

# A guide to Carcinomas of the Larynx, Hypopharynx and Trachea Histopathology Reporting



Includes the  International Collaboration on Cancer reporting dataset denoted by \*

Clinical details		Macroscopic findings (cont.)		
<a href="#">S1.02</a>	<b>Clinical info. on request form</b>	Not provided OR Text OR Structured entry below:	<a href="#">G2.06</a> Macroscopic distance to closest margin(s)      _ mm AND <i>Specify margin(s)</i>	
	<b>*Neoadjuvant therapy</b>	See p2	<a href="#">G2.07</a> Distance of edge of tumour to tracheostomy site      _ mm	
	New primary lesion or recurrence	New primary Recurrence - regional, <i>describe</i> Recurrence - distant, <i>describe</i>	<a href="#">G2.08</a> Macroscopic involvement of other tissues      Laryngeal cartilage, <i>specify numbers involved</i> Extralaryngeal tissues Other, <i>describe</i>	
	<b>*Operative procedure</b>	Text OR Biopsy (excisional, incisional), <i>specify</i> Resection, <i>specify</i> Neck (lymph node) dissection*, <i>specify</i> Other, <i>specify</i>	<a href="#">S2.08</a> <b>Ink application and block identification key</b> Text	
	<small>*Note: If a neck dissection is submitted, then a separate dataset is used to record the information.</small>		<a href="#">G2.09</a> Additional macroscopic comments      Text	
<a href="#">G1.01</a>	Copy To doctors	Text	Microscopic findings	
<a href="#">S1.03</a>	<b>Pathology accession number</b>	Text	<a href="#">S3.01</a> <b>*Histological tumour type</b>	See p2
<a href="#">S1.04</a>	<b>Principal clinician</b>	Text	<a href="#">S3.02</a> <b>*Histologic grade</b>	See p3
<a href="#">G1.02</a>	Comments	Text	<a href="#">S3.03</a> <b>*Extent of invasion</b>	See p3
Macroscopic findings			<a href="#">S3.04</a> <b>*Tumour thickness</b>	_ mm
<a href="#">S2.01</a>	<b>Specimen labelled as</b>	Text	<a href="#">G3.01</a> <b>*Pattern of invasive front</b> (resection specimens only, not applicable to biopsies)	Cohesive Non-cohesive
<a href="#">S2.02</a>	<b>*Operative procedure</b>	See p2	<a href="#">S3.05</a> <b>*Perineural invasion</b>	Can't be assess'd, <i>specify</i> Not identified Present
<a href="#">S2.03</a>	<b>*Specimen submitted</b>	See p2	<a href="#">S3.06</a> <b>*Lymphovascular invasion</b>	Can't be assess'd, <i>specify</i> Not identified Present
<a href="#">S2.04</a>	<b>*Specimen dimensions</b>	_x_x_ mm Notes: Record measurements for each specimen submitted	<a href="#">S3.07</a> <b>*Margin status - Invasive carcinoma</b>	Not involved Involved
<a href="#">S2.05</a>	<b>*Tumour site</b>	See p2	If not involved by invasive carcinoma, record the dist. from closest margin and specify closest margin, if possible	
<a href="#">S2.06</a>	<b>*Tumour focality</b>	Cannot be assessed, <i>specify</i> Unifocal Multifocal, <i>specify number of tumours in specimen</i>	- <b>*Distance from closest margin</b>	_ mm OR Distance not assessable Text
<a href="#">S2.07</a>	<b>*Maximum dimension of largest tumour</b>	Cannot be assessed, <i>specify</i> OR _ mm	- <b>*Closest margin</b>	Text
<a href="#">G2.01</a>	<b>*Additional dimensions of largest tumour</b>	_x_ mm	- <b>*Margin(s) involved</b>	Text
<a href="#">G2.02</a>	Depth of invasion	_ mm	- <b>*Carcinoma in situ/high grade dysplasia</b>	Not involved Involved
<a href="#">G2.03</a>	Involvement of thyroid cartilage and anterior soft tissues of the neck	Not identified Present, <i>describe</i>	Notes: High grade dysplasia is synonymous with moderate/severe dysplasia	
<a href="#">G2.04</a>	Tumour description	Exophytic Endophytic Ulcerated Polypoid Nodular	If not involved by Carcinoma in situ/high grade dysplasia, record the dist. of tumour from closest margin and the closest margin, if possible	
<a href="#">G2.05</a>	Mucosal surface abnormalities/lesion(s)	Not identified Present, describe and measure	If involved specify margin(s) if possible	
			<a href="#">G3.02</a> <b>*Coexistent pathology</b>	See p3
			<a href="#">G3.03</a> Radiation induced tissue damage	Not identified Identified, <i>specify</i> Can't be assess'd, <i>specify</i>
			<small>*If identified, specify a description of induced damage, if possible</small>	
			<small>*If cannot be assessed, specify a reason, if possible</small>	
			<a href="#">G3.04</a> Additional microscopic comment	Text

