


Family/Last name Date of birth Given name(s) Patient identifiers Date of request Accession/Laboratory number Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.  indicates multi-select values indicates single select valuesSCOPE OF THIS DATASET **CLINICAL INFORMATION** 

- Information not provided
- Information provided (select all that apply)
- Previous therapy
- Surgery Chemotherapy
- Targeted therapy, *specify if available* Radiotherapy
- Immunotherapy, *specify if available*
- Other clinical information, *specify*

OPERATIVE PROCEDURE (select all that apply) 

- Not specified
- Biopsy (excisional, incisional, core needle),^a *specify*
- Resection
- Glossectomy, *specify*
- Buccal mucosa, *specify*
- Lip, *specify*
- Mandibulectomy, *specify*
- Maxillectomy, *specify*
- Palatectomy, *specify*
- Neck (lymph node) dissection,^b *specify*
- Other, *specify*

^a Only for small T1 tumours.^b If a **neck (lymph node) dissection** is submitted, then a separate dataset is used to record the information.**SPECIMEN(S) SUBMITTED** (select all that apply) 

- Not specified
- Lip
- Tongue
- Gingiva
- Floor of mouth
- Hard palate
- Buccal mucosa
- Buccal vestibule
- Retromolar trigone
- Alveolar process
- Mandible
- Maxilla
- Neck (lymph node) dissection,^b *specify*
- Other, *specify*

TUMOUR SITE (select all that apply) 

- Not specified
- Lip**
- Mucosal (wet), upper lip
- Mucosal (wet), lower lip
- Oral cavity**
- Lateral border of tongue
- Ventral surface of tongue, NOS
- Dorsal surface of tongue and anterior two-thirds of tongue, NOS
- Floor of mouth, NOS
- Hard palate
- Buccal mucosa (inner cheek)
- Retromolar trigone
- Vestibule of mouth
- Maxillary
- Mandibular
- Alveolar process and gingiva
- Maxillary
- Mandibular
- Mandible
- Maxilla
- Other, *specify*

TUMOUR LATERALITY (select all that apply)

- Not specified
- Left
- Right
- Midline

TUMOUR FOCALITY 

- Unifocal
- Bilateral
- Multifocal

Specify number of tumours

TUMOUR DIMENSIONS (select all that apply) 

Maximum tumour dimension (largest tumour)
(pathology and/or imaging determination)

mm

Additional dimensions (largest tumour)

mm x mm

Cannot be assessed, *specify*

BLOCK IDENTIFICATION KEY 

(List overleaf or separately with an indication of the nature and origin of all tissue blocks)

HISTOLOGICAL TUMOUR TYPE (select all that apply) 

(Value list based on the World Health Organization Classification of Head and Neck Tumours (2024))

- Squamous cell carcinomas and subtypes
 - Squamous cell carcinoma, conventional type
 - Spindle cell (sarcomatoid) squamous cell carcinoma
 - Basaloid squamous cell carcinoma
 - Acantholytic squamous cell carcinoma
 - Adenosquamous carcinoma
 - Papillary squamous cell carcinoma
 - Lymphoepithelial carcinoma
 - Verrucous carcinoma
 - Carcinoma cuniculatum

Salivary gland-type carcinoma,^c *specify type*

Neuroendocrine neoplasm, *specify type*

Other, *specify*

^c For histological type of salivary gland-type carcinomas, refer to the [Carcinomas of the major salivary glands dataset](#).

HISTOLOGICAL TUMOUR GRADE^d 

(Applicable to conventional squamous cell carcinoma, minor salivary gland tumours and neuroendocrine tumours only)

- Grade 1, well differentiated, low grade
- Grade 2, moderately differentiated, intermediate grade
- Grade 3, poorly differentiated, high grade
- Undifferentiated
- High grade transformation

Grading system used, *specify*

Cannot be assessed, *specify*

^d Grading of neuroendocrine tumours is non-core. Use only Grade 1, 2 and 3 for neuroendocrine tumours; neuroendocrine carcinomas are considered high grade by definition and are therefore not graded.

