QOMS Salivary Gland Cancers registry				
Date of collection D D M M Y Y Collected by:	Quality Outcomes in Oral and Maxillofacial Surgery Saving Faces Facel Surgery Research Foundation Market Rely and Research Soundation			
Demographics to postoperative pathology				
Patient details				
NHS, CHI or Sex Femal	e 🗌 Male 🗌			
Patient's				
DOB D M M Y Y postcode				
Patient's medical history and referral				
History of radiation therapy to head and neck				
History of previous salivary gland cancer				
Family history of salivary gland cancer				
Date of referral from GP and dentist				
Is the disease presentation a primary or a recurrent/metastatic tumour?				
is the disease presentation a primary of a recurrent/metastatic turnour:				
Primary tumour Date of diagnosis or MDT discussion	D D M M Y Y			
Recurrent/metastatic tumour Date of recurrence	D D M M Y Y			
Section 1. Site				
Is the primary tumour located in a salivary gland?				
Type(s) of salivary gland involved Major glands Minor	glands			
Indicate which major gland(s) Parotid Submandibular	Sublingual			
Indicate which minor gland(s) Oral Oropharynpheal				
Indicate which oral cavity subsite(s). Tick all that apply				
Upper lip 🛛 Hard palate 🗍 Buccal mucosa 🦳 Ma	ndible			
Lower lip Soft palate Tongue Ma	xilla			
Floor of mouth				
Indicate which other head and neck gland(s) / non-salivary gland site(s). Tick all that apply				
Hypopharyngeal Laryngeal Sinonasal				
Nasopharyngeal Tracheal Lacrimal				
Non Head-and-Neck sites (For recurrent/metastatic tumour only). Tick all that apply				
Pulmonary Bone Pelvis Spinal cord				
Liver Abdomen Brain				
Liver Abdomen Brain Other Give details:				

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Section 2. Presentation a	nd diagnosis		
Cranial nerve deficit			
None 🗌 Tri	geminal O	ther	
Facial 🗌 Hy	poglossal		
Skin involvement Y	Ν		
Imaging. Tick all that app	bly		
Ultrasound	MRI Othe	r	
ст	PET-CT		
(CT) Part(s) of the bo	dy was scanned? Tick al	l that apply	
Head Ne	ck Chest	Abdomen Pe	lvis
(MRI) Part(s) of the b	ody was scanned? Tick a	all that apply	
Head Ne	ck Chest	Abdomen Pe	lvis
Diagnostic tissue sampli	ng. Tick all that apply		
Needle core biopsy (N	NCB, gold standard)] 🗪 Was the NCB obtaine	d by USS guidance?
Fine Needle Aspiratio	n Cytology (FNAC)] 🔫 Was the FNAC obtair	ed by USS guidance?
Incisional biopsy] Milan classification	
		Non-diagnostic	Neoplastic, Benign
		Non-neoplastic	Neoplastic / Uncertain
		Atypia	malignant potential
		Malignant	Suspicious for malignancy
Taxonomy (Based on WI suspected following FNA		led	
For poorly differentia	ted carcinoma	Neuroendocrine and non-n	euroendocrine
		Undifferentiated carcinoma	
		Large cell neuroendocrine c	arcinoma
		Small cell neuroendocrine c	arcinoma
Clinical staging	Histological Grade	Low Intermediar	y 🗌 High 🗌
Clinical T stage	тх 🔲 то 🗌	T1 T2	T3 T4a T4b
Clinical N stage	N0 N1	N2a N2b	N2c N3a N3b
Clinical M stage	M0 M1		

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Was the treatment provided the ideal tre				
Yes, the treatment provided was the id No, the ideal treatment was comprom			lated factors	
	nt not the ideal one? Tick all that a	-		
Patient co-morbidities / perfe		t-related social	factors	
Inoperable / Surgery not pos	sible due to anatomical factors	Patien	t's choice	
Other				
Section 3. Surgery				
Performance status. Tick all that apply				
ECOG/WHO/Zubrod score	ACE-27 [AS	A 🗌	
PSO, Asymptomatic	None	No	systemic disease	
PS1, Symptomatic but completely ambula	tory Mild [Mi	d systemic disease	
PS2, Symptomatic, < 50% in bed during th	e day 📄 Moderate 🛛		vere systemic disease,	
PS3, Symptomatic, >50% in bed, but not l	pedbound Severe	Sev	vere, life-threatening	
PS4, Bedbound		Mc	pribund patient	
Where is the surgery taking place?				
Cancer centre Non-cancer centre DGH Private sector hospital				
Date of surgery D D M M	/ Y			
Parotid surgery				
Extracapsular dissection	Total Parotidectomy (r	nerve sparing)		
Appropriate Partial Parotidectomy Radical Parotidectomy partial facial nerve resection				
Superficial Parotidectomy Radical Parotidectomy total facial nerve resection				
Extended Radical Parotidectomy (ERP)				
Components of the ERP Skin	Mandible			
	ral bone Other structures			
	ubmandibular gland excision		Excision (level 1b basin)	
	Sland Excision		Excision	
Minor gland surgery	xcision with Narrow Margin	Wide	Local Excision	

