterior or posterior commissure) with normal mobility</td>
</tr>
<tr>
<td>T1a</td>
<td>Tumour limited to one vocal cord</td>
</tr>
<tr>
<td>T1b</td>
<td>Tumour involves both vocal cords</td>
</tr>
<tr>
<td>T2</td>
<td>Tumour extends to supraglottis and/or subglottis and/or with impaired vocal cord mobility</td>
</tr>
<tr>
<td>T3</td>
<td>Tumour limited to the larynx with vocal cord fixation and/or invades paraglottic space, and/or inner cortex of the thyroid cartilage</td>
</tr>
<tr>
<td>T4a</td>
<td>Tumour invades through the outer cortex of the thyroid cartilage and/or invades tissues beyond the larynx e.g. trachea, soft tissues of neck including deep/extrinsic muscle of the tongue (genioglossus, hyoglossus, palatoglossus and styloglossus), strap muscles, thyroid, oesophagus</td>
</tr>
<tr>
<td>T4b</td>
<td>Tumour invades prevertebral space, encases carotid artery, or mediastinal structures</td>
</tr>
</tbody>
</table>

### Primary tumour: Subglottis

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Tumour limited to subglottis</td>
</tr>
<tr>
<td>T2</td>
<td>Tumour extends to vocal cord(s) with normal or impaired mobility</td>
</tr>
<tr>
<td>T3</td>
<td>Tumour limited to larynx with vocal cord fixation</td>
</tr>
<tr>
<td>T4a</td>
<td>Tumour invades cricoid or thyroid cartilage and/or invades tissues beyond the larynx e.g. trachea, soft tissues of neck including deep/extrinsic muscle of the tongue (genioglossus, hyoglossus, palatoglossus and styloglossus), strap muscles, thyroid, oesophagus</td>
</tr>
<tr>
<td>T4b</td>
<td>Tumour invades prevertebral space, encases carotid artery, or mediastinal structures</td>
</tr>
</tbody>
</table>