



Head and Neck Consensus Language for Ease and Reproducibility (HN CLEAR)

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Head & Neck CLEAR

A global initiative to develop uniform and evidence based diagnostic and prognostic terminologies to inform:

1. Patient treatment
2. support clinical trial design,
3. epidemiological and fundamental research,
4. cancer registries for education and preventive strategies, and
5. assist policy makers in the allocation of health care resources.

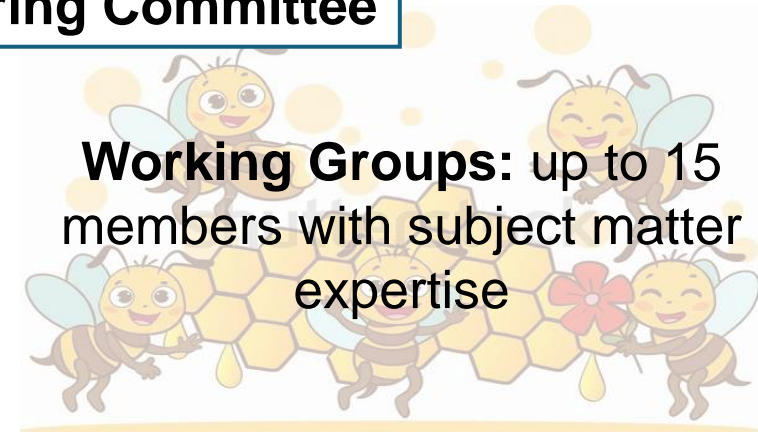
Complement the workings of WHO, AJCC and ICCR by providing robust evidence and terminology in a timely manner and drafting recommendations that can be included in upcoming iterations.

A Co-operative Group within Head and Neck Pathology Community

- Sponsored by the North American Society of Head and Neck Pathology (NASHP)
- Brings together pathologists across the globe:
 - head and neck,
 - maxillofacial,
 - endocrine pathology,
 - dermatopathology,
 - cytopathology,
 - general surgical pathologists
- Supported by the Clinical Advisory Group
- Resources:
 - PathPresenter
 - Statistician

Steering Committee

Working Groups: up to 15 members with subject matter expertise



Global Head and Neck Pathology Issues

- Questions solicited from the head and neck medical community
- A standard topic solicitation form emailed using the email addresses within
 - NASHNP,
 - WHO,
 - ICCR
 - the records of local governing bodies or colleges if available and/or permitted
 - for example, the Royal College of Pathologists of Australasia, Head and Neck Structured Pathology Reporting Committee

First Round of Topic Solicitation: July 2023

Harmonize terminology for salivary gland invasion (especially for carcinoma ex pleomorphic adenoma, but to have standardization of distance from tumour to capsule.

Sinonasal myxoma

Proliferative verrucous leukoplakia; Oral lichen planus versus oral epithelial dysplasia with interface (lichenoid)

p16 positivity in immunohistochemistry as a surrogate marker for HPV detection in Oral Squamous Cell Carcinoma

DEK::AFF2 carcinoma

Evaluation of the new WHO architectural and cytological features of oral **epithelial** dysplasia and their application in grading.

Secretory carcinoma

oncocytic carcinoma

Role of p53 IHC in (1) Oral epithelial dysplasia and verrucous lesions grading and reporting terminology; (2) HPV-associated oral dysplasia

value of molecular alteration for diagnosis

Extra nodal extension (ENE) of metastatic tumors, both HPV related and non-related SCC, salivary and thyroid cancer.

The histopathological evaluation of robotic surgery resections specimens of oropharyngeal cancer.

Working Group Participation: Ca Ex Pa

Name	Institution	Country
Swapnil Rane	Tata Memorial Hospital	India
Pr Valérie Costes Martineau	Hopital Gui de Chauliac	France
Dr. Cho. Junhun	Samsung hospital	Korea
Ivana Kholová		Finland
Miguel Rito	Instituto Português de Oncologia de Lisboa Francisco Gentil)	Portugal
Peter Luk	Department of Tissue Pathology and Diagnostic Oncology, Royal Prince Alfred Hospital	Australia
Spinder Samra	Westmead Hospital	Australia
William Faquin	Massachusetts Eye and Ear Infirmary	USA
Simon Chiose	University of Pittsburgh Medical Center	USA
Jan Laco	The Fingerland Department of Pathology	Czech Republic
Toshitaka Nagao	Tokyo Medical University	Japan
Ricardo Santiago Gomez	Universidade Federal de Minas Gerais	Brazil
Vickie Y. Jo	Brigham & Women's Hospital	USA
Nazim BENZERDJEB	University Hospital of Lyon - South	France
Lester Thompson		USA
Beth Beadle	Stanford University	USA
Jean Yang	University of Sydney	Australia

