# 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

ORIntra-operative macroscopic evidence of extrathyroidal extension* Yes, specify location and tissue invaded
* No

Information not availableORIntra-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

ORThyroid gland * Left
* Right
* Isthmus

Parathyroid gland(s)Lymph node(s), specify site(s) and lateralityOR* 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

OROther*,* 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 WHOClassificationof Tumours: Pathology and Genetics of Tumours of EndocrineOrgans (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 \_\_\_ mmGreatest 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 identifiedNot assessedPresent, specify site(s) |  |