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Carcinomas of the Oropharynx and Nasopharynx 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 specified
- Biopsy (excisional, incisional, core needle), *specify*

Resection

- Transoral laser microsurgical resection
- Transoral robotic surgical resection
- Other, *specify*

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
- Oropharynx
 - Palatine tonsil
 - Base of tongue (lingual tonsil)
 - Soft palate
 - Uvula
 - Pharyngeal wall (posterior)
 - Pharyngeal wall (lateral)
 - Other, *specify*

Nasopharynx, *specify*

Neck (lymph node) dissection,^a *specify*

Other, *specify*

TUMOUR SITE (select all that apply)

- Not specified
- Oropharynx
 - Palatine tonsil
 - Base of tongue (lingual tonsil)
 - Soft palate
 - Uvula
 - Pharyngeal wall (posterior)
 - Pharyngeal wall (lateral)
 - Other, *specify*

Cannot be determined

Nasopharynx

- Nasopharyngeal tonsils (adenoids)
- Fossa of Rosenmüller
- Pharyngeal wall (lateral)
- Pharyngeal wall (posterior)
- Other, *specify*

Cannot be determined

Other, *specify*

TUMOUR LATERALITY (select all that apply)

- Not specified Midline
 Left Right

TUMOUR DIMENSIONS 

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

mm

Additional dimensions (largest tumour)

mm x mm

- Cannot be assessed, *specify*

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))

Carcinomas of the oropharynx

- Squamous cell carcinoma
 Squamous cell carcinoma, HPV-associated
 Squamous cell carcinoma, HPV-independent

Carcinomas of the nasopharynx

- Low grade nasopharyngeal papillary adenocarcinoma
 Keratinising squamous cell carcinoma
 Non-keratinising squamous cell carcinoma
 Basaloid squamous cell carcinoma

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

Neuroendocrine neoplasm, *specify type*

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 

(Applicable to conventional HPV- or EBV-independent tumours, salivary gland tumours or neuroendocrine 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*

^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, *specify*

- Clinical observation and/or imaging Histologic

- Cannot be assessed, *specify*

LYMPHOVASCULAR INVASION 

- Not identified
 Present
 Indeterminate, *specify reason*

PERINEURAL INVASION^d 

- Not identified
 Present
 Indeterminate, *specify reason*

^d Non-core for nasopharyngeal carcinomas.

MARGIN STATUS 

Invasive carcinoma^e

- 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^{f,g}

- 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*

^e There is no clear morphologic distinction between invasive and in situ carcinoma for HPV-associated oropharyngeal and EBV-associated nasopharyngeal carcinomas, so all carcinoma at margin should be included in evaluation simply as 'involved by carcinoma'.

^f High grade dysplasia is synonymous with moderate/severe dysplasia.

^g Only applicable for HPV-independent oropharyngeal and EBV-independent nasopharyngeal tumours and for tonsillar surface disease.

COEXISTENT PATHOLOGY 

- None identified
 Present, *specify*

ANCILLARY STUDIES **Viral testing/Viral tumour markers**

- Not performed/Not known
 Performed (select all that apply)

 p16 immunohistochemistry^h

- Positive
 >70% block-like, nuclear and cytoplasmic staining of at least moderate to strong intensity
 Other criterion used, *specify*

 NegativeCriteria used to determine results, *specify*

 EBV (EBER) in situ hybridizationⁱ

- Positive
 Negative

 High risk HPV specific testing^h

- DNA PCR
 Not identified Present
 DNA in situ hybridization
 Not identified Present
 E6/E7 mRNA in situ
 Not identified Present
 E6/E7 mRNA RTPCR
 Not identified Present

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

Representative blocks for ancillary studies, specify those blocks best representing tumour and/or normal tissue for further study

^h Only recommended for oropharynx.ⁱ Only recommended for nasopharynx.**PATHOLOGICAL STAGING (UICC TNM 8th edition)^j** **TNM Descriptors** (only if applicable) (select all that apply)

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

Primary tumour (pT)^k**p16 POSITIVE OROPHARYNX (HPV-ASSOCIATED)**

- T0 No evidence of primary tumour, but p16 positive cervical node(s) involved
 T1 Tumour 2 cm or less in greatest dimension
 T2 Tumour more than 2 cm but not more than 4 cm in greatest dimension
 T3 Tumour more than 4 cm in greatest dimension or extension to lingual surface of epiglottis
 T4 Tumour invades any of the following: larynx,^l deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), medial pterygoid, hard palate, mandible,^l lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, skull base; or encases carotid artery

p16 NEGATIVE OROPHARYNX (HPV-INDEPENDENT)

- Tis Carcinoma in situ
 T1 Tumour 2 cm or less in greatest dimension
 T2 Tumour more than 2 cm but not more than 4 cm in greatest dimension
 T3 Tumour more than 4 cm in greatest dimension or extension to lingual surface of epiglottis
 T4a Moderately advanced local disease
 Tumour invades any of the following: larynx,^l deep/extrinsic muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), medial pterygoid, hard palate, or mandible
 T4b Very advanced local disease
 Tumour invades any of the following: lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, skull base; or encases carotid artery

NASOPHARYNX

- T0 No evidence of primary tumour, but EBV-positive (EBV-associated) cervical node(s) involved
 T1 Tumour confined to the nasopharynx, or extends to oropharynx and/or nasal cavity without parapharyngeal involvement
 T2 Tumour with extension to parapharyngeal space and/or infiltration of the medial pterygoid, lateral pterygoid, and/or prevertebral muscles
 T3 Tumour invades bony structures of skull base cervical vertebra, pterygoid structures, and/or paranasal sinuses
 T4 Tumour with intracranial extension and/or involvement of cranial nerves, hypopharynx, orbit, parotid gland, and/or infiltration beyond the lateral surface of the lateral pterygoid muscle

^j 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).

^k Note that the results of *neck (lymph node) dissection* are derived from a separate dataset.

^l Mucosal extension to lingual surface of epiglottis from primary tumours of the base of the tongue and vallecula does not constitute invasion of the larynx.