

Nodal Excisions and Neck Dissection Specimens for Head and Neck Tumours Histopathology Reporting Guide



Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number
	DD - MM - YYYY
Elements in black text are CORE. Elements in grey text are N indicates multi-select values indicates single select values	SCOPE OF THIS DATASET ISSUED
CLINICAL INFORMATION	SPECIMEN(S) SUBMITTED (select all that apply)
☐ Information not provided ☐ Information provided (select all that apply) ☐ Previous therapy ☐ Surgery ☐ Chemotherapy ☐ Radiotherapy ☐ Targeted therapy, specify if available	Left Lymph nodes Not specified Submental (IA) Submandibular (IB) Upper jugular (II) Middle jugular (III) Other, specify Lower jugular (IV) Posterior triangle (V) Retropharyngeal Parotid/periparotid Perifacial
Immunotherapy, specify if available	Non-lymphoid tissue Nerve Muscle Vein Salivary gland
Clinical staging, specify	Other, specify
	Right
Other clinical information, specify	Lymph nodes Not specified Submental (IA) Submandibular (IB) Upper jugular (II) Middle jugular (III) Perifacial
OPERATIVE PROCEDURE	Other, specify
Not specifiedLymph node biopsy, specify site	
Selective neck dissection Supraomohyoid Lateral Posterolateral Central (anterior) compartment Comprehensive neck dissection Modified radical neck dissection Radical neck dissection	Non-lymphoid tissue Nerve Muscle Vein Salivary gland Other, specify Central compartment lymph nodes (VI +/- VII) Non-lymphoid tissue
Other, specify	Thymus Parathyroid Other, specify

BLOCK IDENTIFICATION KEY (List overleaf or separately with an indication of the nature and origin of all tissue blocks)	HISTOLOGICAL TUMOUR GRADE ^a (Not applicable to all tumours) Not applicable
	Grade 1, well differentiated, low grade
HISTOLOGICAL TUMOUR TYPE (select all that apply)	Grade 2, moderately differentiated, intermediate grade
(Value list based on the World Health Organization	
Classification of Head and Neck Tumours (2024))	Grade 3, poorly differentiated, high grade
Primary tumour site	Undifferentiated
-	High grade transformation
Not specified/Not known	Grading system used, <i>specify</i>
Known (e.g., oral cavity, larynx), <i>specify</i>	Grading system used, specify
	Cannot be assessed, specify
Squamous cell carcinoma	▼
Squamous cell carcinoma, conventional	
HPV-associated oropharyngeal carcinoma	
	^a Grading of neuroendocrine tumours is non-core. Use only Grade 1, 2
Basaloid squamous cell carcinoma	and 3 for neuroendocrine tumours; neuroendocrine carcinomas are
Papillary squamous cell carcinoma	considered high grade by definition and are therefore not graded.
Spindle cell squamous carcinoma (sarcomatoid carcinoma)	MARGIN GTATUS [SS]
Adenosquamous cell carcinoma	MARGIN STATUS
·	Involvement of perinodal surgical margin
Acantholytic squamous cell carcinoma	Not involved by carcinoma
Undifferentiated (lymphoepithelial) carcinoma	Specify closest margin(s), if possible
Nasopharyngeal carcinoma	Specify closest margin(s), ii possible
Squamous cell carcinoma, keratinising	
O Squamous cell carcinoma, non-keratinising (undifferentiated)	Involved by carcinoma (select all that apply)
Squamous cell carcinoma, basaloid	
Nasopharyngeal papillary adenocarcinoma	Left Right
	☐ Central ☐ Laterality not specified
Neuroendocrine neoplasm, specify type	Lymph node level/compartment, specify
Salivary gland carcinoma Mucoepidermoid carcinoma Adenoid cystic carcinoma Acinic cell carcinoma Secretory carcinoma Microsecretory adenocarcinoma Polymorphous adenocarcinoma Classic Cribriform Epithelial-myoepithelial carcinoma Hyalinising clear cell carcinoma Basal cell adenocarcinoma Sebaceous adenocarcinoma Intraductal carcinoma Salivary duct carcinoma Myoepithelial carcinoma	See page 3 for LYMPH NODE STATUS (Note 8) and page 4 for SENTINEL LYMPH NODE BIOPSY (Note 9) OTHER PATHOLOGY ANCILLARY STUDIES Not performed Performed (select all that apply) HPV testing, b specify method and results
	EBV testing, ^c specify method and results
Carcinoma ex pleomorphic adenoma, specify type(s)	•
	Other, record test(s), methodology and results
Lymphoepithelial carcinoma	V Table toot(o), monotory, and rooms
Squamous cell carcinoma	
Oncocytic carcinoma	Representative blocks for ancillary studies, specify
☐ Carcinosarcoma	those blocks best representing tumour and/or normal tissue
Adenocarcinoma, NOS	for further study
Other (e.g., primary adnexal skin cancers), specify	
Comments	h constant
	b Core for metastases of squamous cell carcinoma to level II or III
	lymph nodes, with an unknown primary.
	^c Core for carcinomas with a lymphoenithelial nattern

