If a neck dissection is submitted, then a separate dataset is used to record the information.
**TUMOUR DIMENSIONS**
Maximum tumour dimension (largest tumour)

Additional dimensions (largest tumour)

Cannot be assessed, specify

**HISTOLOGICAL TUMOUR TYPE**
(Value list from the World Health Organization Classification of Head and Neck Tumours (2017))

- Salivary gland carcinoma, specify type
- Neuroendocrine carcinoma, specify type
- Other, specify type

**Carcinomas of the oropharynx**
- Squamous cell carcinoma, conventional
  - Keratinizing
  - Nonkeratinizing
  - Nonkeratinizing with maturation ("partially keratinizing")
- Adenosquamous carcinoma
- Basaloid squamous cell carcinoma
- Papillary squamous cell carcinoma
- Spindle cell carcinoma
- Verrucous carcinoma
- Lymphoepithelial carcinoma

**Carcinomas of the nasopharynx**
- Nonkeratinizing squamous cell carcinoma
  - Differentiated
  - Undifferentiated (lymphoepithelial)
- Keratinizing squamous cell carcinoma
- Basaloid squamous cell carcinoma
- Nasopharyngeal papillary adenocarcinoma

**PERINEURAL INVASION**
(Not applicable for nasopharynx)

- Not identified
- Present
- Cannot be assessed, specify

**LYMPHOVASCULAR INVASION**
(Not applicable for nasopharynx)

- Not identified
- Present
- Cannot be assessed, specify

**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/high-grade dysplasia***
  - Involved
    - Specify margin(s), if possible
  - Not involved
    - Distance of tumour from closest margin
      - mm
      - Distance not assessable
        - Specify closest margin, if possible
  - Not applicable ***
  - Cannot be assessed, specify

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

**DEPTH OF INVASION**

- mm
  - Not applicable
  - Cannot be assessed, specify

**MARGIN STATUS**
- Distance not assessable
  - Specify margin(s), if possible
- Distance not assessable
  - Specify closest margin, if possible
- Not applicable ***
- Cannot be assessed, specify

**** There is no clear morphologic distinction between invasive and in situ carcinoma for HPV-positive oropharyngeal and EBV-positive nasopharyngeal carcinomas, so all carcinoma at margin should be included in evaluation simply as "involved by carcinoma".

***** Only applicable for HPV-negative oropharyngeal and EBV-negative nasopharyngeal tumours and for tonsillar surface disease. High-grade dysplasia is synonymous with moderate/severe dysplasia.
COEXISTENT PATHOLOGY (select all that apply)
- None identified
- Dysplasia^
  - Mild
  - Moderate
  - Severe
    - Focal
    - Multifocal
    - Discontinuous with the primary site
- Carcinoma in situ
  - Focal
  - Multifocal
  - Discontinuous with the primary site
- Other, specify

ANCILLARY STUDIES

Viral testing/Viral tumour markers
OROPHARYNX
- Not performed/unknown
- Performed (select all that apply)
  - p16 immunohistochemistry
    - Positive
      - >70% nuclear and cytoplasmic staining of at least moderate to strong intensity
    - Other criterion used, specify
  - Negative

Criteria used to determine results, specify

High risk HPV specific testing
- DNA PCR
  - Not identified
  - Present
- DNA in situ hybridization
  - Not identified
  - Present
- E6/E7 mRNA in situ hybridization
  - Not identified
  - Present
- E6/E7 mRNA RTPCR
  - Not identified
  - Present

Viral testing/Viral tumour markers
NASOPHARYNX
- Not performed/unknown
- Performed
  - EBV (EBER) in situ hybridization - Positive
  - EBV (EBER) in situ hybridization - Negative

Other ancillary studies
- Not performed
- Performed, specify

PATHOLOGICAL STAGING (UICC TNM 8th edition)"

TNM Descriptors (only if applicable) (select all that apply)
- m - multiple primary tumours
- r - recurrent
- y - post-therapy

Primary tumour (pT)****

p16 Positive oropharynx
- T0 No evidence of primary tumour, but p16 positive cervical node(s) involved
- T1 Tumour 2 cm or less in greatest dimension
- T2 Tumour more than 2 cm but not more than 4 cm in greatest dimension
- T3 Tumour more than 4 cm in greatest dimension or extension to lingual surface of epiglottis
- T4 Tumour invades any of the following: larynx^^, deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), medial pterygoid, hard palate, mandible^^, lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, skull base; or encases carotid artery

p16 Negative oropharynx
- Tis Carcinoma in situ
- T1 Tumour 2 cm or less in greatest dimension
- T2 Tumour more than 2 cm but not more than 4 cm in greatest dimension
- T3 Tumour more than 4 cm in greatest dimension or extension to lingual surface of epiglottis
- T4a Moderately advanced local disease
  Tumour invades any of the following: larynx^^, deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), medial pterygoid, hard palate, or mandible
- T4b Very advanced local disease
  Tumour invades any of the following: lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, skull base; or encases carotid artery

Nasopharynx
- T0 No evidence of primary tumour, but EBV-positive cervical node(s) involved
- T1 Tumour confined to the nasopharynx, or extends to oropharynx and/or nasal cavity without parapharyngeal involvement
- T2 Tumour with extension to parapharyngeal space and/or infiltration of the medial pterygoid, lateral pterygoid, and/or prevertebral muscles
- T3 Tumour invades bony structures of skull base cervical vertebra, pterygoid structures, and/or paranasal sinuses
- T4 Tumour with intracranial extension and/or involvement of cranial nerves, hypopharynx, orbit, parotid gland, and/or infiltration beyond the lateral surface of the lateral pterygoid muscle

**** If a lymph node/neck dissection is submitted, then a separate dataset is to be completed for the corresponding neck nodal disease specimen(s).

^^ Mucosal extension to lingual surface of epiglottis from primary tumours of the base of the tongue and vallecula does not constitute invasion of the larynx.