# Appendix C Reporting proforma for carcinomas of the thyroid in list format

| **Element name** | **Values** | **Implementation notes** |
| --- | --- | --- |
| Operative procedure | Multi-selection value list:   * Not specified   OR   * Total thyroidectomy * Near total thyroidectomy * Hemithyroidectomy * Lobectomy * Isthmusectomy * Partial excision (specify type if possible) \* * Lymph node dissection   OR   * Other, specify | \*Anything less than a lobectomy excluding isthmusectomy, including substernal excision. |
| Operative findings | Multi-selection value list:   * Not specified   OR  Intra-operative macroscopic evidence of extrathyroidal extension   * Yes, specify location and tissue invaded * No   Information not available  OR Intra-operative impression of completeness of excision   * R0/R1 * R2, specify location * Information not available   OR   * Other, specify |  |
| Specimen(s) submitted | Multi-selection value list:   * Not specified   OR  Thyroid gland   * Left * Right * Isthmus   Parathyroid gland(s)  Lymph node(s), specify site(s) and laterality  OR   * Other*,* specify site(s) and laterality |  |
| Tumour focality | * Unifocal * Multifocal * Cannot be assessed*,* specify |  |
| Tumour site | * Not specified   OR   * Lobe * Left * Right * Isthmus * Pyramidal lobe * Soft tissue or muscle, specify site(s) and laterality   OR  Other*,* specify site(s) and laterality | For the most clinically relevant tumour. |
| Tumour maximum dimension | * Size (mm) of largest tumour * Cannot be assessed, specify |  |
| Histological tumour type | Single selection value list:   * Papillary thyroid carcinoma * Classic (usual, conventional) * Encapsulated classic subtype * Infiltrative follicular subtype * Clear cell subtype * Columnar cell subtype * Diffuse sclerosing subtype * Hobnail subtype * Oncocytic subtype * PTC with fibromatosis/fasciitis-like/ desmoid stroma * Solid/trabecular subtype * Spindle cell subtype * Tall cell subtype * Warthin-like subtype   OR  Other subtype, specify   * Invasive encapsulated follicular variant papillary carcinoma (IEFVPTC) * IEFVPTC, minimally invasive * IEFVPTC, encapsulated angioinvasive * IEFVPTC, widely invasive * Follicular thyroid carcinoma (FTC) * FTC, minimally invasive * FTC, encapsulated angioinvasive * FTC, widely invasive * Oncocytic (Hürthle cell) carcinomas * Oncocytic carcinoma, minimally invasive * Oncocytic carcinoma, encapsulated angioinvasive * Oncocytic carcinoma, widely invasive * Follicular-derived carcinoma, high grade * Differentiated high grade thyroid carcinoma (DHGTC) * Poorly differentiated thyroid carcinoma (PDTC) * Anaplastic thyroid carcinoma * Medullary thyroid carcinoma * Mixed medullary and follicular cell derived thyroid carcinoma * Mucoepidermoid carcinoma * Secretory carcinoma of salivary gland type * Sclerosing mucoepidermoid carcinoma with eosinophilia * Cribriform morular thyroid carcinoma * Spindle epithelial tumour with thymus-like elements * Intrathyroid thymic carcinoma * Thyroblastoma   OR   * Other, specify | Value list from the WHO  Classification  of Tumours: Pathology and Genetics of Tumours of Endocrine  Organs (2022). |
| Histological tumour grade (follicular derived tumours)  Medullary thyroid carcinoma | * Well-differentiated * Differentiated high grade * Poorly differentiated * Undifferentiated/anaplastic * Low grade * High grade |  |
| Mitotic activityb | * Not identified/low (<3 mitoses/2 mm2) * High (≥3 mitoses/2 mm2) * High (≥5 mitoses/2 mm2)   Number of mitoses per 2 mm2  OR   * Cannot be assessed | b2 mm2 approximates 10 HPFs on some microscopes. |
| Tumour encapsulation/  circumscription | * Encapsulated * Infiltrative * Other, specify |  |
| Capsular invasion | * Not applicable * Uncertain * Not identified * Present * Cannot be assessed, specify |  |
| Lymphatic or blood vessel invasion | * Not identified * Present   **Type of vessel involved**   * Blood vessel   Number of vessels involved, for encapsulated neoplasms, specify   * Focal, 1–3 foci * Extensive, ≥4 foci * Lymphatic * Small vessel, not otherwise classifiable * Cannot be assessed, specify |  |
| Necrosis | * Not identified * Present |  |
| Extrathyroidal extension | * Cannot be assessed * Not identified * Invasion into perithyroid fibroadipose tissue * Invasion into skeletal muscle * Invasion into subcutaneous soft tissue, larynx, trachea, oesophagus, or recurrent laryngeal nerve * Invasion into prevertebral fascia or encasing the carotid artery or mediastinal vessel |  |
| Margin status | * Not involved * Involved, specify (anterior or posterior) * Cannot be assessed*,* specify |  |
| Lymph node status | * No nodes submitted or found   Number of lymph nodes  examined \_\_\_   * Not involved * Involved   Number of positive lymph nodes  \_\_\_   * Number cannot be determined   Location of involved lymph nodes, specify  Greatest dimension of largest lymph node with metastasis \_\_\_ mm  Greatest dimension of largest metastatic focus in lymph node  \_\_\_ mm  **Extranodal extension**   * Not identified * Present * Cannot be determined |  |
| Coexistent pathology | * None identified * Follicular nodular disease * Diffuse hyperplasia * Dyshormonogenetic goitre * Chronic lymphocytic thyroiditis * Follicular adenoma * Oncocytic (Hürthle cell) adenoma * Noninvasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) * Other, specify |  |
| Parathyroid gland status | * Not identified * Present   Number of parathyroid gland(s) found \_\_\_   * Normal * Involved by carcinoma * Hypercellular/enlarged |  |
| Histologically confirmed distant metastases | Not identified  Not assessed  Present, specify site(s) |  |