Histological tumour type (Core)

Reason/Evidentiary Support

The latest World Health Organization (WHO) classification of carcinomas of the oropharynx[1] has simplified the nomenclature of oropharyngeal squamous cell carcinoma to HPV-positive (p16 positivity an acceptable surrogate marker) and HPV-negative (p16 negativity an acceptable surrogate marker), removing further histologic typing. This is because for HPV/p16 positive squamous cell carcinomas, histologic subtype (nonkeratinizing, basaloid, papillary, etc) does not appear to further segregate outcomes in any meaningful or reproducible way. However, even if HPV/p16 status is known, the histologic type can still be useful for pathology practice (comparison to possible new primaries, for frozen sections, and for comparison with possible metastases that may subsequently occur). In this dataset we recommend recording histological type and viral status as separate data items.

For nasopharyngeal carcinomas, the WHO classification[2] still refers to them by histologic type. However, Epstein-Barr Virus (EBV) status should be assessed and reported as well, if possible.

Salivary gland carcinomas are typed based on the recent WHO classification, and matching the International Collaboration on Cancer Reporting (ICCR) *Carcinomas of the major salivary glands* dataset,[3] including the many new histologic and molecular subtypes. Histologic type essentially defines biologic behaviour amongst salivary gland carcinomas and thus influences prognosis, patterns of recurrence and thus clinical management.[4,5] Refer to the ICCR *Carcinomas of the major salivary glands* dataset[3] for more details.

For neuroendocrine carcinomas, there is a paucity of data regarding stage variables and outcome, but histologic typing provides strong and useful information for treatment and prognosis.

WHO classification of tumours of the nasopharynx[a6]

Descriptor	ICD-O codes
Nasopharyngeal carcinoma	
Nonkeratinizing squamous cell carcinoma	8072/3
Keratinizing squamous cell carcinoma	8071/3
Basaloid squamous cell carcinoma	8083/3
Nasopharyngeal papillary adenocarcinoma (low grade)	8260/3
Salivary gland tumours	
Adenoid cystic carcinoma	8200/3
Salivary gland anlage tumour	

a The morphology codes are from the International Classification of Diseases for Oncology (ICD-O). Behaviour is coded /0 for benign tumours; /1 for unspecified, borderline, or uncertain behaviour; /2 for carcinoma in situ and grade III intraepithelial neoplasia; and /3 for malignant tumours.

WHO classification of tumours of the oropharynx (base of tongue, tonsils, adenoids)[a7]

Descriptor	ICD-O codes
Squamous cell carcinoma	
Squamous cell carcinoma, HPV-positive	8085/3*
Squamous cell carcinoma, HPV-negative	8086/3*
Salivary gland tumours	
Pleomorphic adenoma	8940/0
Adenoid cystic carcinoma	8200/3
Polymorphous adenocarcinoma	8525/3
Haematolymphoid tumours	
Hodgkin lymphoma, nodular lymphocyte predominant	9659/3
Classical Hodgkin lymphoma	
Nodular sclerosis classical Hodgkin lymphoma	9663/3
Mixed cellularity classical Hodgkin lymphoma	9652/3
Lymphocyte-rich classical Hodgkin lymphoma	9651/3
Lymphocyte-depleted classical Hodgkin lymphoma	9653/3
Burkitt lymphoma	9687/3
Follicular lymphoma	9690/3
Mantle cell lymphoma	9673/3
T-lymphoblastic leukaemia/lymphoma	9837/3
Follicular dendritic cell sarcoma	9758/3

a The morphology codes are from the International Classification of Diseases for Oncology (ICD-O). Behaviour is coded /0 for benign tumours; /1 for unspecified, borderline, or uncertain behaviour; /2 for carcinoma in situ and grade III intraepithelial neoplasia; and /3 for malignant tumours.

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2 Chan JKC, Pilch PZ, Kuo TT, Wenig BM, Lee AWM (2005). WHO histological classification of tumours of the nasopharynx. pp 82-84. In: *WHO Classification of Tumours. Pathology and Genetics of Head and Neck Tumours (3rd edition)*. Barnes L, Eveson JW, Reichart P, Sidransky D (eds). IARC, Paris, France.

3 ICCR (International Collaboration on Cancer Reporting) (2018). *Carcinomas of the major salivary glands Histopathology Reporting Guide.* Available at: http://www.iccr-cancer.org/datasets/published-datasets/head-neck (Accessed 13th September 2018).

4 Olarte LS and Megwalu UC (2014). The Impact of Demographic and Socioeconomic Factors on Major Salivary Gland Cancer Survival. *Otolaryngol Head Neck Surg* 150(6):991-998.

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7 Barnes L, Eveson JW, Reichart P, Sidransky D (eds) (2005). *WHO Classification of Tumours. Pathology and Genetics of Head and Neck Tumours (3rd edition).* IARC, Paris, France.