# A guide to Ear and Temporal Bone Tumours Histopathology Reporting

Includes the International Collaboration on Cancer reporting dataset denoted by *

## Clinical details

<table>
<thead>
<tr>
<th>S1.02</th>
<th>Clinical info. on request form (complete as narrative or use the structured format below)</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Operative procedure</td>
<td>See p2</td>
</tr>
<tr>
<td></td>
<td>Neoadjuvant therapy</td>
<td>See p2</td>
</tr>
<tr>
<td></td>
<td>New primary cancer or recurrence (Record if previous local therapy)</td>
<td>New primary Recurrence-regional, describe Recurrence-distant, describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G1.01</th>
<th>Copy to doctor</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1.03</td>
<td>Pathology accession number</td>
<td>Text</td>
</tr>
<tr>
<td>S1.04</td>
<td>Principal clinician</td>
<td>Text</td>
</tr>
<tr>
<td>G1.02</td>
<td>Comments</td>
<td>Text</td>
</tr>
</tbody>
</table>

## Macroscopic findings

<table>
<thead>
<tr>
<th>S2.01</th>
<th>Specimen labelled as</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2.02</td>
<td>*Operative procedure</td>
<td>See p2</td>
</tr>
<tr>
<td>S2.03</td>
<td>*Specimen submitted (Select all that apply)</td>
<td>Not specified Biopsy only OR Sleeve resection of temporal bone Lateral temporal bone Subtotal temporal bone resection Partial mastoidectomy with middle ear contents Radical mastoidectomy Parotidectomy (whether superficial and/or deep lobes) Neck dissection, specify extent Other, specify</td>
</tr>
<tr>
<td>S2.04</td>
<td>Specimen dimensions</td>
<td><em>x</em> _ _ mm</td>
</tr>
<tr>
<td>S2.05</td>
<td>*Maximum dimension of largest tumour</td>
<td>Can’t be assess’d, specify OR _ mm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G2.01</th>
<th>*Additional dimensions of largest tumour</th>
<th><em>x</em> mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2.02</td>
<td>Depth of invasion</td>
<td>_ mm</td>
</tr>
<tr>
<td>S2.06</td>
<td>*Tumour site</td>
<td>See p2</td>
</tr>
<tr>
<td>G2.03</td>
<td>*Tumour focality</td>
<td>See p2</td>
</tr>
<tr>
<td>G2.04</td>
<td>Tumour description</td>
<td>See p2</td>
</tr>
<tr>
<td>G2.05</td>
<td>Macroscopic extent of invasion</td>
<td>See p2</td>
</tr>
<tr>
<td>S2.07</td>
<td>Ink and block identification key</td>
<td>Text</td>
</tr>
<tr>
<td>G2.06</td>
<td>Additional macroscopic comment</td>
<td>Text</td>
</tr>
</tbody>
</table>

## Microscopic findings

<table>
<thead>
<tr>
<th>S3.01</th>
<th>*Histological tumour type</th>
<th>See p2</th>
</tr>
</thead>
<tbody>
<tr>
<td>S3.02</td>
<td>*Histologic tumour grade</td>
<td>N/A Low grade (well diff) Intermediate grade (mod diff) High grade (poorly diff) Can’t be assess’d, specify</td>
</tr>
<tr>
<td>S3.03</td>
<td>*Extent of invasion</td>
<td>See p2</td>
</tr>
<tr>
<td>S3.04</td>
<td>*Bone/Cartilage invasion</td>
<td>Can’t be assess’d, specify Not identified Present - Clinical observation and/or imaging - Histologic</td>
</tr>
<tr>
<td>S3.05</td>
<td>*Perineural invasion</td>
<td>Can’t be assess’d, specify Not identified Present</td>
</tr>
<tr>
<td>S3.06</td>
<td>*Lymphovascular invasion</td>
<td>Can’t be assess’d, specify Not identified Present</td>
</tr>
<tr>
<td>S3.07</td>
<td>*Margin status For each margin, specify: If not involved, state - distance of tumour to closest margin</td>
<td>Can’t be assess’d, specify Not involved Involved Distance not assessable OR _ mm - closest margin Skin Soft tissue Bone Parotid gland</td>
</tr>
<tr>
<td></td>
<td>*If involved by carcinoma, specify margin(s), if possible</td>
<td>Text</td>
</tr>
</tbody>
</table>

