Upper Aerodigestive Tract (Including Salivary Glands)

Protocol applies to all invasive carcinomas of the upper aerodigestive tract including the oral cavity (including lip and tongue), pharynx (oropharynx, hypopharynx, nasopharynx), larynx, paranasal sinuses, and salivary glands.

Protocol revision date: January 2005
Based on AJCC/UICC TNM, 6th edition

Procedures
• Cytology (No Accompanying Checklist)
• Biopsy
• Resection

Authors
Ben Z. Pilch, MD
Department of Pathology, Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary, Boston, Massachusetts

Elizabeth Gillies, MD
Department of Pathology, VA Medical Center, Oklahoma City, Oklahoma

John R. Houck Jr, MD
Department of Otolaryngology, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma

Kyung-Whan Min, MD
Department of Pathology, Deaconess Hospital, Oklahoma City, Oklahoma

David Novis, MD
Department of Pathology, Wentworth-Douglass Hospital, Dover, New Hampshire

Jatin Shah, MD
Department of Head and Neck Surgery, Memorial Sloan-Kettering Cancer Center, New York

Richard J. Zarbo, MD, DMD
Department of Pathology, Henry Ford Hospital, Detroit, Michigan

Bruce M Wenig, MD, FCAP
Department of Pathology, Beth Israel Medical Center, New York, NY

For the Members of the Cancer Committee, College of American Pathologists
© 2005. College of American Pathologists. All rights reserved. The College does not permit reproduction of any substantial portion of these protocols without its written authorization. The College hereby authorizes use of these protocols by physicians and other health care providers in reporting on surgical specimens, in teaching, and in carrying out medical research for nonprofit purposes. This authorization does not extend to reproduction or other use of any substantial portion of these protocols for commercial purposes without the written consent of the College.

The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the “Surgical Pathology Cancer Case Summary (Checklist)” portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.
Summary of Changes to Checklist(s)

Protocol revision date: January 2005

The following changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision.

Upper Aerodigestive Tract and Minor Salivary Glands:
Incisional and Excisional Biopsy, Resection Checklist

Microscopic

Histologic Type: Carcinomas of the Upper Aerodigestive Tract:
Adenocarcinoma, Non-salivary Gland Type, was modified to include high, intermediate, and low grade adenocarcinoma NOS, as shown below

<table>
<thead>
<tr>
<th>Histologic Type</th>
<th>Carcinomas of the Upper Aerodigestive Tract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenocarcinoma, Non-salivary Gland Type</td>
<td>___ Papillary adenocarcinoma</td>
</tr>
<tr>
<td></td>
<td>___ Intestinal-type adenocarcinoma</td>
</tr>
<tr>
<td></td>
<td>___ Adenocarcinoma not otherwise specified (NOS), low grade</td>
</tr>
<tr>
<td></td>
<td>___ Adenocarcinoma NOS, intermediate grade</td>
</tr>
<tr>
<td></td>
<td>___ Adenocarcinoma NOS, high grade</td>
</tr>
</tbody>
</table>

Histologic Type: Carcinomas of Minor Salivary Glands:
Adenocarcinoma NOS was modified to include high, intermediate, and low grade, as shown below

<table>
<thead>
<tr>
<th>Histologic Type</th>
<th>Carcinomas of Minor Salivary Glands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acinic cell carcinoma</td>
<td>___</td>
</tr>
<tr>
<td>Adenoid cystic carcinoma</td>
<td>___</td>
</tr>
<tr>
<td>Adenocarcinoma not otherwise specified (NOS), low grade</td>
<td>___</td>
</tr>
<tr>
<td>Adenocarcinoma NOS, intermediate grade</td>
<td>___</td>
</tr>
<tr>
<td>Adenocarcinoma NOS, high grade</td>
<td>___</td>
</tr>
<tr>
<td>etc</td>
<td></td>
</tr>
</tbody>
</table>