Working Group Participation: ENE

Name	Institution	Country
Neha Mittal	Tata Memorial Hospital	India
Dr. Yoon, Sun Och	Yonsei University Hospital	Korea
Dr Sunil Pasricha	Rajiv Gandhi Cancer Institute & Research Centre	India
Aanchal Kakkar	All India Institute of Medical Sciences	India
Rebecca Chernock	Washington University School of Medicine	USA
Katalin Kiss	Rigshospitalet	Denmark
Martin Bullock	Dalhousie University	Canada
Nina Zidar	University of Ljubljana	Slovenia
Spinder Samra	Westmead Hospital	Australia
William Faquin	Massachusetts Eye and Ear Infirmary	USA
Mary Richardson	Medical University of South Carolina	USA
Simon Chiosea	University of Pittsburgh Medical Center	USA
Jane Dahlstrom	ACT Health	Australia
Jan Laco	The Fingerland Department of Pathology	Czech Republic
Munita Bal	Tata Memorial Hospital	India
Ruta Gupta	Royal Prince Alfred Hospital	Australia
Sophie Huang	University of Toronto	Canada
Neil Hayes	University of Tennessee Health Science Center	USA
Jean Yang	University of Sydney	Australia

**Tim Fielder (Australia):
Logistics**

Framework for the Working Groups

- Review the literature
- Collate and analyze the available data: methodical, unbiased, and robust:
 - Meta- analyses of data using PRISMA with PROSPERO
 - Delphi study protocols.
 - Circulation of slide examples of entities with development of terminology ([PathPresenter](#)).
 - Generation of data with inter-observer variability analyses ([PathPresenter](#) and [Statistician](#)).
- Formulate proposed consensus recommendations including possible alternatives.
 - Present the consensus recommendations to the Steering Committee and the Clinical Advisory panel.
 - Prepare a manuscript with consensus recommendations for publication and outline mechanisms for implementation.



In the Context of Ca Ex PA

- Lit Review Demonstrated:
 - Lack of robust data
 - Absence of clear definition
 - Conceptual disparities
- Approach to address:
 - Manuscript describing the problems and best methods to address these
 - Delphi study using RedCap

In the Context of ENE: Minimising Interobserver Variability

- **Q1: Definition of ENE**

- Based on AJCC 8 and ICCR definition
- Capsular reaction
- LN hilum
- Pericapsular lymphatic emboli
- Direct extension from primary tumour
- Fine needle aspiration associated changes
- **Matting of nodes**
- **Soft tissue deposits**

- **Q2: Defining Adequate Sampling of:**

- macroscopically uninvolved node
- macroscopically involved node without obvious ENE
- macroscopically involved node with obvious ENE

- **Q3: Measuring extent of ENE**

- What is histologically meaningful
- What is clinically relevant

- **Q4: Should HPV independent and HPV associated SCC have the same criteria for ENE**

