

A guide to Carcinomas of the Oral Cavity Histopathology Reporting



Includes the  International Collaboration on Cancer reporting dataset denoted by *

Clinical details		Microscopic findings			
S1.02	Clinical information on request form	Not provided OR Text OR Structured entry below:	S3.01 * Tumour type	See p3	
	Anatomical site	Text	S3.02 * Histologic grade	Not applicable GX: Cannot be assessed G1: Well differentiated G2: Moderately differentiated G3: Poorly differentiated	
	Laterality of the lesion	Not stated Left Right	<i>This is conditional on Squamous cell carcinoma being selected in S3.01</i>		
	Clinical history	Text OR Not stated	S3.03	Tumour size (greatest surface dimensions or diameter)	_ x _ mm Notes: length x width
	Human papilloma virus (HPV) status	Text	S3.04 * Depth of invasion	See p3	
	Clinical diagnosis or differential diagnosis	Text	S3.05 * Growth pattern of invasion at the invasive front	Cohesive Non-cohesive Widely dispersed	
	* Operative procedure	See p2		<i>Presentation of cohesive cells</i>	Broad bulbous islands of cells Strands of cells (>15 cells across)
	Involvement of adjacent structures	Text OR Not stated		<i>Presentation of non-cohesive cells</i>	Narrow strands or small islands of infiltrating cells Single infiltrating keratinocytes
	* Neoadjuvant therapy	See p2	G3.01 * Response to neoadjuvant therapy	See p3	
	New primary lesion or recurrence	New primary Recurrence - regional, <i>describe</i> Recurrence - distant, <i>describe</i>	S3.06 * Lymphovascular invasion	Not identified Present Cannot be assessed, <i>specify</i>	
G1.01	Copy to doctors	Text	S3.07 * Perineural invasion at tumour front	Not identified Present Can't be assess'd, <i>specify</i>	
S1.03	Pathology accession number	Text		* Size of nerves involved	Large (>1 mm diameter) Small (<1 mm diameter)
S1.04	Principal clinician	Text	S3.08 * Bone invasion	See p3	
G1.02	Comments	Text	G3.02	Involvement of adjacent structures	Absent Present, <i>specify sites</i>
Macroscopic findings			S3.09 * SURGICAL MARGIN STATUS	See p3	
S2.01	Specimen labelled as	Text		* Distance to tumour	__mm
S2.02	* Operative procedure	See p2	G3.03 * Coexistent pathology	See p3	
S2.03	* Specimen submitted	See p2	G3.04	Radiation induced tissue damage <i>If identified, specify a description of induced damage, if possible. If cannot be assessed, specify a reason if possible.</i>	Not identified Identified, <i>specify</i> Cannot be assessed, <i>specify</i>
	Appearance	Text	G3.05	Other microscopic comment	Text
S2.04	* Macroscopic tumour site	See p2			
G2.01	* Tumour focality	Unifocal Bilateral Multifocal, <i>specify number of tumours in specimen</i> Cannot be assessed, <i>specify</i>			
S2.05	* Maximum tumour surface dimension (largest tumour)	Cannot be assessed, <i>specify</i> OR _ mm			
	* Macroscopic depth of invasion	Cannot be assessed, <i>specify</i> OR _ mm			
S2.06	Ink application and block identification key	Text			
G2.02	Additional macroscopic comments	Text			

Ancillary test findings

G4.01 *IMMUNOHISTOCHEMISTRY STAINS

Performed No
Yes

Antibodies Positive
Negative
Equivocal

Interpretation Text

Clinical significance Text

IN SITU HYBRIDISATION

Performed No
Yes

Performing laboratory Text

Result Text

Conclusion Text

Person responsible for reporting Text

CYTOGENETICS

Performed No
Yes

Performing laboratory Text

Result Text

Conclusion Text

Person responsible for reporting Text

Synthesis and overview

S5.01 *PATHOLOGICAL STAGING See p3

S5.02 Year and Edition of staging system Text

G5.01 Diagnostic summary See p4

S5.03 Overarching comment Text

G5.02 Edition/version of RCPA protocol Text

S1.02 / S2.02 Operative procedure

- Not specified
- Biopsy (excisional, incisional), *specify*
- Resection, *specify*
 - Glossectomy, *specify*
 - Buccal mucosa, *specify*
 - Lip, *specify*
 - Mandibulectomy, *specify*
 - Maxillectomy, *specify*
 - Palectomy, *specify*
- Neck (lymph node) dissection*, *specify*
- Other, *specify*

