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Carcinomas of the Nasal Cavity and Paranasal Sinuses Histopathology Reporting Guide

Family/Last name

Given name(s)

Date of birth DD – MM – YYYY

Patient identifiers

Date of request DD – MM – YYYY

Accession/Laboratory number

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.

☐ indicates multi-select values ◯ indicates single select values

SCOPE 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*
  - ☐ 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)

mm

Additional dimensions (largest tumour)

mm x mm

BLOCK IDENTIFICATION KEY

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

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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*

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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 ß-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 ß-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.*

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