

**ORAL CAVITY:**

CT/ MR legend:

CT scan/ MR scan of the neck dated:

Oral cavity (Buccal, Lip, alveolus, palate and RMT)

**T stage:**

Laterality:

Location/ epicenter: Buccal mucosa/ Retromolar trigone/ Alveolus/ Lip

If buccal mucosa: gingivobuccal sulcus (GBS) involvement: upper/ lower/ both

If Retromolar trigone: upper/ lower/ both

If lip: upper/ lower/ angle

Alveolus: upper/ lower

Whether Measurable/ Nonmeasurable.

If measurable

Size: ....X .... X ... cm. (<2 cm, 2-4 cm,> 4 cm)

Depth of invasion: (Previous Depth of invasion:)

**Primary Disease extent:**

Retromolar trigone: Not involved/ Involved

Floor of mouth: Not involved/ Involved

Gingivolingual sulcus: Not involved/ Involved

Tongue: Not involved/ Involved

Masseter muscle involvement: Not involved/ Involved

Masticator space involvement: Not involved/ Involved

Infratemporal fossa: Not involved/ Involved

If yes Extension to High Infratemporal fossa: Present/ Absent

Retroantral space extension: Not involved/ Involved

Medial pterygoid muscles involvement: Not involved/ Involved

Lateral pterygoid muscles involvement: Not involved/ Involved

Pterygoid plates: Not involved/ Involved

Pterygopalatine fossa: Not involved/ Involved

Pterygomaxillary fissure: Not involved/ Involved

Temporalis Muscle: Not involved/ Involved

Condylar fossa: Not involved/ Involved

Maxillary sinus involvement: Not involved/ Involved

Hard palate involvement: Not involved/ Involved

Skin involvement: Not involved/ Involved

Specific comments, if any:

Perineural spread: Absent/ Present/ cannot be commented\*

If present:

Nerve involved (V1, V2, V3 etc):

Cranial extent of perineural:

Extension up to skull base: Absent/ Present/ Suspicious or cannot be commented\*

If yes: foramen ovale, foramen rotundum, vidian canal, greater palatine foramen

Intracranial extension: Present/ Absent/ Suspicious or cannot be commented\*

If yes: cavernous sinus involvement: Present/ Absent

Vascular involvement: Absent/ Present (with CCA and ICA)

If present angle of contact: <90, 90 – 179, 180 – 269; >270

IJV status:

### **Bone status**

Dentition: Absent/ Present

Bony Erosion: Absent/ Present: if present: maxillary/ mandibular

If absent:

Height of the mandible free from Para mandibular soft tissue: ..... mm

If present:

Bone invasion absent or limited to cortical bone: Absent/ Present

Medullary/ marrow invasion: Absent/ Present

Mandibular canal (MC) involvement: Absent/ Present

Mandibular foramen (MF) involvement: Absent/ Present

If yes, Superior extent: foramen ovale/ cavernous sinus

The height of the intact mandible at the site of erosion:

### **N stage**

Presence of nodal disease: Metastatic/ Benign (reactive) / Indeterminate

If indeterminate/ suspicious: need for additional imaging

Laterality- Ipsilateral / contralateral / Bilateral

Right levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal

Left levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal

Necrosis: Absent/ Present

Perinodal extension/extracapsular spread: Absent/ Present

Vascular involvement:

IJV: involved/ compressed/ cannot be commented upon

CCA abutment: Absent/ Present

ICA abutment: Absent/ Present

ECA abutment: Absent/ Present

If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270

Strap muscles involvement: Absent/ Present

Prevertebral fascia invasion: Absent/ Present

Size of the largest node:

Right side: ..... mm and level

Left side: ..... mm and level

**M Stage**

Lung nodules: Absent / Present

If present:

solitary/ multiple

location:

Size:

suspicious/ TSTC@/ Benign

Any other metastatic lesion (hepatic, adrenal, skeletal): Absent / Present

If yes, specify location and size:

**Impression:**

**T stage**

**N stage**

**M stage**

Specific comments, if any:

\* Needs additional imaging.

# Needs additional imaging/ FNAC correlation.

@ Follow-up/ image guided FNAC correlation.