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

S1.02 Neoadjuvant therapy

- Information not provided
- Not administered
- Administered, *specify type (select all that are applicable)*
 - Chemotherapy
 - Radiotherapy
 - Targeted therapy, *specify if available*
 - Immunotherapy, *specify if available*
 - Time interval since therapy, *specify*

S2.03 Specimen submitted

Not specified

OR

Select all that apply:

- Lip
- Tongue
- Gingiva
- Floor of mouth
- Hard palate
- Buccal mucosa
- Buccal vestibule
- Retromolar trigone
- Alveolar process
- Mandible
- Maxilla
- Other, *specify*

S2.04 Macroscopic tumour site

Text

OR

Select all that apply:

Laterality

- Left
 - Midline
 - Right
 - Laterality not specified
-
- Lip
 - ◊ Vermillion border upper lip
 - ◊ Vermillion border lower lip
 - ◊ Mucosa of upper lip
 - ◊ Mucosa of lower lip
 - ◊ Comissure of lip
 - Oral cavity
 - ◊ Lateral border of tongue
 - ◊ Ventral surface of tongue
 - ◊ Dorsal surface of tongue, not otherwise specified (NOS)
 - ◊ Anterior two-thirds of tongue, NOS
 - ◊ Upper gingiva (gum)
 - ◊ Anterior floor of mouth
 - ◊ Floor of mouth, NOS
 - ◊ Hard palate
 - ◊ Buccal mucosa (inner cheek)
 - ◊ Retromolar trigone
 - ◊ Vestibule of mouth -
 - ◊ Maxillary
 - ◊ Mandibular
 - ◊ Alveolar process -
 - ◊ Maxillary
 - ◊ Mandibular
 - Other, *specify*

S3.01 Tumour type

Text

OR

Select all that apply:

- Salivary gland neoplasm
- Squamous cell carcinoma
 - ◊ Vermillion border upper lip
 - ◊ Conventional
 - ◊ Verrucous carcinoma
 - ◊ Basaloid squamous cell carcinoma
 - ◊ Papillary squamous cell carcinoma
 - ◊ Spindle cell squamous cell carcinoma
 - ◊ Acantholytic squamous cell carcinoma
 - ◊ Adenosquamous
 - ◊ Carcinoma cuniculatum
- Neuroendocrine carcinoma, *specify type*
- Secretory carcinoma
- Mucoepidermoid carcinoma
 - ◊ Low grade
 - ◊ Intermediate grade
 - ◊ High grade
- Adenoid cystic carcinoma
 - ◊ Tubular/cribriform pattern predominant
 - ◊ Solid pattern (*specify if <30% or >30%*)
 - ◊

S3.01 Tumour type (continued)

- Polymorphous adenocarcinoma
 - ◊ Classic, *specify grade*
 - ◊ Cribriform
- (Hyalinizing) clear cell carcinoma
- Myoepithelial carcinoma
- Adenocarcinoma, NOS
 - Low grade
 - Intermediate grade
 - High grade
- Carcinoma ex pleomorphic adenoma, specify tumour type(s) e.g., salivary duct adenocarcinoma, NOS
 - Intracapsular
 - Minimally invasive
 - Widely invasive
- Undifferentiated (no or limited differentiation)
- Other, *specify type*
- Cannot be assessed, *specify*

S3.04 Depth of invasion

- ≤5 mm depth of invasion
- >5 mm and ≤10 mm depth of invasive
- >10 mm depth of invasion
- Cannot be assessed, *specify*

G3.01 Response to neoadjuvant therapy

- No prior treatment
- Incomplete response
- Complete response
- Response cannot be assessed, *explain reasons*

S3.08 Bone invasion

- Absent
- Present (if present, record the pattern of infiltrative front)
 - ◊ Invasive
 - ◊ High grade dysplasia*/Carcinoma in situ
- Cannot be assessed, *specify*
- Not applicable

Pattern of infiltrative front

- *Infiltrative*
- *Erosive*

S3.09 Surgical margin status

Text (specify margin)

AND

- Not involved
- Involved
 - ◊ Invasive
 - ◊ High grade dysplasia*/Carcinoma in situ

Note that the margin, and whether it is positive or negative, may need to be repeated for each surgical margin.

