	cinomas of the Oral Cavity opathology Reporting Guide
Family/Last name	Date of birth DD – MM – YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number DD - MM - YYYY
Elements in black text are CORE. Elements in grey tex indicates multi-select values indicates single set	xt are NON-CORE. SCOPE OF THIS DATASET
CLINICAL INFORMATION	 Gingiva Floor of mouth Hard palate Buccal mucosa Buccal vestibule Retromolar trigone Alveolar process Mandible Maxilla Neck (lymph node) dissection,^b specify Other, specify
Resection Glossectomy, <i>specify</i>	TUMOUR SITE (select all that apply)
Buccal mucosa, <i>specify</i>	Lip
Lip, <i>specify</i>	Mucosal (wet), lower lip Oral cavity Lateral border of tongue
Mandibulectomy, <i>specify</i>	 Ventral surface of tongue, NOS Dorsal surface of tongue and anterior two-thirds of tongue, NOS Electric f mouth NOS
Maxillectomy, <i>specify</i>	
Palatectomy, <i>specify</i>	Vestibule of mouth Maxillary Mandibular
Neck (lymph node) dissection, ^b specify	Alveolar process and gingiva
Other, specify	Mandible Maxilla 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. 	te V

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TUMOUR LATERALITY (select all that apply)	HISTOLOGICAL TUMOUR GRADE
○ Not specified	(Applicable to conventional squamous cell carcinoma, minor salivary gland tumours and neuroendocrine tumours only)
	Grade 1, well differentiated, low grade
└ Right │ Midline	Grade 2, moderately differentiated, intermediate grade
	Grade 3, poorly differentiated, high grade
	 Undifferentiated High grade transformation
	Grading system used, <i>specify</i>
◯ Unifocal ◯ Bilateral	
Specify number of tumours	Cannot be assessed, <i>specify</i>
TUMOUR DIMENSIONS (select all that apply)	^d Grading of neuroendocrine tumours is non-core. Use only Grade 1, 2 and 3 for neuroendocrine tumours; neuroendocrine carcinomas are
Maximum tumour dimension (largest tumour)	considered high grade by definition and are therefore not graded.
(pathology and/or imaging determination)	DEPTH OF INVASION
mm	(Resection specimens and excisional biopsies only; not
	applicable to incisional biopsies; applicable for squamous cell carcinoma only)
Additional dimensions (largest tumour)	
mm × mm	\bigcirc >5 mm and ≤10 mm
Cannot be assessed, <i>specify</i>	O >10 mm Cannot be assessed, <i>specify</i>
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 cell carcinoma Verrucous carcinoma Verrucous carcinoma Carcinoma cuniculatum Salivary gland-type carcinoma, <i>specify type</i> Neuroendocrine neoplasm, <i>specify type</i>	applicable to incisional biopsies; applicable for squamous cell carcinoma only) Cohesive Non-cohesive Widely dispersed EXTENT OF INVASION Present (select all that apply) Clinical observation and/or imaging Bone invasion Cortical bone erosion Medullary bone involvement Involves skin of face/neck Involves floor of mouth Novies maxillary sinus Other, specify Cannot be assessed, specify
Other, specify	LYMPHOVASCULAR INVASION
^c For histological type of salivary gland-type carcinomas, refer to the Carcinomas of the major salivary glands dataset.	

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PERINEURAL INVASION	Cytokeratin(s), <i>specify</i>
○ Not identified	
○ Present	
Nerve size, if known mm	Ki-67 proliferation index
Indeterminate, specify reason	
	Rb Retained Deficient
	Abnormal, <i>specify</i>
MARGIN STATUS	Abhormal, specify
Invasive carcinoma	
	Other, record test(s), methodology and results
Distance of tumour from closest mm	
margin	
 Distance not assessable 	
Specify closest margin(s), if possible	Other tumours
	Not performed Devformed
	Performed, record test(s), methodology and results
◯ Involved	
Specify margin(s), if possible	
	Representative blocks for ancillary studies , specify those blocks best representing tumour and/or normal tissue
	for further study
Cannot be assessed, <i>specify</i>	
Carcinoma in situ/high grade dysplasia [®]	
○ Not applicable	
O Not involved	PATHOLOGICAL STAGING (UICC TNM 8 th edition) ^f
Distance of carcinoma in situ/high mm	TNM Descriptors (only if applicable) (select all that apply)
grade dysplasia from closest margin	m - multiple primary tumours
 Distance not assessable 	🗌 r - recurrent
Specify closest margin(s), if possible	y - during or following multimodality therapy
	Primary tumour (pT) ⁹
	\bigcirc TX ^h Primary tumour cannot be assessed
Involved	\bigcirc Tis Carcinoma in situ
Specify margin(s), if possible	\bigcirc T1 Tumour 2 cm or less in greatest dimension and 5 mm
	or less depth of invasion ⁱ
	T2 Tumour 2 cm or less in greatest dimension and more
Cannot be assessed, <i>specify</i>	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
^e High grade dysplasia is synonymous with moderate/severe dysplasia.	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
COEXISTENT PATHOLOGY (select all that apply)	dimension and not more than 10 mm depth of
○ None identified	invasion
Proliferative verrucous leukoplakia	T4a (Lip) Tumour more than 4 cm in greatest dimension
Fungal infection	and more than 10 mm depth of invasion or tumour invades through cortical bone, inferior alveolar nerve,
Dysplasia, <i>specify grade</i>	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
HPV-associated dysplasia	or tumour invades through the cortical bone of the
Submucous fibrosis	mandible or maxilla or involves the maxillary sinus, or invades the skin of the face
Other, <i>specify</i>	\bigcirc T4b (Lip and oral cavity) Tumour invades masticator
V Other, specify	space, pterygoid plates, or skull base, or encases
	internal carotid artery
	^f Reproduced with permission. Source: UICC TNM Classification of
ANCILLARY STUDIES	Malignant Tumours, 8 th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley
Neuroendocrine neoplasms (select all that apply)	(incorporating any errata published up until 12 th July 2024).
Not applicable	⁹ Note that the results of neck (lymph node) dissection are derived from a
Not applicable Neuroendocrine markers, <i>specify</i>	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.

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