**Appendix D1 Reporting proforma for cutaneous malignant melanoma**

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 ……………………………………….................................................................

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 …..................

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**Macroscopic description**

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

Maximum diameter of lesion\*: ..…………..mm Uncertain No lesion seen

Maximum elevation of lesion: ...………….mm

Atypical features: No Yes Uncertain If yes: details.............................

**Histological data**

**NO INVASION i.e. IN SITU MELANOMA**\*

**Histopathological subtype**

Lentigo maligna Superficial spreading Acral lentiginous

Not otherwise specified Other (specify) ……….

**Dermal regression:** Not identified Present Uncertain Cannot be assessed

**Margins**\*

Peripheral: Involved Not involved but <1 mm Not involved ≥1 mm …..mm (to nearest 1 mm) Uncertain Not applicable

Deep: Involved Not involved but <1 mm Not involved ≥1 mm …..mm (to nearest 1 mm) Uncertain Not applicable

**OR**

**INVASION PRESENT i.e. INVASIVE MELANOMA** \*

**Histopathological subtype**

Lentigo maligna melanoma Superficial spreading Nodular

Acral lentiginous Desmoplastic

Not otherwise classified Other (specify) …………………………………………………

**Breslow thickness (depth)**\*  ...... mm

**Ulceration**\***:**Not identified Present Uncertain Cannot be assessed

**Mitotic index**\***:**  …… mm2

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

**Microsatellite/in-transit metastasis**\***:**   
Not identified Present Uncertain Cannot be assessed

**Margin**\*:

Involved Not involved Uncertain Not applicable

**Neurotropic/perineural invasion:**Not identified Present Uncertain Cannot be assessed

**Growth phase:** Radial (micro-invasive melanoma) Vertical Uncertain

**Tumour-infiltrating lymphocytes:** Absent Non-brisk Brisk

**Regression:**   
Not identified Present Uncertain Cannot be assessed

**Margins**\*

**In-situ component (if present);**

Peripheral: Involved Not involved but <1 mm Not involved ≥1 mm …..mm (to nearest 1 mm) Uncertain Not applicable

**Invasive component:**

Peripheral: Involved Not involved but <1 mm Not involved ≥1 mm …..mm (to nearest 1 mm) Uncertain Not applicable

Deep: Involved Not involved but <1 mm Not involved ≥1 mm …..mm (to nearest 1 mm) Uncertain Not applicable

**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.