

# QOMS - NMSC 2026



Date of collection

D	D	M	M	Y	Y
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Collected by:

## Instructions

1. Inclusions: 200 consecutive cases of confirmed (only) cutaneous SCC or BCC in the HN region.

2. Exclusions:

- Do NOT collect data about biopsies, recurrences and re-excision surgeries (re-excision, when applicable, should be captured with the primary excision).
- Cases with heavy nodal involvement should be entered in the QOMS Oncology & Reconstruction registry (if you are contributing to this registry) but not here.
- if a lesion has completely been removed during the (diagnostic) biopsy, do not include this lesion (these cases tend to distort the margins)

A FAQ is available from the project manager ([baomsprojectmanager@baoms.org.uk](mailto:baomsprojectmanager@baoms.org.uk))

## Patient identifiable information

NHS, CHI or MRN number

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Sex

Female

Male

Date of birth

D	D	M	M	Y	Y
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Date of index procedure

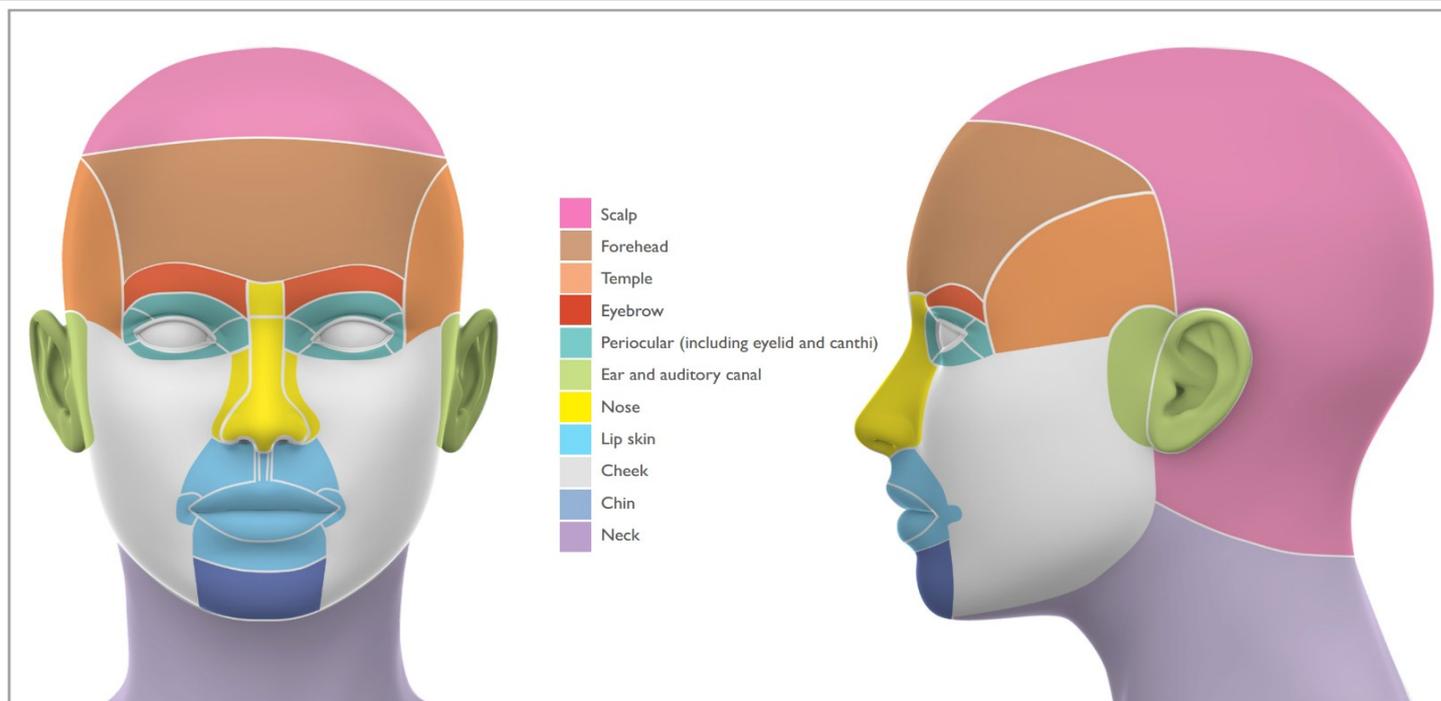
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How many lesions in the HN region were removed during the current care episode?