Major Salivary Glands:
Resection Checklist

**Macrosopic**

Specimen Type: “Tumor Site” was relabeled “Specimen Type,” as shown below

<table>
<thead>
<tr>
<th>Specimen Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Resection, submandibular gland</td>
</tr>
<tr>
<td>□ Resection, sublingual gland</td>
</tr>
<tr>
<td>□ Superficial parotidectomy</td>
</tr>
<tr>
<td>□ Total parotidectomy</td>
</tr>
<tr>
<td>□ Other (specify): ____________________</td>
</tr>
<tr>
<td>□ Not specified</td>
</tr>
</tbody>
</table>

**Microscopic**

Histologic Type: Adenocarcinoma NOS was modified to include high, intermediate, and low grade, as shown below

<table>
<thead>
<tr>
<th>Histologic Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Acinic cell carcinoma</td>
</tr>
<tr>
<td>□ Adenoid cystic carcinoma</td>
</tr>
<tr>
<td>□ Adenocarcinoma not otherwise specified (NOS), low grade</td>
</tr>
<tr>
<td>□ Adenocarcinoma NOS, intermediate grade</td>
</tr>
<tr>
<td>□ Adenocarcinoma NOS, high grade</td>
</tr>
<tr>
<td>etc</td>
</tr>
</tbody>
</table>
Surgical Pathology Cancer Case Summary (Checklist)

Protocol revision date: January 2005
Applies to invasive cancers only
Based on AJCC/UICC TNM, 6th edition

UPPER AERODIGESTIVE TRACT AND MINOR SALIVARY GLANDS:
Incisional and Excisional Biopsy, Resection

Patient name:
Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC

Specimen Type
___ Incisional biopsy
___ Excisional biopsy
___ Resection (specify type): ____________________________
___ Other (specify): ____________________________
___ Not specified

Tumor Site (check all that apply)
___ Lip
___ Oral cavity
___ Pharynx, oropharynx
___ Pharynx, hypopharynx
___ Pharynx, nasopharynx
___ Larynx, supraglottis
___ Larynx, glottis
___ Larynx, subglottis
___ Paranasal sinus(es), maxillary
___ Paranasal sinus(es), ethmoid
___ Other (specify): ____________________________
___ Not specified

Tumor Size
Greatest dimension: ___ cm
*Additional dimensions: ___ x ___ cm
___ Cannot be determined (see Comment)

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
MICROSCOPIC

Histologic Type

Carcinomas of the Upper Aerodigestive Tract

___ Squamous cell carcinoma, conventional

Squamous Cell Carcinoma, Variant
___ Verrucous carcinoma
___ Spindle cell squamous carcinoma
___ Adenosquamous carcinoma
___ Basaloid squamous cell carcinoma
___ Papillary squamous cell carcinoma
___ Lymphoepithelioma-like carcinoma (non-nasopharyngeal)

Sinonasal Carcinoma
___ Keratinizing sinonasal carcinoma
___ Non-keratinizing sinonasal carcinoma (Transitional type)
___ Sinonasal undifferentiated carcinoma (SNUC)

Nasopharyngeal Carcinoma
___ Keratinizing nasopharyngeal carcinoma
___ Non-keratinizing nasopharyngeal carcinoma
___ Non-keratinizing nasopharyngeal carcinoma, differentiated
___ Non-keratinizing nasopharyngeal carcinoma, undifferentiated (lymphoepithelioma)
___ Non-keratinizing nasopharyngeal carcinoma, mixed differentiated and undifferentiated
___ Adenocarcinoma, salivary gland type (specify type): __________________________

Adenocarcinoma, Non-salivary Gland Type
___ Papillary adenocarcinoma
___ Intestinal-type adenocarcinoma
___ Adenocarcinoma not otherwise specified (NOS), low grade
___ Adenocarcinoma NOS, intermediate grade
___ Adenocarcinoma NOS, high grade