DEPTH OF INVASION 

(Resection specimens and excisional biopsies only; not applicable to incisional biopsies; applicable for squamous cell carcinoma only)

- ≤5 mm
- >5 mm and ≤10 mm
- >10 mm
- Cannot be assessed, *specify*

PATTERN OF INVASIVE FRONT 

(Resection specimens and excisional biopsies only; not applicable to incisional biopsies; applicable for squamous cell carcinoma only)

- Cohesive
- Non-cohesive
- Widely dispersed

EXTENT OF INVASION 

- Not identified
- Present (select all that apply)
 - Clinical observation and/or imaging
 - Histologic

- ↓
- Bone invasion
 - Cortical bone erosion
 - Medullary bone involvement
 - Involves skin of face/neck
 - Involves floor of mouth
 - Involves maxillary sinus
 - Other, *specify*

Cannot be assessed, *specify*

LYMPHOVASCULAR INVASION 

- Not identified
- Present
- Indeterminate, *specify reason*

PERINEURAL INVASION  Not identified PresentNerve size, if known mm Indeterminate, *specify reason***MARGIN STATUS** **Invasive carcinoma** Not involvedDistance of tumour from closest margin mm Distance not assessable

Specify closest margin(s), if possible

 Involved

Specify margin(s), if possible

 Cannot be assessed, *specify***Carcinoma in situ/high grade dysplasia^e** Not applicable Not involvedDistance of carcinoma in situ/high grade dysplasia from closest margin mm Distance not assessable

Specify closest margin(s), if possible

 Involved

Specify margin(s), if possible

 Cannot be assessed, *specify*^e High grade dysplasia is synonymous with moderate/severe dysplasia.**COEXISTENT PATHOLOGY** (select all that apply)  None identified Proliferative verrucous leukoplakia Fungal infection Dysplasia, *specify grade* HPV-associated dysplasia Submucous fibrosis Other, *specify***ANCILLARY STUDIES** **Neuroendocrine neoplasms** (select all that apply) Not applicable Neuroendocrine markers, *specify* Cytokeratin(s), *specify* Ki-67 proliferation index % Rb Retained Deficient p53 Abnormal, *specify* Other, *record test(s), methodology and results***Other tumours** Not performed Performed, *record test(s), methodology and results***Representative blocks for ancillary studies, specify those blocks best representing tumour and/or normal tissue for further study****PATHOLOGICAL STAGING (UICC TNM 8th edition)^f** **TNM Descriptors** (only if applicable) (select all that apply) m - multiple primary tumours r - recurrent y - during or following multimodality therapy**Primary tumour (pT)^g** TX^h Primary tumour cannot be assessed Tis Carcinoma in situ T1 Tumour 2 cm or less in greatest dimension and 5 mm or less depth of invasionⁱ T2 Tumour 2 cm or less in greatest dimension and more than 5 mm depth of invasion or tumour more than 2 cm but not more than 4 cm in greatest dimension and depth of invasion no more than 10 mm T3 Tumour more than 2 cm but not more than 4 cm in greatest dimension and depth of invasion more than 10 mm or tumour more than 4 cm in greatest dimension and not more than 10 mm depth of invasion T4a (Lip) Tumour more than 4 cm in greatest dimension and more than 10 mm depth of invasion or tumour invades through cortical bone, inferior alveolar nerve, floor of mouth, or skin (of the chin or the nose) T4a (Oral cavity) Tumour more than 4 cm in greatest dimension and more than 10 mm depth of invasion or tumour invades through the cortical bone of the mandible or maxilla or involves the maxillary sinus, or invades the skin of the face T4b (Lip and oral cavity) Tumour invades masticator space, pterygoid plates, or skull base, or encases internal carotid artery^f Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley (incorporating any errata published up until 12th July 2024).^g Note that the results of *neck (lymph node) dissection* are derived from a separate dataset.^h TX should be used only if absolutely necessary.ⁱ Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to classify a tumour as T4a.