


# Carcinomas of the Hypopharynx, Larynx and Trachea Histopathology Reporting Guide

Family/Last name Date of birth Given name(s) Patient identifiers Date of request Accession/Laboratory number Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.  indicates multi-select values  indicates single select valuesSCOPE OF THIS DATASET **CLINICAL INFORMATION** 

- Information not provided  
 Information provided (select all that apply)

- Previous therapy  
 Surgery  
 Chemotherapy  
 Radiotherapy  
 Targeted therapy, *specify if available*

- Immunotherapy, *specify if available*

- Clinical staging, *specify*

- Other clinical information, *specify*

**OPERATIVE PROCEDURE** (select all that apply) 

- Not specified  
 Biopsy (excisional, incisional, core needle), *specify*

- Resection  
 Cordectomy  
 Supraglottic laryngectomy  
 Hemilaryngectomy, *specify side*

- Partial laryngectomy, *specify type*

- Total laryngectomy

- Neck (lymph node) dissection,<sup>a</sup> *specify*

- Other, *specify*

<sup>a</sup> If a *neck (lymph node) dissection* is submitted, then a separate dataset is used to record the information.

**SPECIMEN(S) SUBMITTED** (select all that apply) 

- Not specified  
 Larynx  
 Endolaryngeal excision  
 Transoral laser excision  
 Supraglottic laryngectomy  
 Supracricoid laryngectomy  
 Vertical hemilaryngectomy, *specify side*

- Partial laryngectomy, *specify type*

- Total laryngectomy  
 Other, *specify*


- Hypopharynx  
 Laryngopharyngectomy  
 Other, *specify*

- Trachea  
 Neck (lymph node) dissection,<sup>a</sup> *specify*

- Other, *specify*

**TUMOUR SITE** (select all that apply) 

- Not specified  
 Larynx, supraglottis  
 Epiglottis  
 Lingual aspect  
 Laryngeal aspect  
 Aryepiglottic fold  
 Arytenoid  
 False vocal cord/fold  
 Ventricle

**TUMOUR SITE** (select all that apply) **continued** 

- Larynx, glottis
  - True vocal cord/fold
  - Anterior commissure
  - Posterior commissure
- Larynx, subglottis
- Hypopharynx
  - Piriform sinus
  - Postcricoid
  - Pharyngeal wall (posterior and/or lateral)
  - Other, *specify*
- Trachea
- Other, *specify*

**TUMOUR LATERALITY** (select all that apply) 

- Not specified
- Left
- Right
- Midline

**TUMOUR FOCALITY** 

- Unifocal
- Bilateral
- Multifocal
  - Specify number of tumours
- Cannot be assessed, *specify*

**TUMOUR DIMENSIONS** 

- Maximum tumour dimension (largest tumour)<sup>b</sup>  
(pathology and/or imaging determination)
- mm
- Additional dimensions (largest tumour)
- mm x  mm
- Cannot be assessed, *specify*

<sup>b</sup> Non-core for larynx.

**BLOCK IDENTIFICATION KEY** 

(List overleaf or separately with an indication of the nature and origin of all tissue blocks)

**HISTOLOGICAL TUMOUR TYPE** (select all that apply) 

(Value list based on the World Health Organization Classification of Head and Neck Tumours (2024))

- Squamous cell carcinoma, conventional type
- Squamous cell carcinoma, subtypes
  - Verrucous squamous cell carcinoma
  - Basaloid squamous cell carcinoma
  - Papillary squamous cell carcinoma
  - Spindle cell squamous cell carcinoma
  - Adenosquamous carcinoma
  - Lymphoepithelial carcinoma
- Salivary gland-type carcinoma,<sup>c</sup> *specify type*
- Neuroendocrine neoplasm
  - Neuroendocrine tumour, grade 1
  - Neuroendocrine tumour, grade 2
  - Neuroendocrine tumour, grade 3
  - Small cell neuroendocrine carcinoma
  - Large cell neuroendocrine carcinoma
  - Mixed neuroendocrine and non-neuroendocrine, *specify type*
- Other, *specify*

<sup>c</sup> For histological type of salivary gland-type carcinomas, refer to the [Carcinomas of the major salivary glands](#) dataset.

**HISTOLOGICAL TUMOUR GRADE<sup>d</sup>** 

(Applicable to conventional squamous cell carcinoma and minor salivary gland tumours only)

- Grade 1, well differentiated, low grade
  - Grade 2, moderately differentiated, intermediate grade
  - Grade 3, poorly differentiated, high grade
  - Undifferentiated
  - High grade transformation
- Grading system used, *specify*
- Cannot be assessed, *specify*

<sup>d</sup> Neuroendocrine neoplasms are graded as part of the tumour classification (see [Histological Tumour Type](#)).

