Sponsored by

Carcinomas of the Nasopharynx and Oropharynx Histopathology Reporting Guide

Family/Last name

Given name(s)

Date of birth DD – MM – YYYY

Patient identifiers

Date of request DD – MM – YYYY

Accession/Laboratory number

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.

SCOPE OF THIS DATASET

NEOADJUVANT THERAPY

- ○ Information not provided
- ○ Not administered
- ○ Administered, *specify type*
  - ☐ Chemotherapy
  - ☐ Radiotherapy
  - ☐ Chemoradiotherapy
  - ☐ Targeted therapy, *specify if available*
  - ☐ Immunotherapy, *specify if available*

OPERATIVE PROCEDURE (select all that apply)

- ○ Not specified
- ☐ Resection, *specify*
  - ○ Transoral laser microsurgical resection
  - ○ Transoral robotic surgical resection
  - ○ Other, *specify*
- ☐ Biopsy (excisional, incisional), *specify*
- ☐ Neck (lymph node) dissection*, *specify*
- ☐ Other, *specify*

* *If a neck dissection is submitted, then a separate dataset is used to record the information.*

SPECIMENS SUBMITTED (select all that apply)

- ○ Not specified
- ☐ Oropharynx
  - ☐ Palatine tonsil
  - ☐ Base of tongue/lingual tonsil
  - ☐ Soft palate
  - ☐ Uvula
  - ☐ Pharyngeal wall (posterior)
  - ☐ Pharyngeal wall (lateral)
  - ☐ Other, *specify*
- ☐ Nasopharynx, *specify if necessary*
- ☐ Other, *specify*

TUMOUR SITE (select all that apply)

- ○ Cannot be assessed
- ☐ Oropharynx
  - ☐ Left ☐ Right
  - ☐ Midline ○ Laterality not specified
    - ☐ Palatine tonsil
    - ☐ Base of tongue/lingual tonsil
    - ☐ Soft palate
    - ☐ Uvula
    - ☐ Pharyngeal wall (posterior)
    - ☐ Pharyngeal wall (lateral)
    - ☐ Other, *specify*
- ☐ Nasopharynx
  - ☐ Left ☐ Right
  - ☐ Midline ○ Laterality not specified
    - ☐ Nasopharyngeal tonsils (adenoids)
    - ☐ Fossa of Rosenmüller
    - ☐ Lateral wall
    - ☐ Other, *specify*
- ☐ Other, *specify including laterality*

Version 1.0 Published September 2018 ISBN: 978-1-925687-18-7
International Collaboration on Cancer Reporting (ICCR)

TUMOUR DIMENSIONS

Maximum tumour dimension (largest tumour)

mm

Additional dimensions (largest tumour)

mm x mm

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")

Acantholytic squamous cell carcinoma
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

Cannot be assessed, *specify*

HISTOLOGICAL TUMOUR GRADE

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

Cannot be assessed, *specify*

DEPTH OF INVASION

mm

Not applicable
Cannot be assessed, *specify*

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*

** *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*

^ *Applicable for oropharyngeal surface mucosal disease only; not for tonsillar crypt epithelium.*

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.*

Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8th Edition, eds James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2017, Publisher Wiley-Blackwell.