## **LARYNX AND HYPOPHARYNX**

CT/ MR legend:

CT scan/ MR scan of the neck dated:

### **Primary:**

Laterality:

Larynx/ Hypopharynx:

If Larynx: epicentre of disease: Glottic/ Supraglottic/ Sub glottic

If hypopharynx: epicentre of disease: Pyriform sinus/ post-cricoid

Whether Measurable/ Nonmeasurable. If measurable

Tumor Volume/Transverse dimensions: ..... (AP x transverse x

CC)Volume:.....cc

### **T stage:**

Epiglottis: Not involved/ Involved: If Involved: Free edge (ipsilateral / both sides)/ Base

Pre-epiglottic space: Not involved/ Involved: If Involved: Less than 25 % / Less than 50%/ More than 50%

Valleculae: Not involved/ Involved: If Involved: ipsilateral/ both sides

Hyoid bone: Not Involved/ Involved: If Involved: (erosion/ sclerosis)/ cannot be commented

Medial wall of pyriform & AE fold: Not Involved/ Involved: If Involved: (Ipsilateral/Contralateral)

Lateral wall of pyriform sinus: Not Involved/ Involved

Apex of pyriform sinus: Not Involved/ Involved

Para Glottic Space: Not Involved/ Involved (a) at false cord level b) true cord level) both

False vocal cord: Not Involved/ Involved

True vocal cord: Not Involved/ Involved

Anterior commissure: Not Involved/ Involved

Posterior commissure: Not Involved/ Involved

Sub-Glottis: Not Involved/ Involved (if involved inferior extent in mm)

Post cricoid: Not Involved/ Involved

Trachea: Not Involved/ Involved

Thyroid gland: Not Involved/ Involved

Pre-vertebral fascia: Not Involved/ Involved/ Indeterminate

**Cartilage erosion:**

Thyroid cartilage: Not Involved/ Involved: If Involved: (sclerosis/ erosion-lysis/ encased & displaced)

If Eroded: Unilateral/Bilateral laminae, Outer/ Inner cortex/both

Arytenoid cartilage: Not Involved/ Involved: If Involved: (sclerosis/ erosion-lysis/ encased & displaced).

Cricoid cartilage: Not Involved/ Involved: If Involved: (sclerosis/ erosion/ lysis/ marrow invasion)

Crico-arytenoid joint: Not Involved/ Involved

Exolaryngeal Spread: absent/ Present,

If present mode of spread-through eroded thyroid cartilage/ through thyrohyoid membrane/ along the posterior aspect of the thyroid cartilage.

**N stage:**

Presence of nodal disease: Metastatic/ Benign (reactive) / Indeterminate

If indeterminate/ suspicious: need for additional imaging

Laterality- Ipsilateral / contralateral / Bilateral

Right levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal

Left levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal

Necrosis: Absent / Present

Perinodal extension/extracapsular spread: Absent / Present

Vascular involvement:

IJV: involved/ compressed/ cannot be commented upon

CCA abutment: Absent / Present

ICA abutment: Absent / Present

ECA abutment: Absent / Present

If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270

Strap muscles involvement: Absent / Present

Prevertebral fascia invasion: Absent / Present

Size of the largest node:

Right side: ..... mm and level

Left side: ..... mm and level

### **M Stage**

Lung nodules: Absent / Present

If present:

solitary/ multiple

location:

Size:

suspicious/ TSTC@/ Benign

Any other metastatic lesion (hepatic, adrenal, skeletal): Absent / Present

If yes, specify location and size:

### **Impression:**

**T stage**

**N stage**

**M stage**

Specific comments, if any:

# Needs additional imaging/ FNAC correlation

@ Follow-up/ image guided FNAC correlation

## CARCINOMA TONGUE

Laterality:

Tumour size (AP x transverse x CC) MM:

Depth of invasion MM:

### T stage:

Crosses the midline: No/ abuts lingual raphe/ yes.

