

Synnovis Pathology at Guy's and St Thomas' NHS Foundation Trust

HEAD AND NECK CANCER EXCISION PATHOLOGY REQUEST FORM

For **resection** specimens and excisional biopsy of oral, pharyngeal or laryngeal squamous cell carcinomas and salivary gland tumours.

Complete in full to comply with the national minimum dataset for head and neck carcinoma.
Completed form to accompany specimen to the laboratory, ideally fresh and immediately after removal.

Patient Family name:..... Forename(s).....
Date of Birth:..... Sex M / F NHS no.....
Hospital no(s)

Previous treatment Previous Surgery Yes / No / Unknown
Previous Radiotherapy Yes / No / Unknown Response: good / moderate / none
Previous Chemotherapy Yes / No / Unknown Response: good / moderate / none
Previous FNA Yes (give result) / No / Unknown

Current treatment Hospital in which this surgery performed: Date of this operation
Excision / palliative / debulking
Consultant: House Officer bleep no:

Present lesion Diagnosis New primary / Recurrence / Metastasis only
Hospital of diagnostic biopsy: Right / Left / Midline
Clinical maximum diameter (mm)
Ring the site and subsite overleaf

Clin. TNM Clinical TNM stage..... T..... N..... M..... (see overleaf for summary)

Specimen 1. Any structures included in primary site not immediately obvious (e.g. nerves or vessels) important for the pathology report – please mark ends of lingual/hypoglossal nerves while specimen is fresh

2 Neck dissection:

RIGHT SIDE

This is a **Comprehensive neck dissection** (ie includes nodes from levels 1-4/5)
Of radical type ie excision includes IJV, spinal accessory, sternomastoid etc. ☐

This is a **Comprehensive neck dissection** (ie includes nodes from levels 1-4/5)
Of modified radical type ie excision does not include IJV, sp. acc, SMM ☐

This is a **selective neck dissection**
(ie not all node levels included eg supraomohyoid)

list preserved structures.....

which levels are included?.....

LEFT SIDE

This is a **Comprehensive neck dissection** (ie includes nodes from levels 1-4/5)
Of radical type ie excision includes IJV, spinal accessory, sternomastoid etc. ☐

This is a **Comprehensive neck dissection** (ie includes nodes from levels 1-4/5)
Of modified radical type ie excision does not include IJV, sp. acc, SMM ☐

This is a **selective neck dissection**
(ie not all node levels included eg supraomohyoid)

list preserved structures.....

which levels are included?.....

3 Which levels are thought to contain metastasis? Give level.

4 Are any node(s) or node groups sent in separate pots? If so, which?

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Any specific questions you require answered in the report on this specimen (eg specific margins/markers):

Sites and Subsites

Ring one main site and one subsite indicating the centre of the lesion

Tick any other subsites involved by tumour spread

Main Sites	Subsites	Main site	Subsites
Lip	upper vermillion lower vermillion commisures	Nasopharynx	Posterior superior wall Lateral (inc fossa Rosenmuller) Inferior (sup soft plate)
Oral cavity	buccal mucosa of lips cheek retromolar sulci Upper alveolus Lower alveolus Hard palate Tongue dorsum lateral ant 2/3 ventral Floor of mouth	Oropharynx	Anterior wall base of tongue vallecula Lateral wall tonsil tonsillar fossa/pillars Posterior wall Superior wall Inferior soft palate Uvula
Nose	Olfactory region Nasal vestibule Nasal septum Turbinates / lateral wall	Hypopharynx	Pharyngo-oesophageal junction piriform sinus posterior pharyngeal wall
Paranasal sinuses	Maxillary sinus Frontal sinus Ethmoid sinus Sphenoid sinus	Larynx	Epiglottis Aryepiglottic folds, laryngeal aspect False cord Glottis vocal cord commisures Subglottis
Skin	Scalp Forehead Orbit Cheek Nose Lip Neck Ear and Ext Aud Meatus		

TNM staging summary (Oral sites only)

For lip, oral cavity and oropharynx only. For TNM in nasopharynx, hypopharynx, larynx and sinuses consult TNM staging guide or pathology laboratory.

T1 < 2cm diameter
T2 2-4cm diameter
T3 >4cm diameter
T4 >4 cm and invading adjacent structures eg bone, sinus, skin, extrinsic tongue muscles

N0 No nodal metastasis
N1 Metastasis in a single ipsilateral node < 30mm diam.
N2a Metastasis single ipsilateral node 30-60mm diam.
N2b ...in multiple ipsilateral nodes <61mm
N2c ... in bi- or contra-lateral nodes <61mm
N3 Metastasis in any node >60mm diameter

Stage 1	T1	N0	M0
Stage 2	T2	N0	M0
Stage 3	T1	N1	M0
	T2	N1	M0
	T3	N0 / 1	M0
Stage 4	T4	N0 / 1	M0
	any T	N2 / 3	M0
	any T	any N	M1

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