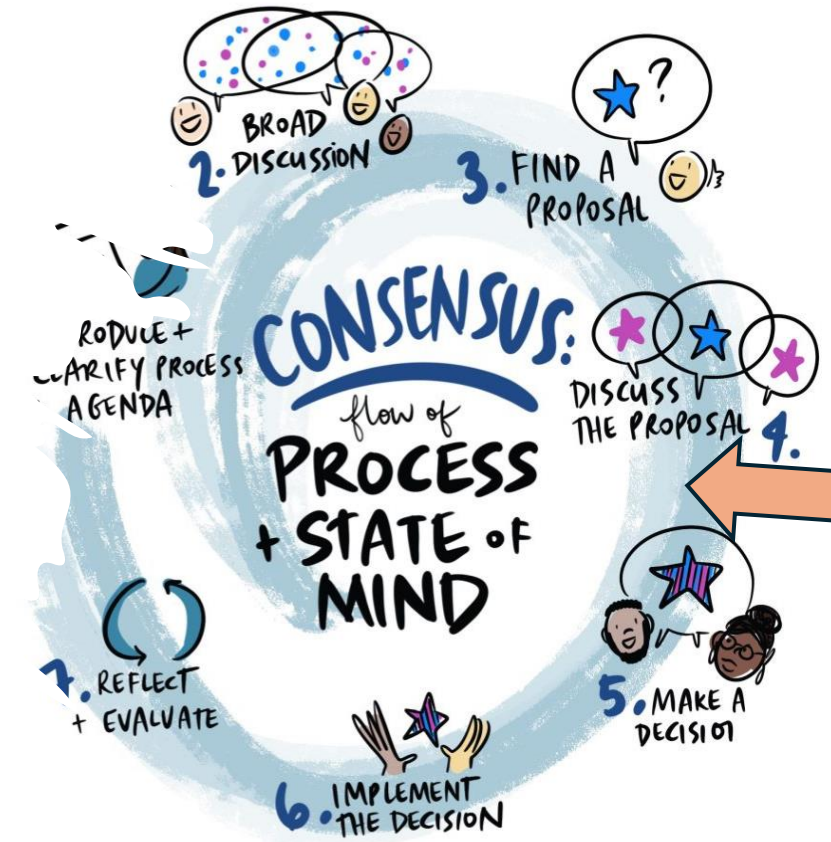


Review of cases by the Working Group

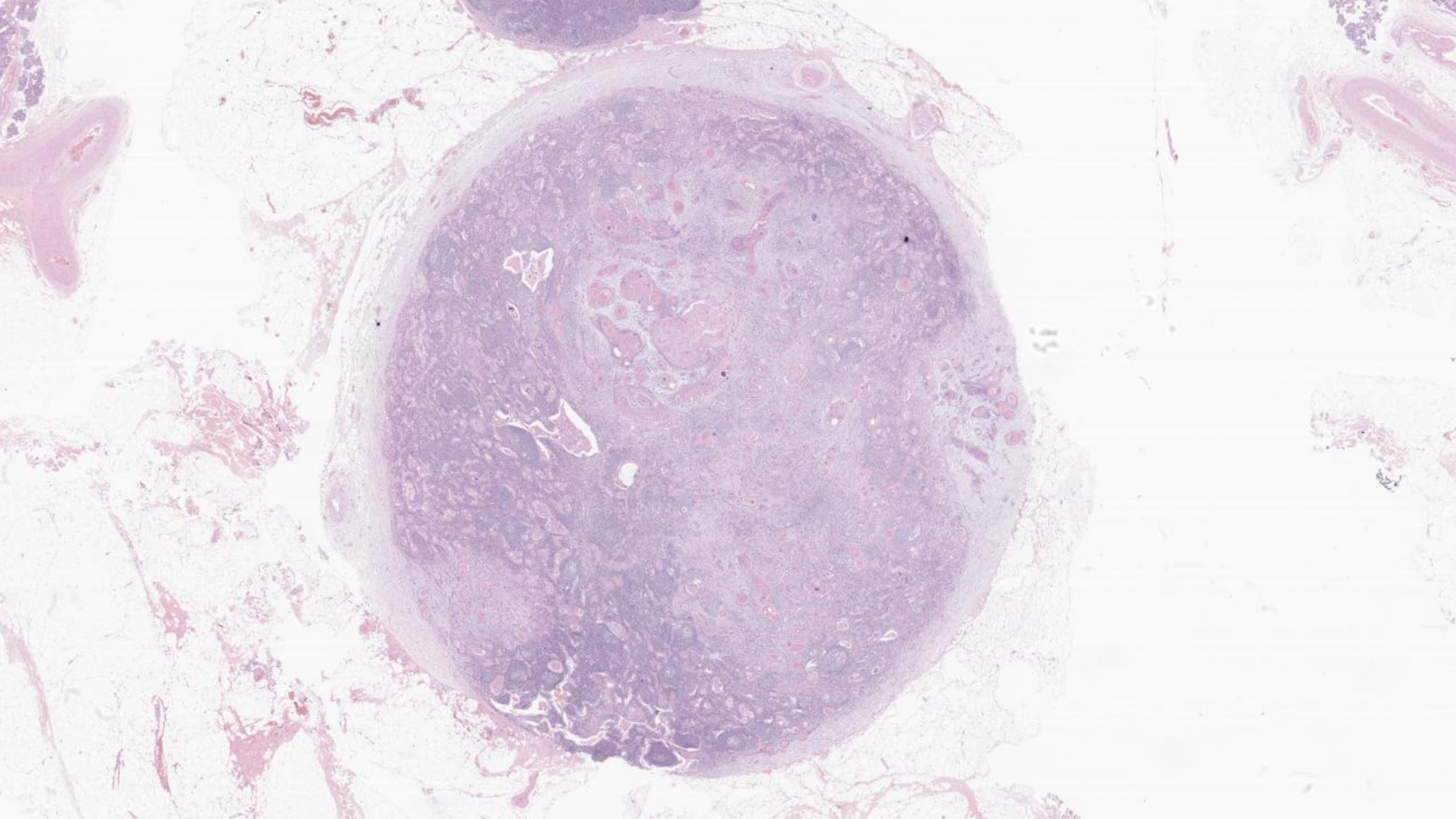
- Initial 11 random neck dissection slides
 - Reviewed by 12/16 pathologists
 - 70% concordance
 - 4 cases – no concordance/toss of coin.
- Selection of 10 cases based on the questions identified in the review of the above 4 cases.