## Ancillary test findings

<table>
<thead>
<tr>
<th>G3.01</th>
<th>*Coexistent pathology (choose all that apply)</th>
<th>Not identified OR Chronic otitis media Cholesteatoma Osteomyelitis (acute, chronic) Other, specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>G3.02</td>
<td>Radiation induced tissue damage</td>
<td>Not identified Identified, specify Can’t be assess’d, specify</td>
</tr>
<tr>
<td></td>
<td>*If identified, specify a description of induced damage, if possible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*If cannot be assessed, specify a reason, if possible</td>
<td></td>
</tr>
<tr>
<td>G3.03</td>
<td>Other microscopic comment</td>
<td>Text</td>
</tr>
<tr>
<td>G4.01</td>
<td>*Ancillary studies</td>
<td>Not performed Performed, specify</td>
</tr>
</tbody>
</table>

V1.0 Guide derived from Ear and Temporal Bone Tumours Structured Reporting Protocol 1st Edition Page 1 of 3
S1.02/S2.02 Operative procedure

Text

OR (Select all that apply)

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

- Biopsy (excisional, incisional, diagnostic sampling)
- Resection, specify
  - Temporal bone resection
  - Sleeve resection (cartilaginous portion of canal, including tympanic membrane)
  - Lateral temporal bone resection (sleeve and middle ear)
  - Radical external auditory canal resection
  - Subtotal temporal bone resection
  - Radical temporal bone resection (mastoidectomy, petrousectomy)
- Parotidectomy
- Neck (lymph node) dissection*, specify
- Other, specify

Notes: *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

S2.06 Tumour site

Cannot be assessed, specify

OR

Select all that apply:

- External auditory canal (EAC)
  - Left
  - Right
  - Laterality not specified
- Middle ear
  - Left
  - Right
  - Laterality not specified
- Temporal bone (including mastoid, petrous)
  - Left
  - Right
  - Laterality not specified
- Inner ear
  - Left
  - Right
  - Laterality not specified
- Other, specify including laterality

G2.03 Tumour focality

- Cannot be assessed, specify
- Unifocal
- Bilateral
- Multifocal, specify number of tumours in specimen

S3.01 Histological tumour type

Select all that apply:

- Squamous cell carcinoma
- Ceruminous adenocarcinoma
  - Ceruminous adenocarcinoma, not otherwise specified (NOS)
  - Ceruminous mucopidermoid carcinoma
  - Ceruminous adenoid cystic carcinoma
- Ceruminous adenoma
  - Ceruminous adenoma (NOS)
  - Ceruminous pleomorphic adenoma
  - Ceruminous syringocystadenoma papilliferum
- Aggressive papillary tumour
- Endolymphatic sac tumour
- Middle ear adenoma (carcinoid)
- Middle ear adenocarcinoma
- Meningioma (ectopic or direct extension)
- Vestibular schwannoma
- Paraganglioma (jugulotympanic glomus tumour)
- Other, specify
- Cannot be assessed, specify

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

S3.03 Extent of invasion

Not identified

OR

Select all that apply:

- Bone and/or cartilage invasion (EAC)
- Jugular bulb
- Carotid artery invasion
- Dura
- Brain parenchyma invasion
- Parotid gland
- Temporomandibular joint (TMJ)
- Soft tissue involvement
- Skin involvement
- Nerve invasion, specify nerve if possible (eg facial nerve, tympanic nerve, glossopharyngeal nerve, lesser petrosal nerve, greater petrosal nerve)
- Other, specify
- Cannot be assessed, specify

Notes: Invasion into any of these anatomical structures may be a clinical/surgical and/or imaging observation and/or histology finding(s).
S5.01 Stage & stage group##

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

Primary Tumour (T)
- Not applicable
- T1 Tumour limited to the EAC without bony erosion or evidence of soft tissue involvement
- T2 Tumour with limited EAC bone erosion (not full thickness) or limited (<0.5 cm) soft tissue involvement
- T3 Tumour eroding the osseous EAC (full thickness) with limited (<0.5 cm) soft tissue involvement, or tumour involving the middle ear and/or mastoid
- T4 Tumour eroding the cochlea, petrous apex, medial wall of the middle ear, carotid canal, jugular foramen, or dura, or with extensive soft tissue involvement (>0.5 cm), such as involvement of TMJ or styloid process, or evidence of facial paresis

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original source for this material is the AJCC Cancer Staging Manual, Eighth Edition (2016) published by Springer Science and Business Media LLC, www.springerlink.com