Node level	Number of nodes examined ^d		Number of nodes positive ^d		Extranodal extension (ENE) ^e o Not identified o ENEmi (≤2 mm) o ENEma (>2 mm)
Submental IA					,
Submandibular IB					
Upper jugular II					
Middle jugular III					
Lower jugular IV					
Posterior triangle V					
Insert 'cannot be deter		able. ^e Non-core elem	I ent for HPV-associat	red oropharyngeal ca	ancer and nasopharyngeal cancer.
Maximum dimension of largest ymph node metastasis mm		Nor		ctures involved (select all that appl	
aximum dimension avolved lymph nod Specify site (level)		mm		Vessel Named vessel, sp	pecify
reatest extent of	ovtranoda!			Nerve Named nerve, sp	pecify
ktension (ENE)	extranodal	mm	V	ivanica nerve, sp	cerry
Specify site (level)]	Skeletal muscle	
				Named skeletal r	nuscle, <i>specify</i>
Not identified Present, specify	site (level)			Other, specify	
Not identified Present, specify s			V	Other, specify	
Not identified Present, specify		es examined ^d	Number of nod		o Not identified o ENEmi (≤2 mm)
Present, specify states and specify states are specify states and specify states are specifically specificall	nodes	es examined ^d	Number of nod		o Not identified
Not identified Present, specify staget sided lymph Node level Submental IA	nodes	les examined ^d	Number of nod		o Not identified o ENEmi (≤2 mm)
Not identified Present, specify s Right sided lymph Node level Submental IA Submandibular IB	nodes	es examined ^d	Number of nod		o Not identified o ENEmi (≤2 mm)
Not identified Present, specify: Right sided lymph Node level Submental IA Submandibular IB Upper jugular II	nodes	es examined ^d	Number of nod		o Not identified o ENEmi (≤2 mm)
\subseteq	nodes	es examined ^d	Number of nod		o ENEmi (≤2 mm)
Not identified Present, specify services Right sided lymph Node level Submental IA Submandibular IB Upper jugular II Middle jugular IV Lower jugular IV	nodes	es examined ^d	Number of nod		o Not identified o ENEmi (≤2 mm)
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LYMPH NODE STATUS (select all that apply) continued	Go back to page 2 for OTHER PATHOLOGY (Note 10) and
Central compartment lymph nodes	ANCILLARY STUDIES (Note 11)
Number of nodes examined ^d	REGIONAL LYMPH NODE CATEGORISATION (UICC TNM 8th edition)
Number of nodes positive ^d	TNM Descriptors (only if applicable) (select all that apply)
ENE	☐ r - recurrent
Not identified	y - during or following multimodality therapy
○ ENEmi (≤2 mm)	Regional lymph nodes (pN)
○ ENEma (>2 mm)	Primary carcinomas of the lip and oral cavity, major
Maximum dimension of largest lymph node metastasis	salivary glands, nasal cavity and paranasal sinuses, p16 negative oropharynx (HPV-independent), hypopharynx, larynx, cutaneous head and neck carcinomas (with
Maximum dimension of largest involved lymph node	the exception of Merkel cell carcinoma) and unknown primary squamous cell carcinomas that are p16 and EBV-negative
Specify site (level)	
	NX ⁹ Regional lymph nodes cannot be assessed
Greatest extent of ENE mm	 N0 No regional lymph node metastasis N1 Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension without ENE
Specify site (level)	N2 Metastasis described as:
	N2a Metastasis in a single ipsilateral lymph node, 3 cm
Soft tissue metastasis Not identified	or less in greatest dimension with ENE or more than 3 cm but not more than 6 cm in greatest dimension without ENE
Present, specify site (level)	N2b Metastasis in multiple ipsilateral nodes, none more than 6 cm in greatest dimension, without ENE
Non-lymphatic structures involved (select all that apply)	N2c Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without ENE
○ Not identified ☐ Vessel	N3a Metastasis in a lymph node more than 6 cm in greatest dimension without ENE
Named vessel, specify	 N3b Metastasis in a lymph node more than 3 cm in greatest dimension with ENE, or multiple ipsilateral, or any contralateral or bilateral node(s) with ENE
Nerve Named nerve, specify	HPV-MEDIATED (p16 POSITIVE) OROPHARYNGEAL (HPV-ASSOCIATED)
•	NX ^g Regional lymph nodes cannot be assessed
Skeletal muscle	○ N0 No regional lymph node metastasis
☐ Named skeletal muscle, <i>specify</i>	○ N1 Metastasis in 1 to 4 lymph node(s)
	○ N2 Metastasis in 5 or more lymph node(s)
Other, <i>specify</i>	NASOPHARYNGEAL CARCINOMA
•	NX ⁹ Regional lymph nodes cannot be assessed
d	NO No regional lymph node metastasis
d Insert 'cannot be determined' when applicable. e Non-core element for HPV-associated oropharyngeal cancer and nasopharyngeal cancer. SENTINEL LYMPH NODE BIOPSY	N1 Unilateral metastasis in cervical lymph node(s), and/or unilateral or bilateral metastasis in retropharyngeal lymph nodes, 6 cm or less in greatest dimension, above the caudal border of cricoid cartilage
Side	N2 Bilateral metastasis in cervical lymph node(s),
Left Right Specific site, if known	6 cm or less in greatest dimension, above the caudal border of cricoid cartilage
	 N3 Metastasis in cervical lymph node(s) greater than 6 cm in dimension and/or extension below the caudal border of the cricoid cartilage
Number of nodes examined	MUCOSAL MELANOMA
Number of nodes positive	NX ⁹ Regional lymph nodes cannot be assessed N0 No regional lymph node metastasis
Status of positivity of largest metastatic deposit	N1 Regional lymph node metastasis present
O Metastasis (>2 mm)	f Reproduced with permission. Source: UICC TNM Classification of
Micrometastasis (0.2-2 mm)	Malignant Tumours, 8th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley
○ Isolated tumour cells (<0.2 mm or isolated cell clusters)	(incorporating any errata published up until 12th July 2024).
ENE Not identified Drocent	⁹ NX should be used only if absolutely necessary.
Not identified Present	