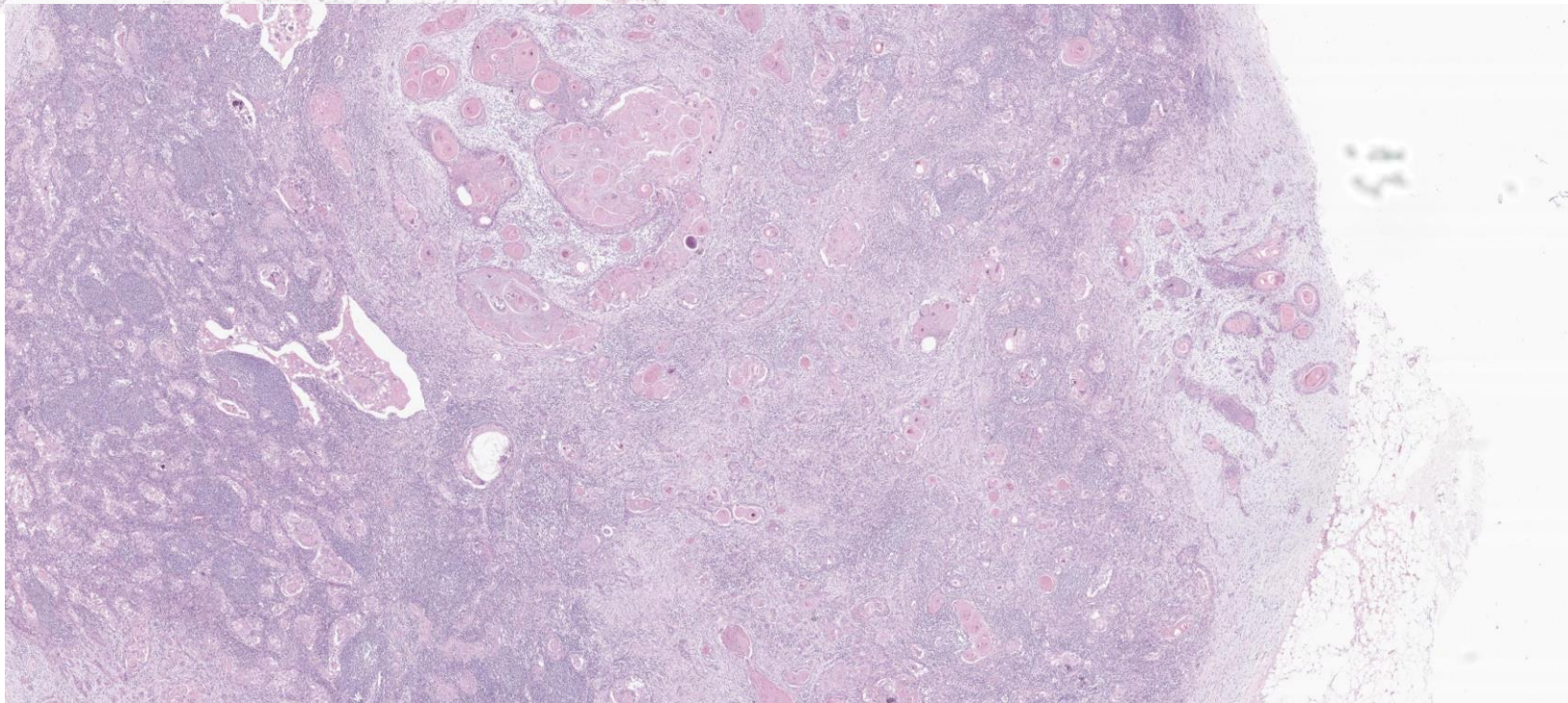
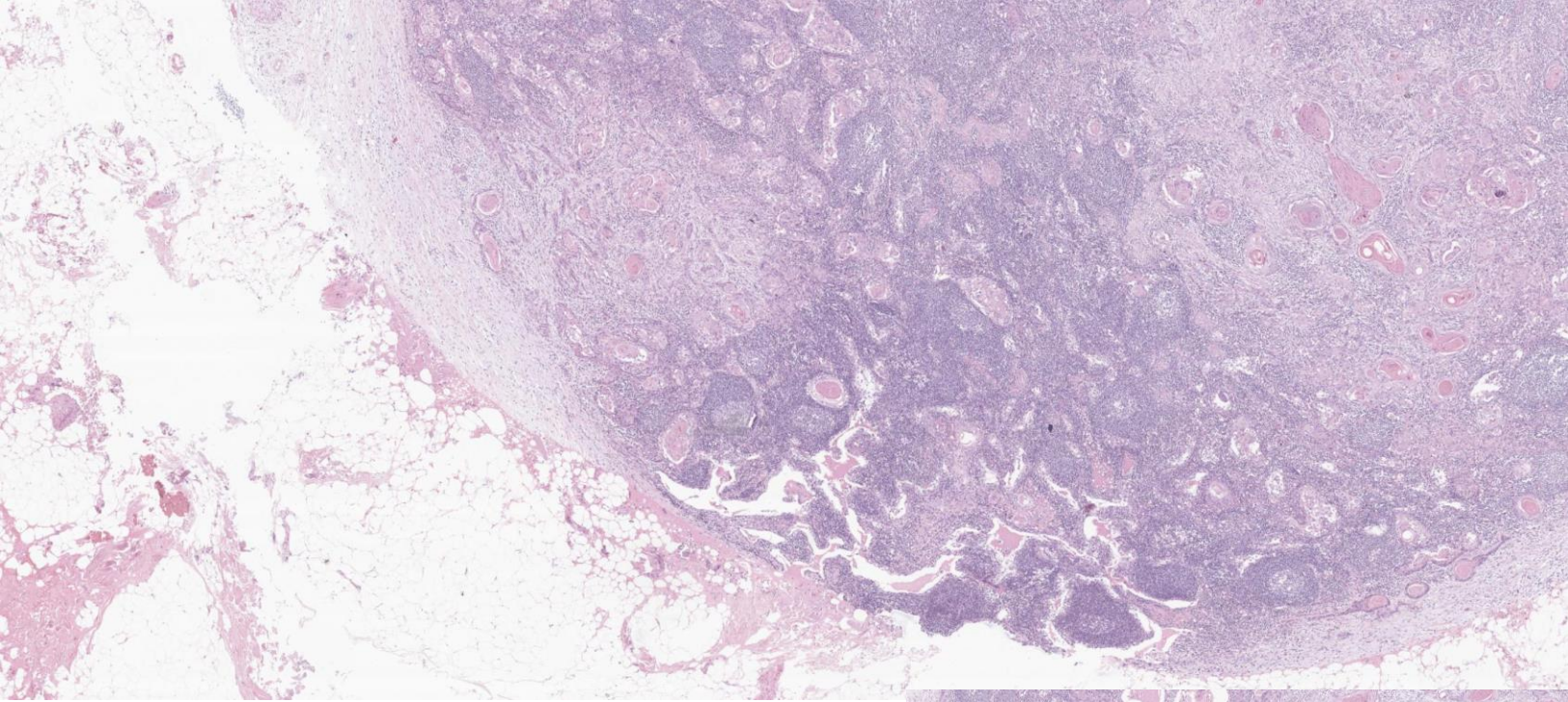
Consensus: Work in Progress

