**Appendix C Reporting proforma for carcinomas of the oral cavity**

|  |  |  |
| --- | --- | --- |
| Surname……………… | Forenames………………… | Date of birth………….Sex.......  |
| Hospital………….…… | Hospital no…………….…...  | NHS/CHI no……………..  |
| Date of receipt………… | Date of reporting……..…...  | Report no……………......  |
| Pathologist……….… | Surgeon………………….… |   |

**Neoadjuvant therapy**

Information not provided □ Not administered □
Administered □ specify type:
Chemotherapy □ Radiotherapy □ Chemoradiotherapy □
Targeted therapy □ specify if available ………………………………
Immunotherapy □ specify if available ……………………………….

**Operative procedure (core) (select all that apply)**

Not specified □
Resection □ Glossectomy □ Buccal mucosa □ Lip □
Mandibulectomy □ Maxillectomy □ Palatectomy □
Other □ specify..............................
Excisional biopsy □ Incisional biopsy □
Neck (lymph node) dissection □, specify ………………………
Other □ specify…………………………..

**Specimens submitted (core) (select all that apply)**

Not specified □
Lip □ Tongue □ Gingiva □ Floor of mouth □ Hard palate □ Buccal mucosa □
Buccal vestibule □ Retromolar trigone □ Alveolar process □ Mandible □ Maxilla □
Other □, specify ……………………………………….

**Tumour site (core) (select all that apply)**

Not specified □

**Lip**

Vermilion border upper lip Left □ Right □ Midline □ Laterality not specified □
Vermilion border lower lip Left □ Right □ Midline □ Laterality not specified □

Mucosa of upper lip Left □ Right □ Midline □ Laterality not specified □
Mucosa of lower lip Left □ Right □ Midline □ Laterality not specified □

Commissure of lip Left □ Right □ Laterality not specified □

**Oral cavity**

Lateral border of tongue Left □ Right □ Laterality not specified □
Ventral surface of tongue, NOS Left □ Right □ Midline □ Laterality not specified □
Dorsal surface of tongue, NOS Left □ Right □ Midline □ Laterality not specified □
Anterior 2-thirds of tongue, NOS Left □ Right □ Midline □ Laterality not specified □
Upper gingiva (gum) Left □ Right □ Midline □ Laterality not specified □
Lower gingiva (gum) Left □ Right □ Midline □ Laterality not specified □

Floor of mouth, NOS Left □ Right □ Midline □ Laterality not specified □

Hard palate Left □ Right □ Midline □ Laterality not specified □

Buccal mucosa (inner cheek) Left □ Right □ Laterality not specified □

Retromolar trigone Left □ Right □ Laterality not specified □

**Vestibule of mouth**

Maxillary Left □ Right □ Midline □ Laterality not specified □
Mandibular Left □ Right □ Midline □ Laterality not specified □

**Alveolar process**

Maxillary Left □ Right □ Midline □ Laterality not specified □
Mandibular Left □ Right □ Midline □ Laterality not specified □

Mandible Left □ Right □ Midline □ Laterality not specified □

Maxilla Left □ Right □ Midline □ Laterality not specified □

Other, specify including laterality □

**Tumour dimensions (core)**

Maximum tumour dimension (largest tumour) …………….mm
Cannot be assessed □

**Histological tumour type (core)**

Multi selection value list (select all that apply):

Squamous cell carcinoma (Single selection value list):

Squamous cell carcinoma, conventional type □
Basaloid squamous cell carcinoma □
Papillary squamous cell carcinoma □
Verrucous carcinoma □
Spindle (sarcomatoid) squamous cell carcinoma □
Adenosquamous cell carcinoma □
Acantholytic squamous cell carcinoma □
Carcinoma cuniculatum □
Lymphoepithelial squamous cell carcinoma □

Other, specify □

Minor salivary gland tumour, specify type …………………………
Neuroendocrine carcinoma, specify type …………………………
Other, specify type…………………………
Cannot be assessed, specify …………………………

**Histological tumour grade (core)**

Not applicable □ GX: Cannot be assessed □ G1: Well differentiated □
G2: Moderately differentiated □ G3: Poorly differentiated □
Other, specify □……………

**Depth of invasion (core)**

……………mm Not applicable □ Cannot be assessed, specify □ …………………

**Pattern of invasive front (core)**

Cohesive □ Non-cohesive □ Widely dispersed □

**Bone invasion (core)**

Not identified □ Cortical erosion □ Medullary infiltration □
Cannot be assessed, specify …………………..

**Perineural invasion (core)**

Not identified □ Present□ Ahead of the invasive front? Y □ N □
Cannot be assessed, specify □ …………………..

**Lymphovascular invasion (core)**

Not identified □Present□ Cannot be assessed, specify **□ …………………..**

**Margin status (core)**

**Invasive carcinoma**

Specify involved margin(s)….
Distance from closest margin…..mm
Specify closest margin….
Margins not assessable □

**Carcinoma in situ/high-grade dysplasia**

Involved □ specify margin(s) if possible ………………….
Not Involved □ Distance of tumour from closest margin ………… mm
Distance not assessable □
Specify closest margin if possible …………………..

**Pathological staging (core) (UICC TNM 8th edition, only if applicable)**

pTNM stage pT......