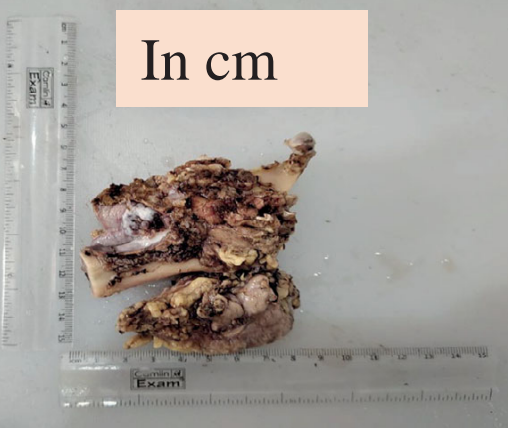
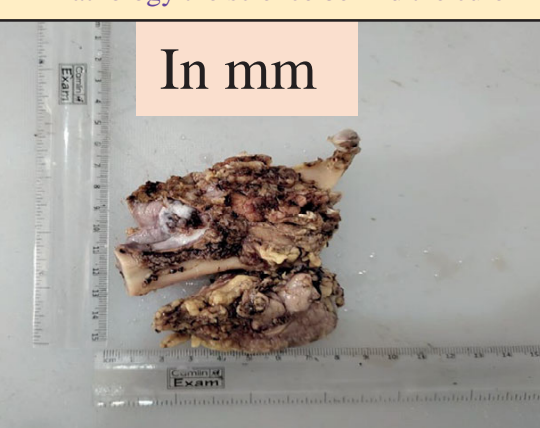
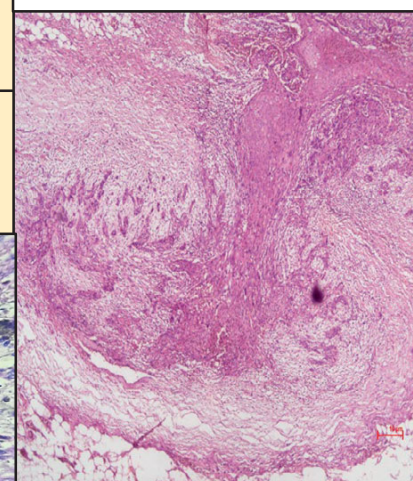

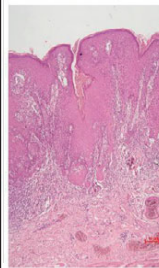
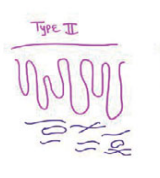
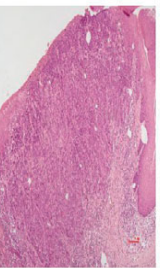
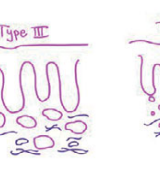
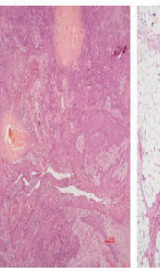
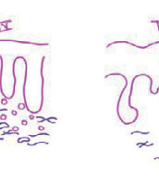
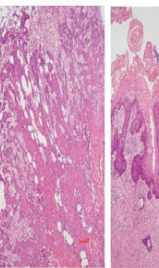
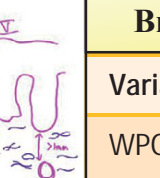
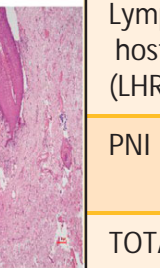
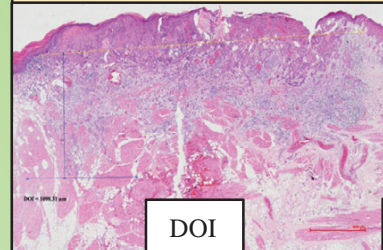
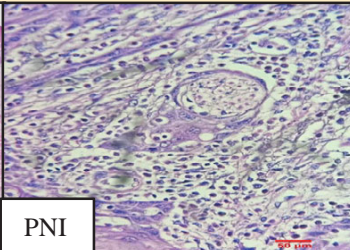


Comprehensive guidelines for the examination of oral cancer resection specimens: CAP versus RCPPath protocol

INTRODUCTION - Given the complexity and critical nature of oral cavity resections, documentation and well-structured reports are paramount. CAP and RCPPath are the two most commonly used standardised guidelines for reporting oral cavity resections and serve as an essential tool for conveying crucial information among multidisciplinary teams, guiding postoperative care, and facilitating long-term patient management.

