


Carcinomas of the Nasal Cavity and Paranasal Sinuses 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**. SCOPE OF THIS DATASET  indicates multi-select values indicates single select values**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* Other clinical information, *specify***OPERATIVE PROCEDURE** (select all that apply) 

- Not submitted
 Biopsy (excision, incisional, core needle), *specify*

 Resection

- Open En bloc
 Endoscopic Piecemeal
 Combined

 Neck (lymph node) dissection,^a *specify* Other, *specify*^a 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
 Nasal cavity, *specify*

 Paranasal sinus(es), *specify* Orbit, *specify* Neck (lymph node) dissection,^a *specify* Other, *specify***TUMOUR SITE** (select all that apply) 

- Not specified
 Nasal cavity
 Septum Lateral wall
 Floor Vestibule
 Paranasal sinus(es), maxillary
 Paranasal sinus(es), ethmoid
 Cribriform plate
 Paranasal sinus(es), frontal
 Paranasal sinus(es), sphenoid
 Orbit
 Cranial cavity
 Other, *specify*

TUMOUR LATERALITY (select all that apply)

- Not specified
 Left
 Right
 Midline

TUMOUR DIMENSIONS Maximum tumour dimension (largest tumour)
(pathology and/or imaging determination)

Additional dimensions (largest tumour)

 x **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))

- Keratinising squamous cell carcinoma
- Other squamous cell carcinoma subtype, *specify type*

- Non-keratinising squamous cell carcinoma
- NUT carcinoma
- SWI/SNF complex-deficient sinonasal carcinoma
- Sinonasal lymphoepithelial carcinoma
- Sinonasal undifferentiated carcinoma
- Teratocarcinosarcoma
- HPV-related multiphenotypic sinonasal carcinoma
- Adenocarcinoma

- Intestinal-type adenocarcinoma
- Non-intestinal-type adenocarcinoma

- Salivary gland-type carcinoma,^b *specify type*

- Neuroendocrine neoplasm
 - Small cell neuroendocrine carcinoma
 - Large cell neuroendocrine carcinoma
 - Carcinoma mixed with neuroendocrine carcinoma

- Other, *specify*

^b For histological type of salivary gland-type carcinomas, refer to the [Carcinomas of the major salivary glands dataset](#).

HISTOLOGICAL TUMOUR GRADE^c 

(Not applicable to all tumours)

- Not applicable
- 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*

^c Grading of neuroendocrine tumours is non-core. Use only Grade 1, 2 and 3 for neuroendocrine tumours; neuroendocrine carcinomas are considered high grade by definition and are therefore not graded.

EXTENT OF INVASION 

- Not identified
- Present (select all that apply)

- Clinical observation and/or imaging
- Histologic

- Bone/cartilage invasion
 - Cortical bone erosion
 - Medullary bone involvement
- Soft tissue infiltration
- Skull base involvement
- Invasion of skin
- Invasion of orbital tissues

Other, *specify*

Cannot be assessed, *specify*

LYMPHOVASCULAR INVASION 

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

PERINEURAL INVASION 

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

MARGIN STATUS 

- Not involved by invasive carcinoma
- Specify closest margin(s), if possible

- Involved by invasive carcinoma
- Specify margin(s), if possible

- Cannot be assessed, *specify*

PRECURSOR LESIONS 

- Not applicable
- Not present
- Present (e.g., sinonasal papilloma (type), surface dysplasia), *specify*

ANCILLARY STUDIES 

- Not performed
- Performed

If performed, specify (select) all that apply

Non-keratinising squamous cell carcinoma

- Positive
 - Pancytokeratin
 - p63
 - p40
 - CK5/6

- Negative
 - CD99
 - NKX2.2
 - NUT

- INI1
 - Retained
 - Deficient

- BRG1
 - Retained
 - Deficient

NUT carcinoma

- Positive
 - NUT immunohistochemistry
 - NUTM1 gene rearrangement, *specify technique*

ANCILLARY STUDIES continued 

SWI/SNF complex-deficient sinonasal carcinoma

INI1
 Retained Deficient

BRG1
 Retained Deficient

Sinonasal undifferentiated carcinoma

Positive
 Pancytokeratin CK7
 IDH1/2

Negative
 p40/p63 NKX2.2
 CK5/6 NUT
 CD99

INI1
 Retained Deficient

BRG1
 Retained Deficient

HPV-related multiphenotypic sinonasal carcinoma

Positive
 p16 immunohistochemistry (screening)
 HPV-specific testing, *specify technique*

Neuroendocrine carcinoma

Positive
 CAM5.2/CK-pan Synaptophysin
 Chromogranin INSM1

Ki-67 proliferation index %

Rb
 Retained Deficient

Keratinising squamous cell carcinoma

Positive
 Pancytokeratin p63
 p40 CK5/6

Sinonasal lymphoepithelial carcinoma

Positive
 Pancytokeratin EBER in situ hybridization
 p16

Teratocarcinosarcoma

Positive
 Nuclear β -catenin

BRG4 (SMARCA4)
 Retained Deficient

Intestinal-type sinonasal adenocarcinoma

Positive
 CDX2 SATB2
 CK20 Villin
 CK7


Non-intestinal-type sinonasal adenocarcinoma

Positive
 CK7 S100 protein
 SOX10 Nuclear β -catenin
 DOG1

Negative
 CK20 CDX2

Other ancillary studies, 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 8th edition)^d 

TNM Descriptors (only if applicable) (select all that apply)

- m - multiple primary tumours
- r - recurrent
- y - during or following multimodality therapy

Primary tumour (pT)^e

- TX^f Primary tumour cannot be assessed
- Tis Carcinoma in situ

MAXILLARY SINUS

- T1 Tumour limited to the mucosa with no erosion or destruction of bone
- T2 Tumour causing bone erosion or destruction, including extension into the hard palate and/or middle nasal meatus, except extension to posterior wall of maxillary sinus and pterygoid plates
- T3 Tumour invades any of the following: bone of posterior wall of maxillary sinus, subcutaneous tissues, floor or medial wall of orbit, pterygoid fossa, or ethmoid sinuses
- T4a Tumour invades any of the following: anterior orbital contents, skin of cheek, pterygoid plates, infratemporal fossa, cribriform plate, sphenoid or frontal sinuses
- T4b Tumour invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than maxillary division of trigeminal nerve (V2), nasopharynx, or clivus

NASAL CAVITY AND ETHMOID SINUS

- T1 Tumour restricted to one subsite of nasal cavity or ethmoid sinus, with or without bony invasion
- T2 Tumour involves two subsites in a single site or extends to involve an adjacent site within the nasoethmoidal complex, with or without bony invasion
- T3 Tumour extends to invade the medial wall or floor of the orbit, maxillary sinus, palate, or cribriform plate
- T4a Tumour invades any of the following: anterior orbital contents, skin of nose or cheek, minimal extension to anterior cranial fossa, pterygoid plates, sphenoid or frontal sinuses
- T4b Tumour invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than V2, nasopharynx, or clivus

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

^e Note that the results of [neck \(lymph node\) dissection](#) are derived from a separate dataset.

^f TX should be used only if absolutely necessary.