Ancillary test findings		
<a href="#">G4.01</a>	<b>*Ancillary studies</b>	Not performed Performed, <i>specify</i>
Synthesis and overview		
<a href="#">S5.01</a>	<b>*PATHOLOGICAL STAGING</b>	See p3
<a href="#">S5.02</a>	<b>Year and Edition of staging system</b>	Text
<a href="#">G5.01</a>	Diagnostic summary	Text
	Include: Specimen(s) submitted; Tumour type; Tumour grade; Tumour stage; Lymphovascular involvement; Perineural involvement; Margins of resection.	
<a href="#">S5.03</a>	<b>Overarching comment</b>	Text
<a href="#">G5.02</a>	Edition/version of RCPA protocol	Text

## 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*

## S2.02 Operative procedure

- Not specified
- Biopsy (excisional, incisional), *specify*
- Resection, *specify*
- Neck (lymph node) dissection\*, *specify*
- Other, *specify*

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

## S2.03 Specimen submitted

Not specified

OR

Select all that apply:

- Trachea
- Hypopharynx
  - Laryngopharyngectomy
  - Other, *specify*
- Larynx
  - Transoral laser excision
  - Total laryngectomy
  - Other, *specify*

## S2.05 Tumour site

- Cannot be assessed
- No macroscopically visible tumour

OR

Select all that apply:

- Trachea
  - Left
  - Midline
  - Right
  - Laterality not specified
- Hypopharynx
  - Left
  - Midline
  - Right
  - Laterality not specified
  - Piniform sinus
  - Postcricoid
  - Pharyngeal wall (posterior and/or lateral)
  - Other, *specify*
- Larynx, supraglottis
  - Left
  - Midline
  - Right
  - Laterality not specified
  - Epiglottis
    - Lingual aspect
    - Laryngeal aspect
  - Aryepiglottic fold
  - Arytenoid
  - False vocal cord/fold
  - Ventricle
- Larynx, glottis
  - Left
  - Midline
  - Right
  - Laterality not specified
  - True vocal cord/fold
  - Anterior commissure
  - Posterior commissure
- Larynx, subglottis
  - Left
  - Midline
  - Right
  - Laterality not specified
- Other, *specify including laterality*

## S3.01 Histological tumour type

Select all that apply:

- Squamous cell carcinoma
- Squamous cell carcinoma, variant types
  - Adenosquamous carcinoma
  - Basaloid squamous cell carcinoma
  - Papillary squamous cell carcinoma
  - Spindle cell squamous cell carcinoma
  - Cerrucous squamous cell carcinoma
- Lymphoepithelial carcinoma
- Neuroendocrine carcinoma
  - Well differentiated neuroendocrine carcinoma,
  - Moderately differentiated neuroendocrine carcinoma
  - Poorly differentiated neuroendocrine carcinoma
  - Small cell neuroendocrine carcinoma
  - Large cell neuroendocrine carcinoma
- Combined (or composite) neuroendocrine carcinoma, with squamous or adenosquamous component
- Carcinomas of minor salivary glands
  - Adenoid cystic carcinoma, *specify grade*
  - Mucoepidermoid carcinoma, *specify grade*
  - Other, *specify grade*
- Other, *specify*

## S3.02 Histologic grade

- Not applicable
- GX: Cannot be assessed
- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated
- G4: Undifferentiated
- Other, *specify*

## S3.03 Extent of invasion

Select all that apply:

Larynx

- Not identified
- Involves mucosa
- Involves muscle
- Involves paraglottic space
- Involves pre-epiglottic space
- Partial thickness invasion of cartilage
- Full thickness invasion of cartilage
- Other, *specify*

Hypopharynx

- Tissue layers involved, *specify*

## G3.02 Coexistent pathology

None identified

OR

Select all that apply:

- Necrotizing sialometaplasia
- Infection, *specify*
- Dysplasia, *specify type and grade*
- Other, *specify*

## S5.01 Pathological staging (AJCC 8th Edition)<sup>##</sup>

### TNM descriptors

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

### Primary Tumour (T)

Supraglottis

- TX Primary tumour cannot be assessed
- Tis Carcinoma *in situ*
- T1 Tumour limited to one subsite of supraglottis with normal vocal cord mobility
- T2 Tumour invades mucosa of more than one adjacent subsite of supraglottis or glottis or region outside the supraglottis (e.g. mucosa of base of tongue, vallecular, medial wall of pyriform sinus) without fixation on the larynx
- T3 Tumour limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, preepiglottic space, paraglottic space and/or inner cortex of thyroid cartilage
- T4 Moderately advanced or very advanced
- T4a Moderately advanced local disease.  
Tumour invades through the outer cortex of the thyripd cartilage and/or invades tisseus beyond the larynx (e.g. trachea, soft tissues of the nexk including deep extrinsic muscle of the tongue, strap muscles, thyroid, or oesophagus)
- T4b Very advanced local disease.  
Tumour invades prevertebral space, encases carotid artery, or invades mediastinal structures

Glottis

- TX Primary tumour cannot be assessed
- Tis Carcinoma *in situ*
- T1 Tumour limited to the vocal cord(s) (may involve anterior or posterior commissure) with normal mobility
- T1a Tumour limited to one vocal cord
- T1b Tumour involves both vocal cords
- T2 Tumour extends to supraglottis and/or subglottis, and/or with impaired vocal cord mobility
- T3 Tumour limited to larynx with vocal cord fixation and/or invasion of paraglottic space and/or inner cortex of thyroid cartilage
- T4 Moderately advanced or very advanced
- T4a Moderately advanced local disease.  
Tumour invades through the outer cortex of the thyripd cartilage and/or invades tisseus beyond the larynx (e.g. trachea, cricoid cartilage, soft tissues of the nexk including deep extrinsic muscle of the tongue, strap muscles, thyroid, or oesophagus)
- T4b Very advanced local disease.  
Tumour invades prevertebral space, encases carotid artery, or invades mediastinal structures

Subglottis

- TX Primary tumour cannot be assessed
- Tis Carcinoma *in situ*
- T1 Tumour limited to the subglottis
- T2 Tumour extends to vocal cord(s) with normal or impaired mobility
- T3 Tumour limited to larynx with vocal cord fixation and/or invasion of paraglottic space and/or inner cortex of thyroid cartilage
- T4 Moderately advanced or very advanced
- T4a Moderately advanced local disease.  
Tumour invades cricoid or thyroid cartilage and/or invades tisseus beyond the larynx (e.g. trachea, soft tissues of the nexk including deep extrinsic muscle of the tongue, strap muscles, thyroid, or oesophagus)
- T4b Very advanced local disease.  
Tumour invades prevertebral space, encases carotid artery, or invades mediastinal structures

Hypopharynx

- TX Primary tumour cannot be assessed
- Tis Carcinoma *in situ*
- T1 Tumour limited to one subsite of hypopharynx and/or 2cm or smaller in greatest dimension
- T2 Tumour invades more than one subsite of hypopharynx or an adjacent site, or measures larger than 2cm but not larger than 4 cm in greatest dimension without fixation of hemilarynx
- T3 Tumour larger than 4cm in greatest dimension without fixation of hemilarynx or extension to oesophagus
- T4 Moderately advanced and very advanced local disease
- T4a Moderately advanced local disease.  
Tumour invades thyroid/cricoid cartilage, hyoid bone, thyripd gland, or central compartment soft tissue
- T4b Very advanced local disease.  
Tumour invades prevertebral fascia, encases carotid artery, or involves mediastinal structures
- \*Note: Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat

<sup>##</sup> 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](http://www.springerlink.com)