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Lacrimal gland surgery Lymphadenectomy	Gland Excision	Other (provide details)			
Level(s) lymph nodes were removed from. Tick all that apply Level II Level III Level III	I Level VII	Ipsilateral Contralateral			
Section 4. Definitive diagnosis and pos	stoperative histology				
Taxonomy (Based on WHO Classificati Histology) - use list provided For poorly differentiated carcinoma					
Histological Grade Low	Small cell neuroendocrine carcino				
Pathological T stage TX Pathological N stage N0	T0 T1 T2 T3 N1 N2a N2b N2c nodes. Tick all that apply	T4aT4b N3aN3b			
Ipsilateral Contralateral	ENE Ipsilat Intra/periparotid nodes (For parotid only)	eral Contralateral ENE			
Level I Level II Level III Level IV Level IV	Level V Level VI Level VII Level VII Level retropharyngeal				
For major glands only - Closest margin For minor glands only - Lateral margin Bone invasion		argin (mm)			

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Section 5. Biomarkers	
Ki-67/MIB-1 Y N If yes, Ki-6	7/MIB-1 score (%)
For salivary duct carcinoma only	IER2
	Androgen receptor
For Adenoid cystic Carcinoma (AdCC) only	AYB rearrangement Y N
For Mucoepidermoid carcinoma (MEC) only	MAML2 rearrangement Y N
For Secretory carcinoma only	TV6 rearrangement
Any additional immune-histochemical Y N tests (If yes, provide details)	
Any molecular tests performed Y N (If yes provide details)	
Other histological features present?	
Lymphovascular invasion	
Peri / intraneural invasion (PNI) Not detec	ted
PNI within	the body of the tumour
PNI distan	t from tumour
WHO Classification of Salivary Gland Cancers	
Acinic cell carcinoma	Adenocarcinoma NOS
Secretory Carcinoma	Salivary duct carcinoma
Mucoepidermoid carcinoma (MEC)	Myoepithelial carcinoma
Adenoid Cystic Carcinoma (AdCC)	Carcinoma ex pleomorphic adenoma (unspecified)
Polymorphous adenocarcinoma	Carcinoma ex pleomorphic adenoma (in situ / intracapsular)
Epithelial-myoepithelial carcinoma	Carcinoma ex pleomorphic adenoma (invasive)
Clear cell carcinoma	Carcinosarcoma
Basal cell adenocarcinoma	Poorly differentiated carcinoma
Sebaceous carcinoma	Lymphoepithelial carcinoma
Intraductal carcinoma	Squamous cell carcinoma, SCC (primary)
Cystadenocarcinoma	Oncocytic carcinoma
	Other malignancy (give details in free text box)

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Postsurgical treatments					
Radiotherapy					
Radiotherapy (RT) intent	Primary / Radical				
	Adjuvant				
	Palliative (symptom mar	nagement)			
For primary / radical and adjuva	int RT				
RT modality	Photons Electr	ons Protons			
Indicate dose / fractionation	on				
For primary / radical RT only					
Technique IMRT (i	ncluding VMAT, tomothera	ару)			
Confo	Conformal				
Other (provide details)				
For all RT intent, field	Involved field only (prim	ary site with involved nodal lev	els to full dose)		
Prophylactic coverage of "at risk" nodal regions					
Systemic therapy					
Was neoadjuvant tereatment	required?				
Neoadjuvant agents		Neoadjuvant cycles			
] [
Response CR	PR SD	PD			
Concurrent agents		Concurrent cycles			

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Palliative agents				Pallative	cycles	
Were they?	1st line	2no	d line	Ot	ther	
Best response	CR	PR	SD		PD	
Indicate agents (fo	or those with >1 o	course)		Pallative	e cycles	
Were they? Best response	1st line	2nd PR	d line SD	01	ther	
Biological agents				Cycles		
Were they?	1st line	2no	d line 🗌	01	ther	
Best response	CR	PR	SD		PD	
Hormonal therapy				Cycles]
Were they?	1st line	2n	d line 🗌	O1	ther	
Best response	CR	PR	SD		PD	

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Follow-up To be completed at 12, 24, 36, 48, 60, 84 & 120 months					
Date of follow-up					
Patient's status Alive with no evidence of disease					
Alive with disease Local					
Died with no evidence of disease Regiona					
Died of disease Distant					
Date of diagnosis of recurrence					
Treatment					