Extrinsic muscles: Not involved/ Involved

Genioglossus: Not involved/ Involved (origin/ insertion)

Hyoglossus: Not involved/ Involved (origin/ insertion)

Geniohyoid: Not involved/ Involved (origin/ insertion)

Lingual neurovascular bundle: Not involved/ Involved (grade:0/I/II/III)

If involved: Unilateral/bilateral

Sublingual space: Not involved/ Involved

Submandibular space: Not involved/ Involved

Mylohyoid: Not involved/ Involved (origin/ insertion)

Floor of mouth: Not involved/ Involved

Masticator space: Not involved/ Involved

ITF: Not involved/ Involved.

If yes Extension to High Infratemporal fossa: Present/ Absent

Posterior one-third of the tongue (BOT):Not involved/ Involved

RMT: Not involved/ Involved

Tonsillo-lingual sulcus: Not involved/ Involved

Tonsil: Not involved/ Involved

Inferior extent: up to vallecular/ epiglottis / PFS

Hyoid: Not involved/ Involved (Distance from hyoid bone)

Valleculae- Not involved/ Involved

Epiglottis: Not involved/ Involved

PFS: Not involved/ Involved



**Mandibular involvement:**

Cortical breach: Present/ absent

Marrow signal abnormality: Present/ absent

Need for additional imaging: yes (CT bone window)

**N stage**

Presence of nodal disease: Metastatic/ Benign (reactive) / Indeterminate

If indeterminate/ suspicious: need for additional imaging.

Laterality- Ipsilateral / contralateral / Bilateral.

Right levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal.

Left levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal.

Necrosis: Present/ Absent.

Perinodal extension/extracapsular spread: Present/ Absent.

Vascular involvement:

IJV: involved/ compressed/ cannot be commented upon.

CCA: Present/ Absent

ICA: Present/ Absent

ECA: Present/ Absent

If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270

Strap muscles involvement: Present/ Absent

Prevertebral fascia invasion: Present/ Absent

Size of the largest node:

Right side: ..... mm and level.

Left side: ..... mm and level.

**Impression:****T stage****N stage**

Specific comments, if any:

# Needs additional imaging/ FNAC correlation

@ Follow-up/ image guided FNAC correlation

## **CARCINOMA NASOPHARYNX**

CT/ MR legend:

CT scan/ MR scan of the neck dated:

Laterality: Right/ Left/ Both

Crossing midline: No/ Yes

Tumour size (AP x transverse x CC)

### **Primary tumor extent:**

Fossa of Rosenmuller: Not involved/ Involved

Eustachian tube opening: Not involved/ Involved

Pharyngobasillar fascia: Not involved/ Involved

Levator VeliPalatini: Not involved/ Involved

Tensor Velipalatini: Not involved/ Involved

Parapharyngeal space: Not involved/ Involved

Carotid space: Not involved/ Involved

Pterygoid muscles: Not involved/ Involved

If present: medial/ lateral/ both

Infratemporal fossa: Not involved/ Involved

Pterygoid plates: Not involved/ Involved

Pterygopalatine fossa: Not involved/ Involved

Pterygomaxillary fissure: Not involved/ Involved

Masseter muscle: Not involved/ Involved

Masticator space: Not involved/ Involved

Intra-nasal extension: Not involved/ Involved

Pre-vertebral muscles: Not involved/ Involved

Clivus (altered marrow signal): Not involved/ Involved

Intra-cranial extension: absent/ Present

If present: extent

Dural enhancement: Not involved/ Involved

Parenchymal involvement: Not involved/ Involved

Oropharynx: Not involved/ Involved

**Perineural spread:**

Absent/ Present/ cannot be commented\*

If present:

Nerve involved (V1, V2, V3 etc):

Cranial extent of perineural:

Extension up to skull base: Present/ Absent/ Suspicious or cannot be commented\*

If yes: foramen ovale, foramen rotundum, vidian canal, greater palatine foramen

Intracranial extension: Present/ Absent/ Suspicious or cannot be commented\*

If yes: cavernous sinus involvement: Present/ Absent

**N stage:**

Presence of nodal disease: Metastatic/ Benign (reactive) / Indeterminate

If indeterminate/ suspicious: need for additional imaging

Laterality- Ipsilateral / contralateral / Bilateral

Right levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal

Left levels: Levels IA & IB/II, III, IV, V, VI & retropharyngeal

Necrosis: Absent / Present

Perinodal extension/extracapsular spread: Absent / Present

Vascular involvement:

IJV: involved/ compressed/ cannot be commented upon

CCA abutment: Absent / Present

ICA abutment: Absent / Present

ECA abutment: Absent / Present

If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270

Strap muscles involvement: Absent / Present

Prevertebral fascia invasion: Absent / Present

Suspicious nodes: above cricoid only / above and below cricoid

Size of the largest node:

Right side: ..... mm and level

Left side: ..... mm and level

**Impression:**

**T stage**

**N stage**

Specific comments, if any:

\* Needs additional imaging.

# Needs additional imaging/ FNAC correlation.

@ Follow-up/ image guided FNAC correlation.

## Neck Imaging Reporting & Data System (NI-RADS)

### NIRADS SURVEILLANCE REPORT TEMPLATE

INDICATION: [ ]

Subsite & HPV status: [ ]

Surgery & Chemoradiation: [ ]

TECHNIQUE:

COMPARISON: [<None.>]

FINDINGS:

[<No evidence of recurrent disease is demonstrated at the primary site. >]

[<No pathologically enlarged, necrotic, or otherwise abnormal lymph nodes. >]

Expected post-treatment changes are noted including [<supraglottic mucosal edema and thickening of the skin and subcutaneous soft tissues.>]

There are no findings to suggest a second primary in the imaged aerodigestive tract.

Evaluation of the visualized portions of brain, orbits, spine and lungs show no aggressive lesions suspicious for metastatic involvement.

IMPRESSION:

Primary: [1]. [<Expected post-treatment changes in the neck without evidence of recurrent disease in the primary site >]

Neck: [1], [<No evidence of abnormal lymph nodes.>]

**CECT or MRI Surveillance Legend:**

## Primary

- 1: No evidence of recurrence: routine surveillance
- 2: Low suspicion
  - a) Superficial abnormality (skin, mucosal surface): direct visual inspection
  - b) Ill-defined deep abnormality: short interval follow-up\* or PET
- 3: High suspicion (new or enlarging discrete nodule/ mass): biopsy
- 4: Definitive recurrence (path proven, clinical or definitive imaging progression): no biopsy needed

## Nodes

- 1: No evidence of recurrence: routine surveillance
- 2: Low suspicion: (enlarging lymph node without morphologically abnormal features): short interval follow-up or PET
- 3: High suspicion (new or enlarging lymph node with morphologically abnormal features): biopsy if clinically needed
- 4: Definitive recurrence (path proven, clinical or definitive imaging progression): no biopsy needed

\*short interval follow- up: 3 months at our institution



## **CACRNIOMA THYROID CT IMAGING**

CT legend:

CT scan of the neck dated:

### **Primary Thyroid nodule:**

Location: Right lobe/Left lobe/Isthmus

Size:

Enhancement: Homogeneous/Heterogeneous

Calcifications: Absent/Present

If present: microcalcification/ macrocalcification/ eggshell

Cystic / Necrotic change: Absent/Present

Extra-thyroid extension: Absent/Present

If present CT Grade of ETE\*:

Mediastinal extension: Absent/Present

Right aberrant subclavian artery: Absent/Present

### **T STAGE**

Strap muscle involvement: yes/No

T-E groove: Not involved/Involved (Status of vocal cords' indirect sign of RLN involvement)

Relationship with trachea(SHIN grade #):

Fat planes with oesophagus: Lost/ maintained. If lost; angle of contact:

Planes with prevertebral fascia: Lost/ maintained

Cricopharynx: Not involved/Involved

Cricoid cartilage: Not involved/Involved

Angle of contact with CCA (<180 / 180-270/>270):

Angle of contact with innominate vessels (<180 / 180-270/>270):

### **N STAGE:**

Laterality- Ipsilateral / contralateral / Bilateral

Compartment: central/ lateral

Node stations:



Right cervical nodes

LEVELS: Level I Level II Level III Level IV Level V Level VI

Size

Heterogeneity

Calcification

Cystic or necrotic change

Suspicious/ indeterminate/ benign @

Left cervical nodes

LEVELS: Level I Level II Level III Level IV Level V Level VI

Size

Heterogeneity

Calcification

Cystic or necrotic change

Suspicious/ indeterminate/ benign @

Vascular involvement:

