**Appendix D1 Reporting proforma for cutaneous invasive squamous 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 no ……………………….

**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**

**Subtype**†**:** No special type (classic) No special type (classic) with adjacent Bowen’s   
 Verrucous Acantholytic (pseudoglandular/adenoid/pseudovascular) Desmoplastic   
 Spindle/sarcomatoid Keratoacanthomatous-like Follicular   
 Adenosquamous (SCC with divergent differentiation) Other (specify)..........................

**Grade**†: Well differentiated Moderately differentiated Poorly differentiated   
 Uncertain Cannot be assessed

**Thickness:** ≤2 mm >2–4 mm >4–6 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 identifed

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 criteria to upstage pT1/pT2 to pT3(named nerve or ≥0.1 mm or beyond dermis)

Yes **(pT3)** No

If yes: Named nerve ≥ 0.1 mm Beyond dermis

**Lymphovascular invasion**†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

Maximum dimension

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

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

**SNOMED codes**†…………..

**COMMENTS**

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

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