Pattern of Invasive front (Core)

Reason/Evidentiary Support

The pattern of invasion in oral squamous cell carcinoma has proven prognostic value and should be reported as cohesive or non-cohesive (Figure 3). It is important to evaluate the most complex area of tumour-stroma interface ("worst" area) and ideally assessment should only be made on resection specimens or excisional biopsies. Acknowledgement is made that at times non-surgical treatment decisions are made on incisional biopsy only specimens and consequently the best assessment of pattern of invasion should be noted. Cohesive invasion is defined as broad sheets of cancer cells and/or tumour nests >15 cells across. Non-cohesive invasion shows a spectrum of appearances that includes narrow strands, small groups of <15 tumour cells and single infiltrating tumour cells.¹⁻⁴ For stage T1/T2 oral squamous cell carcinoma, particularly those arising in the tongue there is evidence that tumour satellites localized \geq 1 mm away from the main tumour or nearest satellite (worst pattern of invasion WPOI-5) is a valid adverse prognostic factor.^{2,5}



Figure 3. Pattern of Invasive front

References

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