*High grade dysplasia is synonymous with moderate/severe dysplasia

G3.02 Coexistent pathology

None identified

OR

Select all that apply:

- Proliferative verrucous leukoplakia
- Fungal infection
- Dysplasia, *specify grade*
- HPV positive dysplasia
- Submucosal fibrosis
- Inflammation
- Other, *specify*

G3.03 Radiation induced tissue damage

- Not identified
- Identified, *specify*
- Cannot be assessed, *specify*

If identified, specify a description of induced damage, if possible.

If cannot be assessed, specify a reason if possible.

G4.01 Ancillary test findings

IMMUNOHISTOCHEMICAL STAINS

Performed

- No
- Yes

Antibodies - List (as applicable):

Positive

Negative

Equivocal

Interpretation

S5.01 Pathological staging (AJCC 8th Edition)**

TNM descriptors

m - multiple primary tumours; y - post therapy; r - recurrent

Primary Tumour (T)

TX Primary tumour cannot be assessed

Tis Carcinoma *in situ*

T1 Tumour ≤2 cm with depth of invasion (DOI)* ≤5 mm

T2 Tumour ≤2 cm, with DOI* >5 mm or tumour >2 cm and ≤4 cm, with DOI* ≤10 mm

T3 Tumour >4cm

or any tumour with DOI >10 mm but ≤20 mm

T4 Moderately advanced or very advanced local disease

T4a Moderately advanced local disease

Tumour invades adjacent structures only (e.g., through cortical bone of the mandible or maxilla, or involves the maxillary sinus or skin of the face) or extensive tumour with bilateral tongue involvement and/or DOI >20 mm

T4b Very advanced local disease

Tumour invades masticator space, pterygoid plates, or skull base and/or encases internal carotid artery

Note: Superficial erosion of bone/tooth socket (alone) by a gingival primary is not sufficient to classify a tumour as T4

*DOI is depth of invasion and not tumour thickness

Regional Lymph Nodes (pN)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(-)
- N2 Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+);
or larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-);
or metastasis in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(-);
or in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension, ENE(-)
- N2a Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+);
or a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-)
- N2b Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(-)
- N2c Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(-)
- N3 Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-);
or metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+);
or multiple ipsilateral, contralateral or bilateral nodes any with ENE(+);
or a single contralateral node 3 cm or smaller and ENE(+)
- N3a Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-)
- N3b Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+);
or multiple ipsilateral, contralateral or bilateral nodes any with ENE(+);
or a single contralateral node 3 cm or smaller and ENE(+)

Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L) Similarly, clinical and pathological ENE should be recorded as ENE(-) or ENE(+)

Distant Metastasis (pM)

- M0 No distant metastasis
- M1 Distant metastasis

Anatomical Stage/Prognostic Group

Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage II	T2	N0	M0
Stage III	T3	N0	M0
	T1	N1	M0
	T2	N1	M0
	T3	N1	M0
Stage IVA	T4a	N0	M0
	T4a	N1	M0
	T1	N2	M0
	T2	N2	M0
	T3	N2	M0
	T4a	N2	M0
Stage IVB	Any T	N3	M0
	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

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G5.01 Diagnostic summary

The 'Diagnostic summary' section of the final formatted report should include:

- Type of specimen
- Anatomical site
- Tumour type
- Histological grade
- Tumour dimensions
- Depth of invasion
- Pattern of invasion
- Lymphovascular invasion
- Perineural invasion
- Bone invasion
- Involved or close margins with measurements