COLLEGE OF AMERICAN PATHOLOGISTS, JUNE 2023		-Core, Conditional, Optional	Dataset	-Core, Non-Core	THE ROYAL COLLEGE OF PATHOLOGISTS, OCT 2023 Pathology the science behind the cure														
 <p>In cm</p>		CORE – Tumour focality, site, size, laterality, histology, DOI, PNI, lymphovascular invasion (LVI), margin status, regional lymph nodes, pTNM	Core Elements	CORE – Neoadjuvant chemotherapy (NACT) , tumour site, laterality, size, histology, DOI, PNI, LVI, margin status, pattern of invasion, bone invasion , regional lymph nodes, pTNM	 <p>In mm</p>														
		Tumour Size Greatest dimension in (cm)-----in cm + Additional dimension in (cm)----x----cm --Cannot be determined----explain	Tumour Dimension	Tumour Dimensions (core) Maximum tumour dimension (largest tumour)mm Cannot be assessed															
		Tumour Laterality (select all that apply) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Midline <input type="checkbox"/> Not specified	Tumour Laterality	Oral cavity Lateral border of tongue. Left Right. Laterality not specified Ventral surface of tongue, NOS Left Right Midline Laterality not specified Dorsal surface of tongue, NOS Left Right Midline Laterality not specified Anterior 2- thirds of tongue, NOS Left Right Midline Laterality not specified															
INCLUSION	EXCLUSION	Involved margin is the presence of invasive cancer or high grade dysplasia at the resected margin	Positive Mucosal Margins	Presence of invasive cancer within 1 mm of the margin is considered to constitute a positive margin	INCLUSION	EXCLUSION													
Carcinoma Mucosal Melanoma	Sarcoma Lymphoma Carcinomas of dry vermillion lip	The total number of lymph nodes examined must be reported, but only if nodes are present in the specimen	Regional Lymph Nodes	Separate dataset for assessing lymph nodes	Invasive carcinoma of oral cavity	Sarcoma lymphoma													
DISCUSSION- ➤ Chiou et al. (2010) , surgically treated buccal mucosa cancer has a significant probability of locoregional recurrence when the surgical margin is ≤ 3 mm but not 5 mm. ➤ Kurita H et al, 2010 , survival is negatively impacted solely by severe dysplasia at the margin. ➤ National Comprehensive Cancer Network criteria 2018 , clear is defined as having a final pathological measurement of 5 mm. ➤ Brinkman et al. (2022) , the RCPPath definition is less predictive of survival outcomes in OSCCC than the involved main specimen margins as defined by the CAP guidelines.		Perineural invasion (PNI) is associated with poor local disease control and regional control, also with metastasis to regional lymph nodes	Extranodal Extension	WORST PATTERN OF INVASION IN OSCC															
		Depth of invasion (DOI) is measured from the basement membrane of adjacent normal to the deepest point of invasion of the tumour.		 <p>TYPE 1</p> 	 <p>TYPE 2</p> 	 <p>TYPE 3</p> 	 <p>TYPE 4</p> 	 <p>TYPE 5</p> 											
		 <p>DOI</p>  <p>PNI</p>		CONCLUSION - Information pertaining to resection needs to have more objective goals so that information present in report is understood universally by all clinicians. Also, in our institutional experience we prefer CAP guidelines as it is easy to use and has more reproducibility.															
		REFERENCES :- http://www.cap.org/cancerprotocols http://www.rcpath.org/ Chiou WY et al, Buccal mucosa carcinoma: surgical margin less than 3 mm, not 5 mm, predicts locoregional recurrence. Radiat Oncol. 2010 Sep 15;5:79. Kurita H, Nakanishi Y, Nishizawa R, et al. Impact of different surgical margin conditions on local recurrence of oral squamous cell carcinoma. Oral Oncol 2010;46:814–817. National Comprehensive Cancer Network. Head and neck cancers. Version 2.2018. Brinkman D et al. Comparison of royal college of pathologists and college of american pathologists definition for positive margins in oral cavity squamous cell carcinoma. Oral Oncol. 2022 Apr;127:105797.																	
		Brandwein Gensler Risk Model																	
<table border="1"> <thead> <tr> <th>Variable</th> <th>Type</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>WPOI.</td> <td>1, 2, 3, 4, 5</td> <td>0,0,0,+1,+3</td> </tr> <tr> <td>Lymphocytic host response (LHR)</td> <td>1, 2, 3</td> <td>0, +1, +3</td> </tr> <tr> <td>PNI</td> <td>None, small, large nerves</td> <td>0,+1,+3</td> </tr> <tr> <td>TOTAL</td> <td>0, 1/2, =>/3</td> <td></td> </tr> <tr> <td>RISK</td> <td>Low, intermediate, high</td> <td></td> </tr> </tbody> </table>		Variable	Type	Score	WPOI.	1, 2, 3, 4, 5	0,0,0,+1,+3	Lymphocytic host response (LHR)	1, 2, 3	0, +1, +3	PNI	None, small, large nerves	0,+1,+3	TOTAL	0, 1/2, =>/3		RISK	Low, intermediate, high	
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Use of Brandwein Gensler is not recommended in either of the two protocols but the risk assessment and the treatment protocol is based on Brandwein Gensler risk assessment scale.																			