CCA abutment: Absent/Present

ICA abutment: Absent/Present

ECA abutment: Absent/Present

If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270

Strap muscles involvement: Absent/Present

Prevertebral fascia invasion: Absent/Present

### **M Stage**

Lung nodules: Absent / Present

If present:

solitary/ multiple

location:

Size:

suspicious/ TSTC@/ Benign

Any other metastatic lesion (hepatic, skeletal): Absent / Present

If yes, specify location and size:

### **Impression:**

**T stage**

**N stage**

**M stage**

Specific comments, if any:

@ Follow-up/ image guided FNAC correlation.

\*CT ETE grading:

- I, a tumor which was completely enveloped by thyroid parenchyma;
- II, a tumor in which the percentage of the tumor perimeter in contact with the thyroid capsule was 1–25%;
- III, a tumor in which the contact with the capsule was 25–50%;
- IV, a tumor in which the contact with the capsule was >50%

# CT Shin grading:

- 0: > 5mm distance between tumor and trachea.
- I: disease abuts external perichondrium.
- II: disease invades into the cartilage +/- destruction.
- III: disease extends into the tracheal mucosa with no elevation/penetration of mucosa.
- IV: disease is full-thickness invasion with expansion of the tracheal mucosa with a bulge

## **USG THYROID DATED**

High frequency USG of the thyroid with Doppler and elastography is performed.

### **Right thyroid lobe**

measures cm.

A well/ill defined solid/cystic/mixed hypoechoic/hyperechoic/isoechoic nodule is seen in the right lobe of thyroid.

It measures 8 x 9 mm in size.

The nodule is wider than taller.

It shows no/complete/irregular halo.

No/microcalcifications/macrocalcifications are seen

The lesion shows no/central/peripheral/both central and peripheral vascularity.

It shows no spongiform pattern/ comet tail artifacts.

Extrathyroid extension is not seen.

On elastography it is hard/soft, Asteria ES III.

### **Left thyroid lobe**

measures cm.

A well/ill defined solid/cystic/mixed hypoechoic/hyperechoic/isoechoic nodule is seen in the left lobe of thyroid.

It measures 8 x 9 mm in size.

The nodule is wider than taller.

It shows no/complete/irregular halo.

No/microcalcifications/macrocalcifications are seen

The lesion shows no/central/peripheral/both central and peripheral vascularity.

It shows no spongiform pattern/ comet tail artifacts.

Extrathyroid extension is not seen.

On elastography it is hard/soft, Asteria ES III.

Isthmus measures 3 mm.

Few subcm sized reactive appearing nodes are seen in level IB and II region.  
There is no suspicious cervical lymphadenopathy.

Bilateral neck vessels are patent.

**Impression :-**

USG reveals:

Right thyroid nodule appears benign/indeterminate/suspicious on USG with TIRADS score and TMC RSS Score : low/Intermediate/high risk. FNAC correlation is suggested

Left thyroid nodule appears benign/indeterminate/suspicious on USG with TIRADS score and TMC RSS Score : low/Intermediate/high risk. FNAC correlation is suggested.

**USG NECK FOR NODAL MAPPING DATED:**

High frequency USG of the neck nodes with Doppler is performed.

Neck nodes:

Right cervical nodes

LEVELS: Level I Level II Level III Level IV Level V Level VI

Short-axis diameter

Long-axis diameter

Loss of hilum

Echogenicity

Microcalcifications

Vascularity at power Doppler US

Suspicious/ indeterminate/ benign

Left cervical nodes

LEVELS: Level I Level II Level III Level IV Level V Level VI

Short-axis diameter

Long-axis diameter

Loss of hilum

Echogenicity

Microcalcifications

Vascularity at power Doppler US

Suspicious/ indeterminate/ benign

Bilateral neck vessels are patent.

**IMPRESSION:**

**USG reveals:**

Reactive/ indeterminate/ suspicious right / left side adenopathy is seen.

Comments: Suggested FNAC correlation.