Neuroendocrine carcinoma
___ Typical carcinoid tumor (well differentiated neuroendocrine carcinoma)
___ Atypical carcinoid tumor (moderately differentiated neuroendocrine carcinoma)
___ Small cell carcinoma (poorly differentiated neuroendocrine carcinoma)
___ Other (specify): __________________________
___ Carcinoma, type cannot be determined

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Carcinomas of Minor Salivary Glands

- Acinic cell carcinoma
- Adenoid cystic carcinoma
- Adenocarcinoma not otherwise specified (NOS), low grade
- Adenocarcinoma NOS, intermediate grade
- Adenocarcinoma NOS, high grade
- Adenosquamous carcinoma
- Squamous cell carcinoma
- Carcinoma ex pleomorphic adenoma (malignant mixed tumor)
- Carcinosarcoma (true malignant mixed tumor)
- Mucoepidermoid carcinoma, low grade
- Mucoepidermoid carcinoma, intermediate grade
- Mucoepidermoid carcinoma, high grade
- Polymorphous low-grade adenocarcinoma
- Epithelial-myoepithelial carcinoma
- Basal cell adenocarcinoma
- Sebaceous carcinoma
- Cystadenocarcinoma
- Mucinous carcinoma (colloid carcinoma)
- Oncocytic carcinoma
- Salivary duct carcinoma
- Myoepithelial carcinoma (malignant myoepithelioma)
- Small cell carcinoma
- Undifferentiated carcinoma
- Other (specify): ____________________________
- Carcinoma, type cannot be determined

Histologic Grade

- Not applicable
- GX: Cannot be assessed
- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated
- Other (specify): ____________________________

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Pathologic Staging (pTNM) (see appropriate site below)

*Note: The phrases in italics include clinical findings required for AJCC staging. This clinical information may be unknown to the pathologist. It is included here only for the sake of completeness.*

**Primary Tumor (pT): Lip and Oral Cavity**

<table>
<thead>
<tr>
<th>pTX</th>
<th>Cannot be assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>pT0</td>
<td>No evidence of primary tumor</td>
</tr>
<tr>
<td>pTis</td>
<td>Carcinoma in situ</td>
</tr>
<tr>
<td>pT1</td>
<td>Tumor 2 cm or less in greatest dimension</td>
</tr>
<tr>
<td>pT2</td>
<td>Tumor more than 2 cm but not more than 4 cm in greatest dimension</td>
</tr>
<tr>
<td>pT3</td>
<td>Tumor more than 4 cm in greatest dimension</td>
</tr>
<tr>
<td>pT4</td>
<td>Lip: Tumor invades through cortical bone, inferior alveolar nerve, floor of mouth, or skin of face, ie, chin or nose</td>
</tr>
<tr>
<td>pT4a</td>
<td>Oral cavity: Tumor invades adjacent structures (eg, through cortical bone, into deep [extrinsic] muscle of tongue [genioglossus, hyoglossus, palatoglossus, and styloglossus], maxillary sinus, skin of face)</td>
</tr>
<tr>
<td>pT4b</td>
<td>Tumor invades masticator space, pterygoid plates, or skull base, and/or encases internal carotid artery</td>
</tr>
</tbody>
</table>

**Primary Tumor (pT): Oropharynx**

<table>
<thead>
<tr>
<th>pTX</th>
<th>Cannot be assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>pT0</td>
<td>No evidence of primary tumor</td>
</tr>
<tr>
<td>pTis</td>
<td>Carcinoma in situ</td>
</tr>
<tr>
<td>pT1</td>
<td>Tumor 2 cm or less in greatest dimension</td>
</tr>
<tr>
<td>pT2</td>
<td>Tumor more than 2 cm but not more than 4 cm in greatest dimension</td>
</tr>
<tr>
<td>pT3</td>
<td>Tumor more than 4 cm in greatest dimension</td>
</tr>
<tr>
<td>pT4a</td>
<td>Tumor invades larynx, deep/extrinsic muscle of tongue, medial pterygoid muscles, hard palate, or mandible</td>
</tr>
<tr>
<td>pT4b</td>
<td>Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base, or encases carotid artery</td>
</tr>
</tbody>
</table>

