**Appendix D1 Reporting proforma for cutaneous adnexal 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 no ……………………….

**Clinical data**

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

Maximum clinical dimension/diameter of lesion...................................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**

**Histological type**†**:** Extramammary Paget’s disease Porocarcinoma Hidradenocarcinoma

 Spiradenocarcinoma Microcystic adnexal carcinoma Malignant mixed tumour

 Mucinous carcinoma Apocrine carcinoma Adenoid cystic carcinoma

 Digital papillary carcinoma Sebaceous carcinoma Pilomatrical carcinoma

 Syringoid eccrine carcinoma Other Please specify ……………………………….

**Invasive component:** Not identified (in situ) Present

**If invasive component present:**

**Grade**†**:**  Poorly differentiated component present No Yes

**Thickness:** ≤6 mm >6 mm **(= deep invasion: upstage pT1/pT2 to pT3)**

 Uncertain Cannot be assessed

**Level of invasion:** Dermis Subcutaneous (s/c) fat Beyond s/c fat Not identified

 Uncertain Cannot be assessed

 ***If invasion beyond subcutaneous fat present:* (= deep invasion: upstage pT1/pT2 to pT3)**

 *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 specified upstaging criteria of pT1/pT2 to pT3(named nerve or ≥ 0.1mm or beyond dermis)

 Yes (**pT3)** No

 If yes: Named nerve ≥0.1mm Beyond dermis

**Lymphovascular invasion**†**:** Present Not identified Uncertain Cannot be assessed

**Background benign adnexal tumour present:** No Yes If yes, specify type:……………………………..

**Margins**†**:**

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

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**Maximum dimension/diameter of lesion**

Indicate which used:

Clinical OR Macroscopic OR Microscopic

Dimension

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

**pTNM**† **pT..... (UICC TNM 8)**

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**SNOMED codes**†…………..

**Comments**

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

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