For each lesion, complete a copy of the "Individual lesion" form

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## Facial zone



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Collected by:

**Complete a copy of this form for each treated lesion**

## Record Identification

## Indicate lesion number

NHS, CHI or MRN number

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## Individual Lesion Clinical Data - BCCs

Site of surgery. Select only one

Scalp	<input type="checkbox"/>	Periocular (including eyelid and canthi)	<input type="checkbox"/>	Lip skin	<input type="checkbox"/>
Forehead	<input type="checkbox"/>	Ear (or within 2 cm) and auditory canal	<input type="checkbox"/>	Cheek	<input type="checkbox"/>
Temple	<input type="checkbox"/>	Nose or within 1 cm, excluding medial canthus but inc. columella	<input type="checkbox"/>	Chin	<input type="checkbox"/>
Eye brow	<input type="checkbox"/>			Neck	<input type="checkbox"/>

Clinical predetermined margin (mm) <3  3  4  5  6  6<

Type of repair

Primary closure	<input type="checkbox"/>	Local flap	<input type="checkbox"/>	* Other type of repair:
Secondary intention wound healing	<input type="checkbox"/>	Pedicated flap (e.g. paramedian flap)	<input type="checkbox"/>	
Full thickness skin graft	<input type="checkbox"/>	Free flap	<input type="checkbox"/>	
Split thickness skin graft	<input type="checkbox"/>	Other *	<input type="checkbox"/>	
Pre-operative diagnosis	BCC <input type="checkbox"/>	SCC <input type="checkbox"/>	Unsure / other <input type="checkbox"/>	

Method of diagnosis prior to definitive surgery

Clinical without dermatoscopy  Clinical with dermatoscopy  Biopsy

Final diagnosis

Date of pathology report 

D	D	M	M	Y	Y
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BCC  Complete only the questions related to BCC

SCC  Complete only the questions related to SCC

## Histology

BCC subtype(s) Nodular  Superficial  Infiltrative  Other \*

\* Other BCC subtype(s)

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Largest tumour diameter in mm 

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 OR Diameter ≤ 20mm   
 20mm < Diameter ≤ 40mm   
 40mm < Diameter

Tumour thickness <2mm  2-3.99mm  4-5.99mm  ≥6mm

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Collected by:

Depth of invasion

Into the epidermis only (in-situ / Clark I) or into the papillary dermis (Clark II)

Into the papillary-reticular dermal interface or the reticular dermis (Clark III-IV)

Into subcutaneous fat (Clark V)

Beyond subcutaneous fat

Perineural invasion

 Y

 N

Lateral margins (mm)

		.	
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Deep margins (mm)

		.	
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## Unplanned re-operation

Was an unplanned re-operation required?

 Y

 N

Indicate for which lesion(s)?

(If applicable)

Reason(s) for re-operation

Further excision of margins

Other \*

Incision and drainage of infection

Scar revision

\* Other reason(s) for re-operation:

For further excision of margins ONLY

Date of re-excision

D	D	M	M	Y	Y
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New lateral margin (mm)

		.	
--	--	---	--

New deep margin (mm)

		.	
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## Flap outcome (if applicable, leave blank otherwise)

What was the graft / flap outcome?

Complete success

Partial failure

Complete failure

Indicate the impact of reconstruction failure on the patient's care

Clavien-Dindo Grade II

Clavien-Dindo Grade III (the patient needs a new reconstruction/surgical procedure)

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Date of collection

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Collected by:

**Complete a copy of this form for each treated lesion**

## Record Identification

## Indicate lesion number

NHS, CHI or MRN number

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## Individual Lesion Clinical Data - SCCs