**Primary Tumor (pT): Hypopharynx**

<table>
<thead>
<tr>
<th>pTX</th>
<th>Cannot be assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>pT0</td>
<td>No evidence of primary tumor</td>
</tr>
<tr>
<td>pTis</td>
<td>Carcinoma in situ</td>
</tr>
<tr>
<td>pT1</td>
<td>Tumor limited to 1 subsite of hypopharynx and 2 cm or less in greatest dimension</td>
</tr>
<tr>
<td>pT2</td>
<td>Tumor invades more than 1 subsite of hypopharynx or an adjacent site, or measures more than 2 cm but not more than 4 cm in greatest dimension <em>without fixation of hemilarynx</em></td>
</tr>
<tr>
<td>pT3</td>
<td>Tumor measures more than 4 cm in greatest dimension <em>or with fixation of hemilarynx</em></td>
</tr>
<tr>
<td>pT4a</td>
<td>Tumor invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, esophagus, or central compartment soft tissue</td>
</tr>
<tr>
<td>pT4b</td>
<td>Tumor invades prevertebral fascia, encases carotid artery, or involves mediastinal structures</td>
</tr>
</tbody>
</table>

*Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.*
Primary Tumor (pT): Nasopharynx
___ pTX: Cannot be assessed
___ pT0: No evidence of primary tumor
___ pTis: Carcinoma in situ
___ pT1: Tumor confined to nasopharynx
___ pT2: Tumor extends to soft tissue
___ pT2a: Tumor extends to the oropharynx and/or nasal cavity without parapharyngeal extension
___ pT2b: Any tumor with parapharyngeal extension
___ pT3: Tumor invades bony structures and/or paranasal sinuses
___ pT4: Tumor with intracranial extension and/or involvement of cranial nerves, infratemporal fossa, hypopharynx, orbit, or masticator space

Primary Tumor (pT): Supraglottis
___ pTX: Cannot be assessed
___ pT0: No evidence of primary tumor
___ pTis: Carcinoma in situ
___ pT1: Tumor limited to 1 subsite of supraglottis with normal vocal cord mobility
___ pT2: Tumor invades mucosa of more than 1 adjacent subsite of supraglottis or glottis or region outside the supraglottis (eg, mucosa of base of tongue, vallecula, medial wall of pyriform sinus) without fixation of the larynx
___ pT3: Tumor limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, pre-epiglottic tissues, paraglottic space, and/or minor thyroid cartilage erosion (eg, inner cortex)
___ pT4a: Tumor invades through thyroid cartilage and/or invades tissues beyond the larynx (eg, trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus)
___ pT4b: Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures

Primary Tumor (pT): Glottis
___ pTX: Cannot be assessed
___ pT0: No evidence of primary tumor
___ pTis: Carcinoma in situ
___ pT1: Tumor limited to the vocal cords (may involve anterior or posterior commissure) with normal mobility
___ pT1a: Tumor limited to 1 vocal cord
___ pT1b: Tumor involves both vocal cords
___ pT2: Tumor extends to supraglottis and/or subglottis and/or with impaired vocal cord mobility
___ pT3: Tumor limited to the larynx with vocal cord fixation and/or invades paraglottic space, and/or minor thyroid cartilage erosion (eg, inner cortex)
___ pT4a: Tumor invades through thyroid cartilage and/or invades tissues beyond the larynx (eg, trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus)
___ pT4b: Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Upper Aerodigestive Tract • Head and Neck