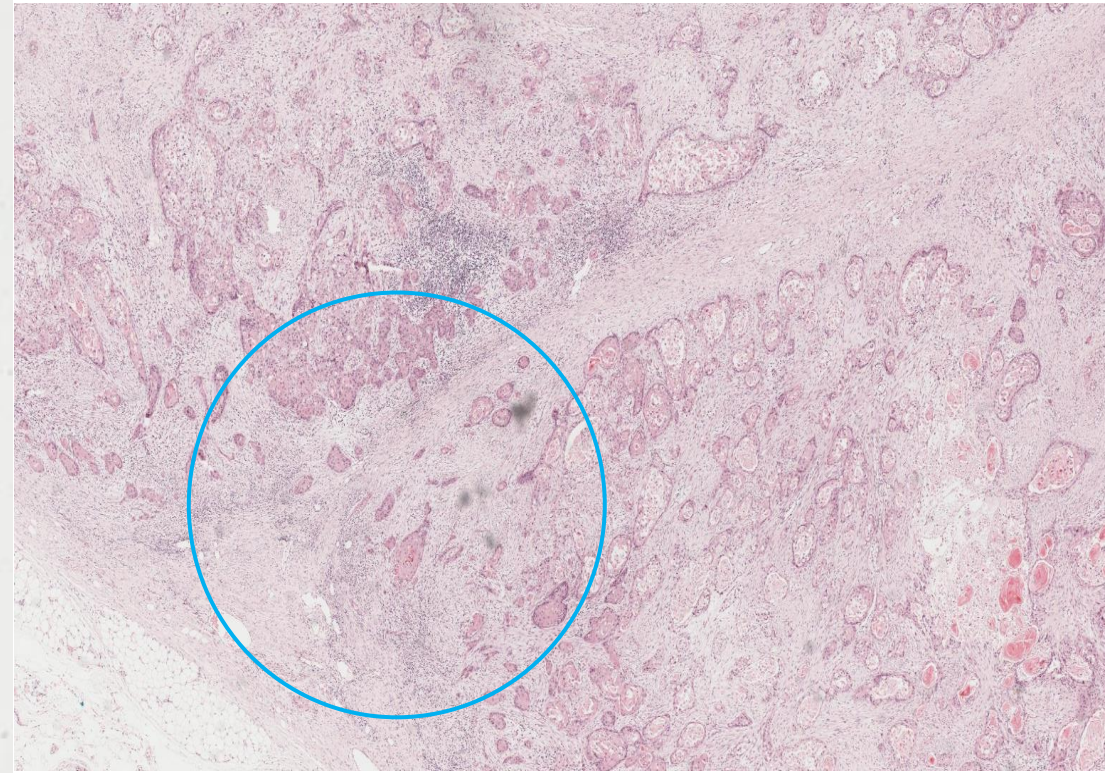
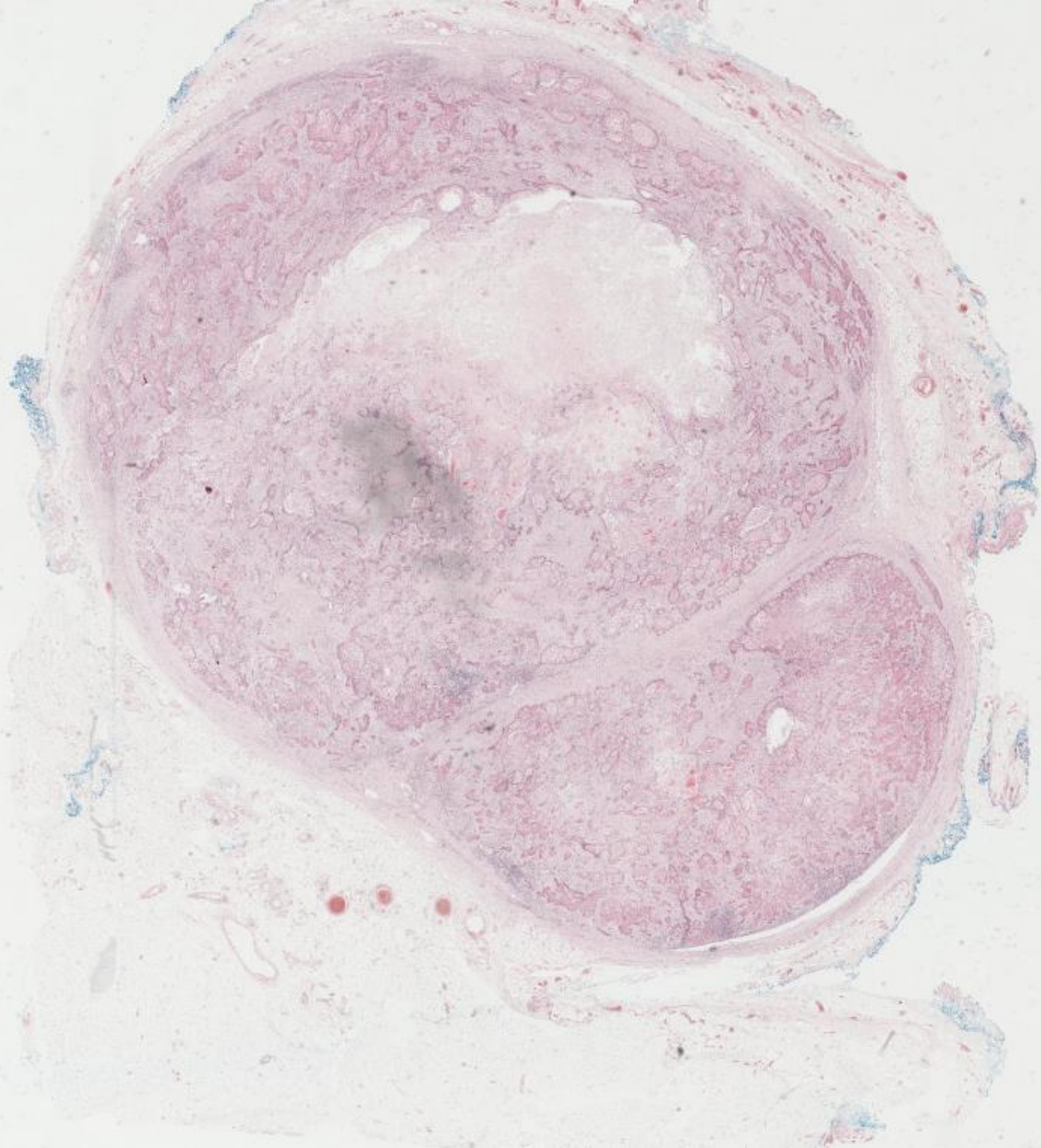
- Macroscopy:
 - Ideally lymph nodes >15mm should be sliced perpendicular to their long axis (not bivalved).
 - Macroscopically uninvolved lymph nodes should be submitted entirely,
 - Involved lymph nodes up to 15mm should be submitted entirely.
 - For larger involved nodes, the cut section of the nodes should be inspected and sampling should be maximised to demonstrate ENE- consider sampling capsule entirely.
- Calling ENE:
 - Only when the tumour infiltrates through/transgresses the entire thickness of the capsule.
 - Tumors confined within and not extending beyond a thickened capsule or a capsular desmoplastic response are NOT considered ENE.
 - Particularly problematic- capsular reduplication.
 - FNA tract should be identified- perpendicular blood vessels/granulation tissue.
- When in doubt?
 - Ensure capsule is entirely submitted
 - Levels/deeper sections
 - Show a colleague
 - Correlate with history of FNA and radiology findings- conglomerate of nodes, etc

