**Appendix C** **Reporting proforma for cancer of unknown primary**

Surname.................................................................................................................................

Forenames..............................................................................................................................

Date of birth....................... Sex.......

Hospital.............................. Hospital no......................... NHS/CHI no…..................................

Date of receipt................... Date of reporting................ Report no.........................................

Pathologist.................................................................... Surgeon............................................

**Site of sample\* – tick box**

Liver  Lung  Brain  Lymph node  Skin  (specify site …………………)

Bone  (specify site……………................) Other  (specify site ……………………...)

**Type of sample\* – tick all boxes which apply**

Small biopsy, e.g. needle core  Small excision biopsy  Effusion cytology  FNA 

Specimen laterality (where applicable) Left  Right 

**Morphology – tick box**

Epithelioid  Sarcomatoid or spindle  Small round blue cell  Undifferentiated/pleomorphic 

Other  (specify……………………………………………………………………………………)

**Immunohistochemistry – list markers employed**

Positive……………………………………………………………………………………………….

Equivocal……………………………………………………………………………………………..

Negative………………………………………………………………………………………………

**Have you excluded**

Lymphoma? Yes  / No  Germ cell tumour? Yes  / No 

Melanoma? Yes  / No  Sarcoma? Yes  / No 

**Broad morphological diagnosis\***

Malignant neoplasm, NOS  Carcinoma, NOS  Squamous cell carcinoma 

Adenocarcinoma, NOS  Neuroendocrine neoplasm 

Has the case been discussed at CUP MDT: Yes  / No 

Date of discussion at CUP MDT……………

**TNM staging if squamous cell carcinoma with lymph node metastases involving cervical lymph nodes\***

**TNM edition**

EBV positive: Yes  / No  / Not known 

HPV/p16 positive: Yes  / No  / Not known 

pT…... pN…… pM……

Comment: ............................................................................................................................

Pathologist ……………………………. Date……/……/……..

SNOMED codes\* T..................... M…………………

\*Data items that are currently part of the Cancer Outcomes and Services Dataset v7.