**PATTERN OF INVASIVE FRONT** 

(Applicable to resection specimens only)

- Cohesive
- Non-cohesive

**Tumour budding**

Number of buds per 0.785 mm<sup>2</sup>

- <5 buds
- ≥5 buds

**EXTENT OF INVASION** 

**Larynx**

- Not identified
  - Present (select all that apply)
    - Clinical observation and/or imaging
    - Histologic
- ↓
- Mucosa involvement
  - Paraglottic space involvement
  - Pre-epiglottic space involvement
  - Inner cortex of cartilage
  - Full thickness invasion of cartilage
  - Soft tissues of neck, thyroid, prevertebral space, carotid artery or mediastinal structures involvement
  - Other, *specify*
- ↓
- Cannot be assessed, *specify*

**Hypopharynx**

- Not identified
  - Present (select all that apply)
    - Clinical observation and/or imaging
    - Histologic
- ↓
- Limited to wall of hypopharynx
  - Extends outside wall of hypopharynx
  - Other, *specify*
- ↓
- Cannot be assessed, *specify*

**LYMPHOVASCULAR INVASION** 

- Not identified
  - Present
  - Indeterminate, *specify reason*
- ↓
- 

**PERINEURAL INVASION** 

- Not identified
  - Present
  - Indeterminate, *specify reason*
- ↓
- 

**MARGIN STATUS** 

**Invasive carcinoma**

- Not involved
    - Distance of tumour from closest margin  mm
    - Distance not assessable
  - Specify closest margin(s), if possible
- ↓
- Involved
    - Specify margin(s), if possible
- ↓
- Cannot be assessed, *specify*

**Carcinoma in situ/high grade dysplasia<sup>e</sup>**

- Not applicable
  - Not involved
    - Distance of carcinoma in situ/high grade dysplasia from closest margin  mm
    - Distance not assessable
  - Specify closest margin(s), if possible
- ↓
- Involved
    - Specify margin(s), if possible
- ↓
- Cannot be assessed, *specify*

<sup>e</sup> High grade dysplasia is synonymous with moderate/severe dysplasia.

**COEXISTENT PATHOLOGY** (select all that apply) 

- None identified
  - Necrotising sialometaplasia
  - Infection, *specify*
- ↓
- 
- Dysplasia, *specify*
- ↓
- 
- Hyperplasia, *specify*
- ↓
- 
- Other, *specify*
- ↓
-

**ANCILLARY STUDIES**  Not performed Performed**Neuroendocrine neoplasms** (select all that apply) Not applicable Neuroendocrine markers, *specify* Cytokeratin(s), *specify* Ki-67 proliferation index  % Rb Retained Deficient p53 Abnormal, *specify* Other, *record test(s), methodology and results***Squamous cell carcinoma and subtypes***Record test(s), methodology and results***Representative blocks for ancillary studies**, *specify those blocks best representing tumour and/or normal tissue for further study***PATHOLOGICAL STAGING (UICC TNM 8<sup>th</sup> edition)<sup>f</sup>** **TNM Descriptors** (only if applicable) (select all that apply) m - multiple primary tumours r - recurrent y - during or following multimodality therapy**Primary tumour: Supraglottis<sup>g</sup>**

- T1 Tumour limited to one subsite of supraglottis with normal vocal cord mobility
- T2 Tumour invades mucosa of more than one adjacent subsite of supraglottis or glottis or region outside the supraglottis (e.g., mucosa of base of tongue, vallecula, medial wall of piriform sinus) without fixation of the larynx
- T3 Tumour limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, pre-epiglottic space, paraglottic space, and/or inner cortex of thyroid cartilage
- T4a Tumour invades through the thyroid cartilage and/or invades tissues beyond the larynx, e.g., trachea, soft tissues of neck including deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), strap muscles, thyroid, or oesophagus
- T4b Tumour invades prevertebral space, encases carotid artery, or mediastinal structures

**Primary tumour: Glottis<sup>g</sup>**

- T1 Tumour limited to the vocal cord(s) (may involve anterior or posterior commissure) with normal mobility
- T1a Tumour limited to one vocal cord
- T1b Tumour involves both vocal cords
- T2 Tumour extends to supraglottis and/or subglottis and/or with impaired vocal cord mobility
- T3 Tumour limited to the larynx with vocal cord fixation and/or invades paraglottic space, and/or inner cortex of the thyroid cartilage
- T4a Tumour invades through the outer cortex of the thyroid cartilage and/or invades tissues beyond the larynx, e.g., trachea, soft tissues of neck including deep/extrinsic muscle of the tongue (genioglossus, hyoglossus, palatoglossus and styloglossus), strap muscles, thyroid, oesophagus
- T4b Tumour invades prevertebral space, encases carotid artery, or mediastinal structures

**Primary tumour: Subglottis<sup>g</sup>**

- T1 Tumour limited to subglottis
- T2 Tumour extends to vocal cord(s) with normal or impaired mobility
- T3 Tumour limited to larynx with vocal cord fixation
- T4a Tumour invades cricoid or thyroid cartilage and/or invades tissues beyond the larynx, e.g., trachea, soft tissues of neck including deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus and styloglossus), strap muscles, thyroid, oesophagus
- T4b Tumour invades prevertebral space, encases carotid artery, or mediastinal structures

**Primary tumour: Hypopharynx<sup>g</sup>**

- T1 Tumour limited to one subsite of hypopharynx and/or 2 cm or less in greatest dimension
- T2 Tumour invades more than one subsite of hypopharynx or an adjacent site, or measures more than 2 cm but not more than 4 cm in greatest dimension, without fixation of hemilarynx
- T3 Tumour more than 4cm in greatest dimension, or with fixation of hemilarynx or extension to oesophageal mucosa
- T4a Tumour invades any of the following: thyroid/cricoid cartilage, hyoid bone, thyroid gland, oesophagus, central compartment soft tissue<sup>h</sup>
- T4b Tumour invades prevertebral fascia, encases carotid artery, or invades mediastinal structures

<sup>f</sup> Reproduced with permission. Source: *UICC TNM Classification of Malignant Tumours, 8<sup>th</sup> Edition*, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley (incorporating any errata published up until 12<sup>th</sup> July 2024).

<sup>g</sup> Note that the results of *neck (lymph node) dissection* are derived from a separate dataset.

<sup>h</sup> Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.