

Carcinomas of the Major Salivary Glands Histopathology Reporting Guide

Family/Last name

Date of birth

DD – MM – YYYY

Given name(s)

Patient identifiers

Date of request

DD – MM – YYYY

Accession/Laboratory number

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.
☐ indicates multi-select values ☐ indicates single select values

SCOPE OF THIS DATASET

CLINICAL INFORMATION



- ☐ Information not provided
☐ Information provided (select all that apply)

☐ Previous therapy

☐ Surgery

☐ Chemotherapy

☐ Radiotherapy

☐ Targeted therapy, *specify if available*

☐ Immunotherapy, *specify if available*

☐ Other clinical information, *specify*

OPERATIVE PROCEDURE (select all that apply)



- ☐ Not specified
☐ Biopsy (excisional, incisional, core needle), *specify*

☐ Resection, *specify*

☐ Neck (lymph node) dissection,^a *specify*

☐ Other, *specify*

^a 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
☒ Parotid gland
☐ Superficial lobe
☐ Deep lobe
☐ Submandibular gland
☐ Sublingual gland
☐ Neck (lymph node) dissection,^a *specify*

☐ Accompanying specimens, *specify*

☐ Other (e.g., partial gland excision), *specify*

^a If a **neck (lymph node) dissection** is submitted, then a separate dataset is used to record the information.

TUMOUR SITE (select all that apply)



- ☐ Not specified
☒ Parotid gland
☐ Superficial lobe
☐ Deep lobe
☐ Submandibular gland
☐ Sublingual gland
☐ Other, *specify*

TUMOUR LATERALITY



- ☐ Not specified
☐ Left
☐ Right

TUMOUR FOCALITY



- ☐ Unifocal
☐ Bilateral
☐ Multifocal

Specify number of tumours

TUMOUR DIMENSIONS

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^b (select all that apply)

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

☐ Mucoepidermoid carcinoma

☐ Adenoid cystic carcinoma

☐ Tubular/cribriform pattern predominant

☐ Solid pattern

% of solid component

 %

☐ Acinic cell carcinoma

☐ Secretory carcinoma

☐ Microsecretory adenocarcinoma

☐ Polymorphous adenocarcinoma

☐ Classic

☐ Cribriform

☐ Hyalinising clear cell carcinoma

☐ Basal cell adenocarcinoma

☐ Intraductal carcinoma

☐ Salivary duct carcinoma, *specify subtype(s)*

☐ Myoepithelial carcinoma

☐ Epithelial-myoepithelial carcinoma

☐ Mucinous adenocarcinoma

☐ Sclerosing microcystic adenocarcinoma

☐ Carcinoma ex pleomorphic adenoma

Carcinoma subtype(s), *specify*

☐ Intracapsular

☐ Minimally invasive ☐ Widely invasive

Distance from capsule

 mm

☐ Carcinosarcoma of the salivary glands

☐ Sebaceous adenocarcinoma

☐ Lymphoepithelial carcinoma

☐ Squamous cell carcinoma

☐ Sialoblastoma

☐ Salivary gland carcinoma NOS

☐ Other, *specify*

^b Not all listed histological tumour types develop in major salivary glands, but are included for completeness when the list is used for minor salivary gland reporting.

HISTOLOGICAL TUMOUR GRADE

(Not applicable to all tumours)

☐ Not applicable

☐ 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*

EXTENT OF INVASION

☐ Not identified

☐ Present (select all that apply)

☐ Clinical observation and/or imaging

☐ Histologic



☐ Macroscopic extraparenchymal extension

☐ Bone

☐ Superficial cortical involvement

☐ Medullary bone involvement

☐ Skin

☐ Facial nerve

☐ Other, *specify*

☐ Cannot be assessed, *specify*

LYMPHOVASCULAR INVASION

☐ Not identified

☐ Present

☐ Indeterminate, *specify reason*

PERINEURAL INVASION

☐ Not identified

☐ Present

Nerve size, if known

 mm

Location

☐ Intratumoural

☐ Extratumoural

Degree of extent

☐ Focal

☐ Extensive

☐ Indeterminate, *specify reason*

MARGIN STATUS

☐ Not involved by invasive carcinoma

Distance of tumour from closest margin mm

☐ Distance not assessable

Specify closest margin(s), if possible

☐ Involved by invasive carcinoma

Specify margin(s), if possible

☐ Cannot be assessed, *specify*

COEXISTENT PATHOLOGY (select all that apply)

- ☐ None identified
- ☐ Oncocytic metaplasia
- ☐ Tumour-associated lymphoid proliferation (TALP)
- ☐ Intercalated duct hyperplasia/adenoma
- ☐ Concurrent benign tumour(s), *specify*

☐ Other, *specify*

ANCILLARY STUDIES

- ☐ Not performed
- ☐ Performed (select all that apply)

☐ Immunohistochemistry biomarkers, *specify test(s) and result(s)*

☐ Molecular biomarkers, *specify test(s) and result(s)*

☐ Other, *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)^c

TNM Descriptors (only if applicable) (select all that apply)

- ☐ m - multiple primary tumours
- ☐ r - recurrent
- ☐ y - during or following multimodality therapy

Primary tumour (pT)^d

- ☐ TX^e Primary tumour cannot be assessed
- ☐ T0 No evidence of primary tumour
- ☐ Tis Carcinoma in situ
- ☐ T1 Tumour 2 cm or less in greatest dimension without extraparenchymal extension^f
- ☐ T2 Tumour more than 2 cm but not more than 4 cm in greatest dimension without extraparenchymal extension^f
- ☐ T3 Tumour more than 4 cm and/or tumour with extraparenchymal extension^f
- ☐ T4a Moderately advanced local disease
Tumour invades skin, mandible, ear canal, and/or facial nerve
- ☐ T4b Very advanced local disease
Tumour invades base of skull and/or pterygoid plates, and/or encases carotid artery

^c 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).

^d Note that the results of *neck (lymph node) dissection* are derived from a separate dataset.

^e TX should be used only if absolutely necessary.

^f Extraparenchymal extension is clinical or macroscopic evidence of invasion of soft tissues or nerve, except those listed under T4a and T4b. Microscopic evidence alone does not constitute extraparenchymal extension for classification purposes.