**Primary Tumor (pT): Subglottis**

- **pTX**: Cannot be assessed
- **pT0**: No evidence of primary tumor
- **pTis**: Carcinoma in situ
- **pT1**: Tumor limited to subglottis
- **pT2**: Tumor extends to vocal cord(s) *with normal or impaired mobility*
- **pT3**: Tumor limited to larynx *with vocal cord fixation*
- **pT4a**: Tumor invades cricoid or thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscles of the tongue, strap muscles, thyroid, or esophagus)
- **pT4b**: Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures

**Primary Tumor (pT): Maxillary Sinus**

- **pTX**: Cannot be assessed
- **pT0**: No evidence of primary tumor
- **pTis**: Carcinoma in situ
- **pT1**: Tumor limited to the maxillary sinus mucosa with no erosion or destruction of bone
- **pT2**: Tumor 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
- **pT3**: Tumor invades any of the following: bone of the posterior wall of maxillary sinus, subcutaneous tissues, floor or medial wall of orbit, pterygoid fossa, ethmoid sinuses
- **pT4a**: Tumor invades anterior orbital contents, skin of cheek, pterygoid plates, infratemporal fossa, cribiform plate, sphenoid or frontal sinuses
- **pT4b**: Tumor 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

**Primary Tumor (pT): Nasal Cavity and Ethmoid Sinus**

- **pTX**: Cannot be assessed
- **pT0**: No evidence of primary tumor
- **pTis**: Carcinoma in situ
- **pT1**: Tumor restricted to any 1 subsite, with or without bony invasion
- **pT2**: Tumor invading 2 subsites in a single region or extending to involve an adjacent region within the nasoethmoidal complex, with or without bony invasion
- **pT3**: Tumor extends to invade the medial wall or floor of the orbit, maxillary sinus, palate, or cribiform plate
- **pT4a**: Tumor 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
- **pT4b**: Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than (V2), nasopharynx, or clivus

* Data elements *with asterisks* are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Regional Lymph Nodes (pN): All Aerodigestive Sites Except Nasopharynx
___ pNX: Cannot be assessed
___ pN0: No regional lymph node metastasis
___ pN1: Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension
___ pN2a: Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension
___ pN2b: Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension
___ pN2c: Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension
___ pN3: Metastasis in a lymph node more than 6 cm in greatest dimension
Specify: Number examined: ___
Number involved: ___

Regional Lymph Nodes (pN): Nasopharynx
___ pNX: Cannot be assessed
___ pN0: No regional lymph node metastasis
___ pN1: Unilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa
___ pN2: Bilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa
___ pN3: Metastasis in a lymph node greater than 6 cm and/or to supraclavicular fossa
___ pN3a: Greater than 6 cm in dimension
___ pN3b: Extension to the supraclavicular fossa
Specify: Number examined: ___
Number involved: ___

*Extra-capsular Extension of Nodal Tumor
*___ Absent
*___ Present
*___ Indeterminate

Distant Metastasis (pM)
___ pMX: Cannot be assessed
___ pM1: Distant metastasis
*Specify site(s), if known: ____________________________

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Margins (check all that apply)
___ Cannot be assessed
___ Margins uninvolved by tumor
    Distance of tumor from closest margin: ___ mm
    Specify margin, if possible: ____________________________
___ Carcinoma in situ absent
___ Carcinoma in situ present
___ Carcinoma in situ, not applicable
___ Margin(s) involved by tumor
    Specify margins(s), if possible: ____________________________
___ Not applicable

*Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)
*___ Absent
*___ Present
*___ Indeterminate

Perineural Invasion
___ Absent
___ Present

*Additional Pathologic Findings (check all that apply)
*___ None identified
*___ Carcinoma in situ
*___ Inflammation (specify type): ____________________________
*___ Epithelial hyperplasia
*___ Epithelial dysplasia
*___ Other (specify): ____________________________

*Comment(s)
Surgical Pathology Cancer Case Summary (Checklist)

Protocol revision date: January 2005
Applies to invasive cancers only
Based on AJCC/UICC TNM, 6th edition

