

Margin status (Core)

Reason/Evidentiary Support

All surgical margins should be measured in millimetres histologically for both mucosal and deep margins. In the comments section, acknowledgement should be made how the surgical margin was measured, for example if the margin was submitted from the tumour bed margin at the time of the operative procedure rather than from the surgical specimen.¹⁻⁴ The presence of high grade dysplasia/carcinoma in situ at the margin is associated with an increased risk of local recurrence and this should be recorded. The definition of a “close” margin is not standardized but in the oral cavity from a surgical point of view >5 mm is clear and 1-5 mm is close while <1 mm is involved. Acknowledgement is made of fixation and processing distortion on measurements which may cause tissue shrinkage including the surgical margin.⁵ Acknowledgement is also made of any laser or electrocautery associated tissue distortion such as cellular and nuclear polymorphism, nuclear hyperchromatism, epithelial cell separation, collagen denaturation, etc. on measurements including the surgical margin.⁶⁻⁸ Any bone resection margins should be identified and comment on the presence or absence of carcinoma at these margins should be provided.⁹ Dysplastic changes include abnormal cellular organization, increased mitotic activity, and nuclear enlargement with pleomorphism.^{1-4,10-14} Although terminology varies, using the 2017 World Health Organization (WHO) criteria for oral dysplasia, dysplasia limited to the lower one-third of the epithelium is generally referred to as mild dysplasia.¹¹ Moderate dysplasia is defined as cytological atypia extending to the middle third of the epithelium and severe dysplasia extends to the upper third of the epithelium. Carcinoma in situ is considered synonymous with severe dysplasia. Currently the use of a binary grading system similar to laryngeal dysplasia has been proposed but to date lacks validation in the oral cavity. In a binary system low-grade dysplasia includes mild dysplasia and mild-moderate dysplasia. The term high grade dysplasia includes moderate dysplasia, severe dysplasia and carcinoma in situ.¹¹

Reporting of surgical margins for carcinomas of the minor salivary glands should follow those used for squamous cell carcinoma of oral cavity.

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