

Histological tumour type (Core)

Reason/Evidentiary Support

The major histologic tumour types of squamous cell carcinoma as recognized by the World Health Organization (WHO) classification are squamous cell carcinoma, conventional type, basaloid, papillary, spindle, adenosquamous, acantholytic, lymphoepithelial, verrucous carcinoma and carcinoma cuniculatum. Hybrid lesions such as verrucous carcinoma and squamous cell carcinoma exist and should be recognized as it may affect prognosis.¹ Subtypes should be assigned for both prognosis and cancer registry.²⁻⁴

Salivary carcinoma histologic type essentially defines its biologic behaviour and thus influences prognosis, patterns of recurrence and thus clinical management.^{5,6} Some carcinoma types (i.e. basal cell adenocarcinoma, conventional acinic cell carcinoma) are more indolent with locoregional recurrence but low nodal and distant metastatic rates.⁷

The major histologic salivary gland carcinomas of minor salivary glands as recognized by the WHO classification are acinic cell carcinoma, adenoid cystic carcinoma, adenocarcinoma not otherwise specified (NOS), (mammary analogue) secretory carcinoma, cystadenocarcinoma, epithelial-myoepithelial carcinoma, mucoepidermoid carcinoma (low, intermediate and high grade), polymorphous adenocarcinoma (low, intermediate and high grade), (hyalinizing) clear cell carcinoma, intraductal carcinoma, carcinosarcoma, myoepithelial carcinoma, oncocytic carcinoma.

Carcinoma ex pleomorphic adenoma is subclassified by type and extent of invasion, the latter including minimally invasive, invasive and intracapsular (non-invasive) cancers. The definition for minimally invasive carcinomas varies, ranging from 1.5 mm to 6 mm. Invasive carcinomas extend beyond 6 mm; non-invasive cancers are completely confined to within the capsule without evidence of penetration into extracapsular tissue. Prior to diagnosing a non-invasive carcinoma ex pleomorphic adenoma, sectioning of the entire lesion for histologic evaluation is recommended to exclude the presence of invasive growth. Prognosis has been linked to degree of invasion with non-invasive and minimally invasive cancers apparently having a better prognosis than invasive cancers.^{8,9}

WHO classification of tumours of the oral cavity and mobile tongue^{a10}

Descriptor	ICD-O codes
Epithelial tumours and lesions	
Squamous cell carcinoma	8070/3
Oral epithelial dysplasia	
Low grade	8077/0
High grade	8077/2

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

References

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