S3.01 The tumour type must be recorded.

CS3.01a In most published studies more than 90% of cases of oral cancer are squamous cell carcinomas.\textsuperscript{14}

CS3.01b Histological subtype of oral squamous cell carcinoma should be recorded\textsuperscript{16} which includes: conventional (in the majority of cases), verrucous, papillary, acantholytic, adenosquamous, basaloid, spindle cell (sarcomatoid), cuniculatum, undifferentiated.\textsuperscript{14,16} These subtypes of oral squamous cell carcinomas often occur alone however ‘hybrid’ forms may occur combining varying ratios of more than one subtype. Verrucous carcinomas are locally destructive and have a good prognosis since nodal metastases generally do not occur.\textsuperscript{16} Adenosquamous carcinomas and basaloid squamous carcinomas have a poor prognosis due to extensive local spread as well as early local and distant spread.\textsuperscript{24-25} The prognosis of the other subtypes is uncertain.\textsuperscript{16}

Appendix 4 WHO classification of histology and grading of squamous cell carcinoma

WHO classification of tumours of the oral cavity and oropharynx

**Malignant epithelial tumours**

- Squamous cell carcinoma 8070/3\textsuperscript{a}
- Verrucous carcinoma 8051/3
- Basaloid squamous cell carcinoma 8083/3
- Papillary squamous cell carcinoma 8052/3
- Spindle cell carcinoma 8074/3
- Acantholytic squamous cell carcinoma 8075/3
- Adenosquamous carcinoma 8560/3
- Carcinoma cuniculatum 8051/3
- Lymphoepithelial carcinoma 8082/3

**Epithelial precursor lesions**

**Benign epithelial tumours**

- Papillomas 8050/0
- Squamous cell papilloma and verruca vulgaris
- Condyloma acuminatum
- Focal epithelial hyperplasia

- Granular cell tumour 9580/0
- Keratoacanthoma 8071/1

**Salivary gland tumours**

Salivary gland carcinomas
Acinic cell carcinoma 8550/3
Mucoepidermoid carcinoma 8430/3
Adenoid cystic carcinoma 8200/3
Polymorphous low-grade adenocarcinoma 8525/3
Basal cell adenocarcinoma 8147/3
Epithelial-myoepithelial carcinoma 8562/3
Clear cell carcinoma, not otherwise specified 8310/3
Cystadenocarcinoma 8450/3
Mucinous adenocarcinoma 8480/3
Oncocytic carcinoma 8290/3
Salivary duct carcinoma 8500/3
Myoepithelial carcinoma 8982/3
Carcinoma ex pleomorphic adenoma 8941/3

Salivary gland adenomas
Pleomorphic adenoma 8940/0
Myoepithelioma 8982/0
Basal cell adenoma 8147/0
Canalicular adenoma 8149/0
Duct papilloma 8503/0
Cystadenoma 8440/0

Soft tissue tumours
Kaposi sarcoma 9140/3
Lymphangioma 9170/0
Ectomesenchymal chondromyxoid tumour
Focal oral mucinosis
Congenital granular cell epulis

Haematolymphoid tumours
Diffuse large B-cell lymphoma (DLBCL) 9680/3
Mantle cell lymphoma 9673/3
Follicular lymphoma 9690/3
Extranodal marginal zone B-cell lymphoma of MALT type 9699/3
Burkitt lymphoma 9687/3
T-cell lymphoma (incl. anaplastic large cell lymphoma) 9714/3
Extramedullary plasmacytoma 9734/3
Langerhans cell histiocytosis 9751/1
Extramedullary myeloid sarcoma 9930/3
Follicular dendritic cell sarcoma / tumour 9758/3

Mucosal malignant melanoma 8720/3

Secondary tumours

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a Morphology code of the International Classification of Diseases for Oncology (ICD-O) and the Systematized Nomenclature of Medicine (SNOMED).
The prefix D-indicates the Disease code of SNOMED

Behaviour is coded /0 for benign tumours, /3 for malignant tumours, and /1 for borderline or uncertain behaviour.