**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......