

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

NASAL CAVITY AND PARANASAL SINUSES NEOPLASMS

(Ver 1.1, 11-03)

Accession No.:

Part No(s).

Date:

Patient Name:

SITE,

SUB-SITE,

OPERATION

Maxillary Sinus

right/left

curettage
excision

Nasal Cavity

septum
floor
lateral wall
vestibule

Ethmoid Sinus

right/left

Other _____

-Primary Tumor Diagnosis *Required*

Squamous cell carcinoma

Verrucous carcinoma

Spindle cell (sarcomatoid) carcinoma

Adenosquamous carcinoma

Basaloid squamous cell carcinoma

Papillary squamous cell carcinoma

Sinonasal carcinoma,

 keratinizing type

 non-keratinizing type

 undifferentiated type

Nasopharyngeal carcinoma

 keratinizing type

 non-keratinizing differentiated type

 undifferentiated (lymphoepithelioma) type

Adenocarcinoma

 papillary type

 intestinal type

Typical carcinoid tumor (neuroendocrine carcinoma, well differentiated)

Atypical carcinoid tumor (neuroendocrine carcinoma, moderately differentiated)

Small cell carcinoma (neuroendocrine carcinoma, poorly differentiated)

Other: _____

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A. Tumor Grade: *Required:* I II III IV

B. Size of Tumor: *Required:* _____ cm. x _____ cm. x _____ cm.

D. Extent of Tumor: *Required*

Maxillary Sinus

Tumor is limited to the maxillary sinus mucosa

Tumor invades bone of the hard palate/middle nasal meatus/hard palate and middle nasal meatus

Tumor invades bone of the posterior wall of the maxillary sinus

Tumor invades subcutaneous tissue

Tumor invades floor/medial wall of the orbit

Tumor invades anterior orbital contents

Tumor invades the skin of the cheek

Tumor invades the pterygoid plates/infratemporal fossa/ethmoid sinuses

Tumor invades orbital apex/dura/brain/middle cranial fossa/cranial nerves (_____ ,*specify*), nasopharynx, or clivus.

Other: _____

Nasal Cavity and Ethmoid sinus

Tumor is limited to nasal septum/floor of nasal cavity/lateral wall of nasal cavity/vestibule, with/without invasion of bone

Tumor invades anterior orbital contents/skin of nose or cheek/anterior cranial fossa/pterygoid plates/sphenoid sinuses/frontal sinuses

Tumor invades orbital apex/dura/brain/middle cranial fossa/cranial nerves (_____ ,*specify*), nasopharynx, or clivus.

Other: _____

-Margins of Excision: *Required*

Margins are free of tumor

Margins are free of tumor, however tumor is present within _____ mm. of _____ margin(s)

(*specify*)

Tumor is present at _____ margin(s) (*specify*)

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Note: All of the following lymph node groups will not be identified in most cases. However, appropriate designations are provided below. ^{Required}

-Lymph Nodes, (_____,specify):

- A. Number examined: _____
- B. Number positive: _____
- C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, (_____,specify):

- D. Number examined: _____
- E. Number positive: _____
- F. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, (_____,specify):

- G. Number examined: _____
- H. Number positive: _____
- I. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

Note: Regional lymph nodes include buccinator, submandibular, upper jugular, retropharyngeal. If a radical lymph node dissection of the neck is performed, refer to the laryngeal carcinoma guideline for lymph node identification.

-Additional Tumor Features: *optional*

A. Lymphovascular Vessel Invasion: Identified Not Identified

B. Perineural Invasion: Identified Not Identified

C. Other: _____

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-Additional Findings and Comments: *optional*

The surrounding mucosa demonstrates:

Dysplasia, keratinizing/nonkeratinizing mild/moderate/severe

Keratoses without dysplasia

Atypia, consistent with radiation changes

Chronic inflammation

Other _____

-Ancillary Studies: *Optional*

Special stains are performed, the results are as follows:

A. _____

B. _____

C. _____

D. _____

Interpretation _____

Immunohistochemical studies are performed, the results are as follows:

A. _____

B. _____

C. _____

D. _____

Interpretation _____

In-situ hybridization studies are performed, the results are as follows:

A. _____

B. _____

C. _____

D. _____

Interpretation _____

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-pTN Stage: *Required*

Primary Tumor

Maxillary Sinus

- pTX:** Cannot be assessed
pT0: No evidence of primary tumor
pTis: Carcinoma in situ
pT1: Tumor limited to the antral mucosa with no erosion or destruction of bone
pT2: Tumor causing bone erosion or destruction into hard palate and/or middle nasal meatus
pT3: Tumor invades any of the following: bone of posterior wall of maxillary sinus, subcutaneous tissues, floor or medial wall of orbit, pterygoid fossa, ethmoid sinuses
pT4a: Tumor invades anterior orbit, cheek, skin, pterygoid plates, infratemporal fossa, cribriform plate, sphenoid sinus, frontal sinus
pT4b: Tumor invades orbital apex, dura, brain, middle cranial fossa, cranial nerves other than V2 (maxillary division of trigeminal nerve), nasopharynx, clivus

Nasal Cavity and Ethmoid Sinus

- pTX:** Cannot be assessed
pT0: No evidence of primary tumor
pTis: Carcinoma in situ
pT1: Tumor confined to 1 subsite
pT2: Tumor involves 2 subsites or adjacent nasoethmoidal site
pT3: Tumor invades medial wall/floor orbit, maxillary sinus, palate, cribriform plate
pT4a: Tumor invades anterior orbit, skin of nose/cheek, anterior cranial fossa, pterygoid plates, sphenoid and/or frontal sinus
pT4b: Tumor invades orbital apex, dura, brain, middle cranial fossa, cranial nerves other than V2 (maxillary division of trigeminal nerve), nasopharynx, clivus

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Regional Lymph Nodes:

- pNX:** Regional lymph nodes 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

References:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 59-68).