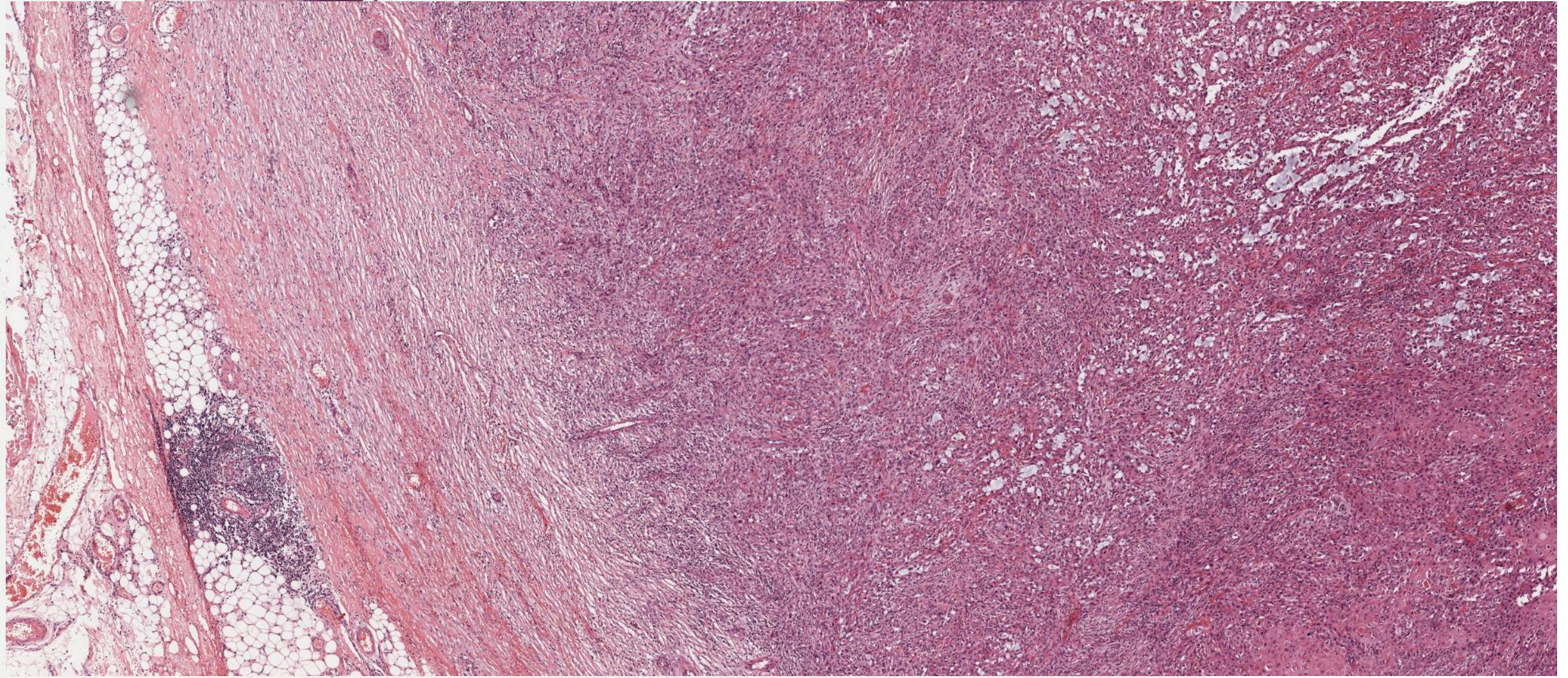


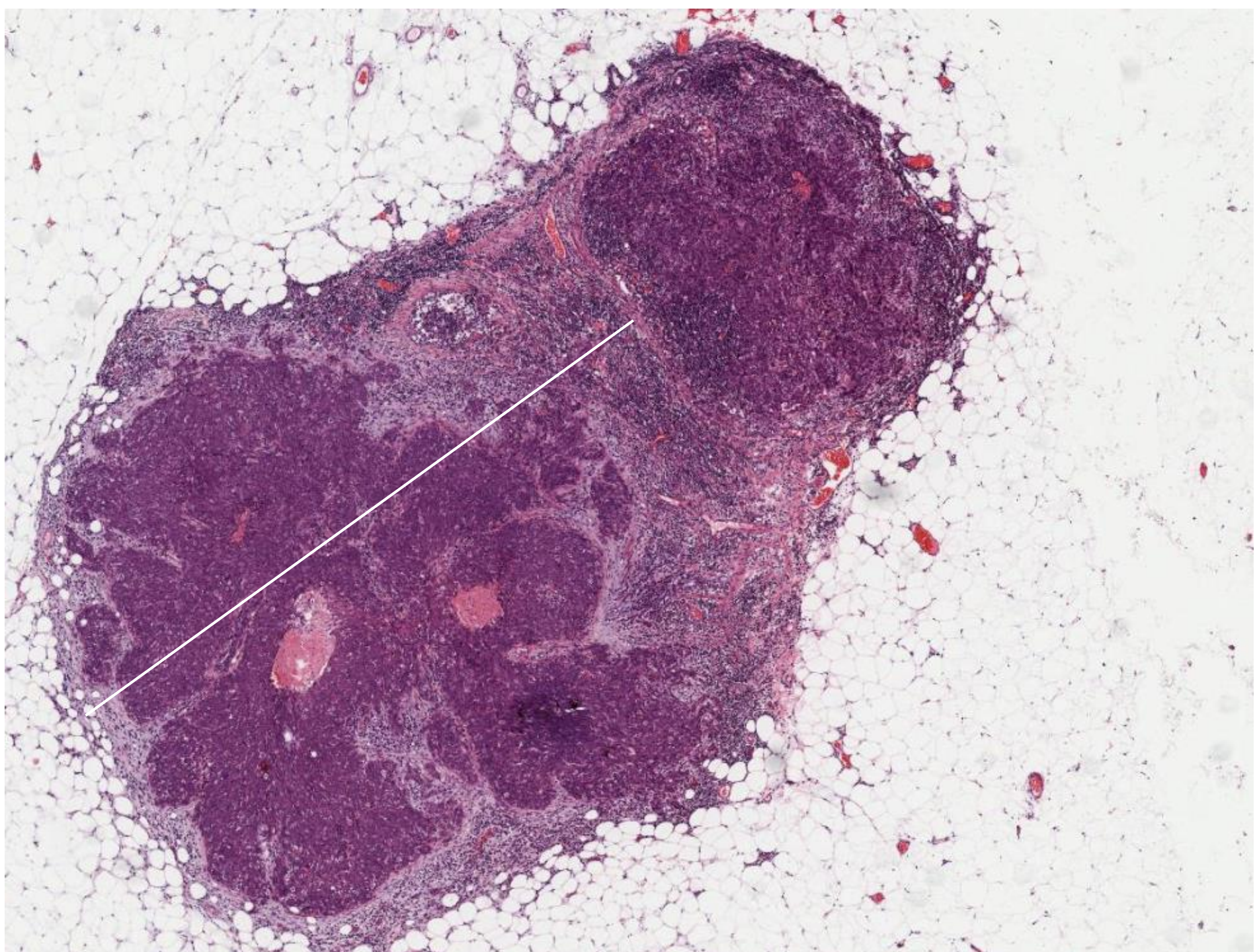
Via Rhizome Network
drawn: sambradd











Achieving Evidence Based Consensus

- **Collect Systematic Evidence (402 results- approx 20% useful)**
 - **extranodal extension" OR "extranodal spread" OR "extracapsular extension" OR "extracapsular spread") AND "squamous cell carcinoma" AND (oral OR oropharyngeal)**
 - **publication date of 01/01/2015 onward**
- **Post Evidence Examination Slide Review:**
 - **Number of slides determined based on the number of respondents and concordance in the initial 20 slide reviews (N=35-40).**

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> *Head Neck Pathol.* 2023 Sep;17(3):877-880. doi: 10.1007/s12105-023-01570-w. Epub 2023 Jul 24.

HN-CLEAR: Head and Neck Consensus Language for Ease and Reproducibility, a Multidisciplinary Consensus Mechanism for Head and Neck Pathology

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...²¹

FULL TEXT LINKS



ACTIONS

“ Cite

📖 Collections