Site of surgery. Select only one

- |          |                          |  |                          |          |                          |
|----------|--------------------------|--|--------------------------|----------|--------------------------|
| Scalp    | <input type="checkbox"/> | Periocular (including eyelid and canthi)                         | <input type="checkbox"/> | Lip skin | <input type="checkbox"/> |
| Forehead | <input type="checkbox"/> | Ear (or within 2 cm) and auditory canal                          | <input type="checkbox"/> | Cheek    | <input type="checkbox"/> |
| Temple   | <input type="checkbox"/> | Nose or within 1 cm, excluding medial canthus but inc. columella | <input type="checkbox"/> | Chin     | <input type="checkbox"/> |
| Eye brow | <input type="checkbox"/> |  |                          | Neck     | <input type="checkbox"/> |

Clinical predetermined margin (mm) <3  3  4  5  6  6<

Type of repair

- |                                   |                              |                                       |   |  |
|-----------------------------------|------------------------------|---------------------------------------|---|--|
| Primary closure                   | <input type="checkbox"/>     | Local flap                            | <input type="checkbox"/>                | * Other type of repair:<br><div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| Secondary intention wound healing | <input type="checkbox"/>     | Pedicated flap (e.g. paramedian flap) | <input type="checkbox"/>                |  |
| Full thickness skin graft         | <input type="checkbox"/>     | Free flap                             | <input type="checkbox"/>                |  |
| Split thickness skin graft        | <input type="checkbox"/>     | Other *                               | <input type="checkbox"/>                |  |
| Pre-operative diagnosis           | BCC <input type="checkbox"/> | SCC <input type="checkbox"/>          | Unsure / other <input type="checkbox"/> |  |

Method of diagnosis prior to definitive surgery

- Clinical without dermatoscopy  Clinical with dermatoscopy  Biopsy

Final diagnosis

Date of pathology report 

D	D	M	M	Y	Y
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- BCC  Complete only the questions related to BCC
- SCC  Complete only the questions related to SCC

## Histology

SCC Differentiation Well  Moderately  Poorly  Undifferentiated

T-stage

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- Tis Carcinoma in situ
- T1 Tumour ≤ 2 cm in greatest dimension
- T2 Tumour > 2 cm and ≤ 4 cm in greatest dimension

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Collected by:

## Complete a copy of this form for each treated lesion

**T3** Tumour > 4 cm in greatest dimension or minor bone erosion or perineural invasion or deep invasion \*

**T4a** Tumour with gross cortical bone / marrow invasion

**T4b** Tumour with skull base or axial skeleton invasion including foraminal involvement and/or vertebral foramen involvement to the epidural space

*If heavy nodal involvement, please enter the case in the QOMS Oncology & Reconstruction registry if you are contributing to this registry.*

**Largest tumour diameter in mm**  OR Diameter ≤ 20mm

20mm < Diameter ≤ 40mm

40mm < Diameter

**Tumour thickness** <2mm  2-3.99mm  4-5.99mm  ≥6mm

**Depth of invasion** Into the epidermis only (in-situ / Clark I) or into the papillary dermis (Clark II)

Into the papillary-reticular dermal interface or the reticular dermis (Clark III-IV)

Into subcutaneous fat (Clark V)

Beyond subcutaneous fat

**Is there bone invasion?**  Y  N

**Is there perineural invasion?**  Y  N

**Lateral margins (mm)** .

**Deep margins (mm)** .

## Unplanned re-operation

**Was an unplanned re-operation required?**  Y  N

**Indicate for which lesion(s)?**   
(If applicable)

**Reason(s) for re-operation**

Further excision of margins  Other \*

\* Other reason(s) for re-operation:

Incision and drainage of infection

Scar revision

**For further excision of margins ONLY**

**Date of re-excision**

**New lateral margin (mm)** .

**New deep margin (mm)** .

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Collected by:

**Complete a copy of this form for each treated lesion**

## Flap outcome (if applicable, leave blank otherwise)

What was the graft / flap outcome? Complete success  Partial failure  Complete failure

Indicate for which lesion(s)?  
(If applicable)

Indicate the impact of reconstruction failure on the patient's care

Clavien-Dindo Grade II

Clavien-Dindo Grade III (the patient needs a new reconstruction/surgical procedure)

## Adjuvant Radiotherapy (ART) - SCC only

Was ART required?

Y	N
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Was ART started?

Y	N
---	---

Date of ART start

D	D	M	M	Y	Y
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