MAJOR SALIVARY GLANDS: Resection

Patient name: 
Surgical pathology number: 

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC

Specimen Type
___ Resection, submandibular gland
___ Resection, sublingual gland
___ Superficial parotidectomy
___ Total parotidectomy
___ Other (specify): ____________________________
___ Not specified

Laterality
___ Right
___ Left
___ Not specified

Tumor Size
Greatest dimension: ___ cm
*Additional dimension: ___ x ___ cm
___ Cannot be determined (see Comment)

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
MICROSCOPIC

Histologic Type

___ Acinic cell carcinoma
___ Adenoid cystic carcinoma
___ Adenocarcinoma not otherwise specified (NOS), low grade
___ Adenocarcinoma NOS, intermediate grade
___ Adenocarcinoma NOS, high grade
___ Squamous cell carcinoma
___ Carcinoma ex pleomorphic adenoma (malignant mixed tumor)
___ Carcinosarcoma (true malignant mixed tumor)
___ Mucoepidermoid carcinoma, low grade
___ Mucoepidermoid carcinoma, intermediate grade
___ Mucoepidermoid carcinoma, high grade
___ Polymorphous low-grade adenocarcinoma
___ Epithelial-myoepithelial carcinoma
___ Basal cell adenocarcinoma
___ Sebaceous carcinoma
___ Cystadenocarcinoma
___ Mucinous carcinoma (colloid carcinoma)
___ Oncocytic carcinoma
___ Salivary duct carcinoma
___ Myoepithelial carcinoma (malignant myoepithelioma)
___ Small cell carcinoma
___ Undifferentiated carcinoma
___ Other (specify): ____________________________
___ Carcinoma, type cannot be determined

Histologic Grade (if appropriate)

___ Not applicable
___ GX: Cannot be assessed
___ G1: Well differentiated
___ G2: Moderately differentiated
___ G3: Poorly differentiated
___ Other (specify): ____________________________

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Pathologic Staging (pTNM)

*Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.*

**Primary Tumor (pT)**
- **pTX:** Cannot be assessed
- **pT0:** No evidence of primary tumor
- **pT1:** Tumor 2 cm or less in greatest dimension without extraparenchymal extension
- **pT2:** Tumor more than 2 cm but not more than 4 cm in greatest dimension without extraparenchymal extension
- **pT3:** Tumor more than 4 cm and/or tumor having extraparenchymal extension
- **pT4a:** Tumor invades skin, mandible, ear canal, and/or facial nerve.
- **pT4b:** Tumor invades skull base and/or pterygoid plates and/or encases carotid artery

**Regional Lymph Nodes (pN)**
- **pNX:** Cannot be assessed
- **pN0:** No regional lymph node metastasis
- **pN1:** Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension
- **pN2a:** Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension
- **pN2b:** Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension
- **pN2c:** Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension
- **pN3:** Metastasis in a lymph node, more than 6 cm in greatest dimension

Specify: Number examined: ___
Number involved: ___

*Extracapsular Extension of Nodal Tumor
* **Absent**
* **Present**
* **Indeterminate**

**Distant Metastasis (pM)**
- **pMX:** Cannot be assessed
- **pM1:** Distant metastasis
  *Specify site(s), if known: ____________________________

---

*Note: The phrases in italics include clinical findings required for AJCC staging. This clinical information may be unknown to the pathologist. It is included here only for the sake of completeness.*
Margins
____ Cannot be assessed
____ Margins uninvolved by tumor
   Distance of tumor from closest margin: ___ mm
   Specify margin, if possible: ____________________________
____ Margin(s) involved by tumor
   Specify margin(s), if possible: ____________________________

*Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)
*____ Absent
*____ Present
*____ Indeterminate

Perineural Invasion
____ Absent
____ Present

*Additional Pathologic Findings
*Specify: ____________________________

*Comment(s)

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.