**Appendix D Reporting proforma for cutaneous basal cell carcinoma removed with therapeutic intent**

Surname……………………… Forenames………………….… Date of birth…………….. Sex…....

Hospital………….……….…… Hospital no……………….……. NHS/CHI no……………..

Date of procedure.…….……. Date of receipt………..……….. Date of reporting………………...

Pathologist……….…………… Surgeon………………….……. Report number ………..

**Clinical data**

Clinical site ………………………………………........................

Maximum clinical dimension/diameter.....................................mm

Specimen type†:

Not stated

Incision Diagnostic

Excision Diagnostic Therapeutic Uncertain Re-excision Wider local excision

Punch Diagnostic Therapeutic Uncertain

Curettings Diagnostic Therapeutic Uncertain

Shave Diagnostic Therapeutic Uncertain

Other Specify …..................

**Macroscopic description**

Dimension of specimen: Length ……mm Breadth….mm Depth …….mm

Maximum dimension/diameter of lesion†: ....…………mm Uncertain No lesion seen

**Histological data**

**Low risk subtype:** Superficial Nodular Fibroepithelial

**OR high risk** **if present:** Infiltrative (infiltrating/sclerosing/micronodular) Basosquamous carcinoma

***For pure superficial basal cell carcinoma, invasive entries can be omitted***

**Deep invasion**: Criteria to upstage to pT3**\*** Present Not identified ***If present:***

***Thickness >6 mm*** Present (**pT3**) Not identified *and/or*

***Level of invasion beyond subcutaneous fat*** Present (**pT3**) Not identified ***If present:***

*Specify tissue:* Fascia Muscle Perichondrium Cartilage

Paratendon/tendon Periosteum Bone

*If bone invasion present:*

Minor bone erosion Present (**pT3**) Not identified Uncertain Cannot be assessed

Gross cortical/marrow invasion: Present (**pT4a**) Not identified Uncertain Cannot be assessed

Axial/skull base/foraminal invasion: Present (**pT4b**) Not identified Uncertain Cannot be assessed

**Perineural invasion**†**:\*\*** Present Not identified Uncertain Cannot be assessed

*If present:* Meets criteria to upstage pT1/pT2 to pT3?**\*\***  Yes (**pT3**) No

If yes: Named nerve ≥0.1 mm Beyond dermis

**Lymphovascular invasion (basosquamous carcinoma only)**†**:**

Present Not identified Uncertain Cannot be assessed

**Margins**†**:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Involved | Not involved | | | Uncertain | Not applicable |
| <1 mm | 1–5 mm | >5 mm |
| Peripheral |  |  |  |  |  |  |
| Deep |  |  |  |  |  |  |

**Maximum dimension/diameter of lesion**

Indicate which used:

Clinical OR Macroscopic OR Microscopic

Dimension†

≤20 mm >20 – ≤40 mm >40 mm Uncertain Cannot be assessed

**pTNM pT......... (UICC TNM 8)**

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**SNOMED codes**…………..

**COMMENTS**

**Pathologist…………………........................... Date……………………**

\*Depth of invasion >6 mm or level of invasion beyond subcutaneous fat.

\*\*Specified perineural invasion: named nerve or diameter ≥0.1 mm or location beyond dermis.

†Data items that are part of the Cancer Outcomes and Services Dataset (COSD) version 8.