# Appendix C Reporting proforma for conjunctival melanoma and conjunctival melanocytic intraepithelial lesions

Surname ……………… Forename(s) …………… Sex ……………

Date of birth …………… Hospital ………………… Hospital no. …… NHS no. ………….

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

Pathologist ……………… Surgeon ………………

## Macroscopic description

### For incisional biopsies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Part | Laterality (L/R) | Location | Size of biopsy (mm) | Description of biopsy |
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### For excisional biopsies

Laterality: Right □ Left □

Dimension of specimen(s)……………………………………………

Location of tumour: Bulbar □ Palpebral □ Fornix □ Caruncle □

Plica semilunaris □ Limbus □ Cornea □ Unspecified □

Tumour characteristics: Unifocal tumour □ Multifocal tumour □

Size of tumour(s)……………………………………………………mm

Non-conjunctival structures involved (specify)…………………………………

## Microscopic description

(Please see Table 1 for reference, also included at the end of this appendix).

Benign melanosis: Present □ (For incisional, specify which parts ………………) Absent □
Low-grade C-MIL: Present □ (For incisional, specify which parts ………………) Absent □
High-grade C-MIL: Present □ (For incisional, specify which parts ………………) Absent □
Invasive melanoma: Present □ (For incisional, specify which parts……………..) Absent □

Maximum invasive melanoma thickness ………………mm

Epithelioid cells present in invasive melanoma: yes □ no □

Blood vessel/lymphatic invasion: yes □ no □

Ulceration: yes □ no □

Mitotic rate (for excisional biopsy) ……………………………… mm2

Anatomical structures involved by invasive melanoma (specify): ………………………….

Other features ………………………………………………………………….

## Excision margins

Distance to nearest peripheral margin by invasive melanoma is …………………mm
(clear □ involved □ for incisional, specify which parts ……………………………………)

Distance to nearest deep margin by invasive melanoma is………………….mm
(clear/involved – for incisional, specify which parts ………………………………………..)

Distance to nearest peripheral margin by low/high grade C-MIL ………………….mm
(excision biopsies only: clear/involved).

## Comments

Pathological staging (excision specimens only) pT pN pM
(UICC TNM 8th edition)

SNOMED codes T……………. / M……………….

Signature………………………………………. Date………………………….

Table 1: WHO 2022 classification of C-MIL.31

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| WHO | Acceptable alternative terminology | Increased cellularity | Histologic features | Risk of association with or progression to invasive melanoma |
| Not applicable | Bening melanosisc-MIN (grades 0–1)PAM without atypia | No/minimal | Conjunctival hypermelanosis (increased pigment in epithelial cells without melanocytic hyperplasia or atypia). Slight or focal melanocytic hyperplasia without atypia (parabasal melanocytes with condensed round nuclei, smaller than basal epithelial cell, inconspicuous nucleoli and inconspicuous cytoplasm) may be seen. | None |
| Low-grade C-MIL | PAM with mild atypiac-MIN (grades 2–4) | Yes | Predominantly basilar melanocytic proliferation with low-grade atypia (dendritic or small to moderate size polyhedral, usually non-epithelioid melanocytes with round to irregular nuclear contours, often nuclear hyperchromasia, inconspicuous nucleoli, and inconspicuous or scant cytoplasm). | Lower |
| High-grade C-MIL | PAM with moderate to severe atypiac-MIN (grades 5–10) | Yes | More confluent basilar and significant non-basilar proliferation of melanocytes with high-grade atypia (moderate to severe), evidence of intraepithelial nested and/or pagetoid growth, and epithelioid cell cytomorphology. | Higher |
| Melanoma in situ | Yes | The term melanoma in situ may be used for (1) the most atypical high-grade C-MILs involving close to full thickness of the epithelium, (2) histologically obvious melanomas without documented evidence of subepithelial invasion.  | Highest |