

Figure 1: Intraoperative Gross Extrathyroid / Extranodal Disease Checklist

Patient _____

Medical Record Number _____

Date of Surgery _____

MINIMUM DATA SET

1. **Surgical outcome:** • R0 • R1 • R2

2. **Disease status at time of resection?**
 - Primary _____
 - Recurrence (Rec) _____

3. **Is distant metastatic disease present?** Yes / No / Unknown
If yes, site(s) of disease: _____

Basic Intraoperative Findings for AJCC Staging

4. **cT3b:** Gross extrathyroid extension invading strap muscles (sternothyroid, thyrohyoid or omohyoid muscles)? Yes / No

5. **cT4a:** Yes / No
If Yes, check all structures involved and extent of resection performed:
 - Larynx _____ R0 / R1 / R2 _____
 - Trachea _____ R0 / R1 / R2 _____
 - Esophagus _____ R0 / R1 / R2 _____
 - Recurrent Laryngeal Nerve _____ R0 / R1 / R2 _____
 - Subcutaneous Soft Tissue _____ R0 / R1 / R2 _____

6. **cT4b:** Yes / No
If Yes, check all structures involved and extent of resection performed:
 - Carotid Artery _____ R0 / R1 / R2 _____
 - Mediastinal Vessels _____ R0 / R1 / R2 _____
 - Prevertebral Fascia _____ R0 / R1 / R2 _____

Additional Intraoperative Findings for Accurate ATA / ROR Classification

7. **Gross Extrathyroidal Extension?** Yes / No

8. **Gross Extranodal Extension?** Yes / No
If yes, indicate the level(s) and side(s) of involvement:

Additional Clinicopathologic Information

9. Molecular Profile: Unknown / List of Mutations. Check any that apply.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> NRAS _____ | <input type="checkbox"/> TERT promoter _____ | <input type="checkbox"/> NTRK _____ |
| <input type="checkbox"/> HRAS _____ | <input type="checkbox"/> PTEN _____ | <input type="checkbox"/> ALK _____ |
| <input type="checkbox"/> KRAS _____ | <input type="checkbox"/> DICER _____ | <input type="checkbox"/> PPARG _____ |
| <input type="checkbox"/> BRAF K601E _____ | <input type="checkbox"/> EIF1AX _____ | <input type="checkbox"/> FGFR2 _____ |
| <input type="checkbox"/> BRAF V600E _____ | <input type="checkbox"/> THADA _____ | |
| <input type="checkbox"/> TPS3 _____ | <input type="checkbox"/> RET _____ | Other _____ |

10. Are bilateral vocal cords mobile preoperatively? Yes / No

If No, check all that apply:

- i. **Hypomobile Vocal Cord?** Left / Right / Both
- ii. **Vocal Cord Paralysis?** Left / Right / Both

11. Previous therapy for thyroid cancer? Yes / No / Unknown

If Yes, check all that apply:

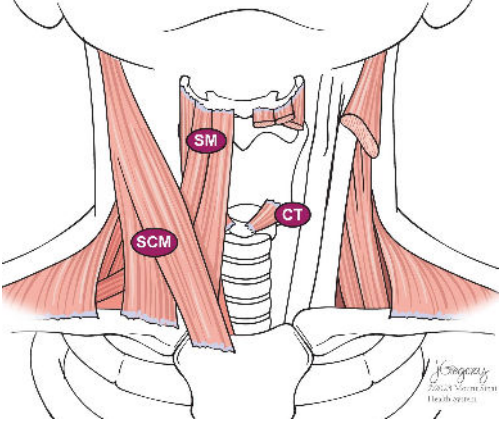
- | | |
|--|---|
| <input type="checkbox"/> RAI | <input type="checkbox"/> Targeted Therapy |
| <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> Chemotherapy |
| | <input type="checkbox"/> Other |

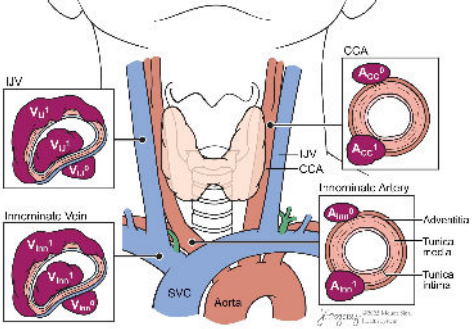
Anatomic Subsite Detail for Enhanced Reporting of Intraoperative Findings

I. Anatomic Subsites for Laryngotracheal & Bone				Check box to indicate extent of disease identified:
Anatomy	Subsite	Annotation	Layer of Resection	Classification
	Thyroid	Th	Subperichondrial	Th⁰
			Entire thyroid ala	Th¹
	Cricoid	Cr	Subperichondrial	Cr⁰
			Portion cricoid cartilage	Cr¹
	Trachea	T	Subperichondrial	T⁰
			Portion trachea cartilage	T¹
			T _x – Number rings involved	e.g. 3 tracheal rings: T¹₃
	Clavicle	Clav	Periosteal	Clav⁰
			Part or all of bone	Clav¹
	Sternum	St	Periosteal resection	St⁰
Part or all of bone			St¹	
Bone				

II. Anatomic Subsite for Nerve				Check box to indicate extent of disease identified:
Anatomy	Subsite	Annotation	Layer of Resection	Classification
	Recurrent laryngeal	RLN	Epineurium	RLN ⁰
			All or part of nerve	RLN ¹
	Superior laryngeal	SLN	Epineurium	SLN ⁰
			All or part of nerve	SLN ¹
	Vagus	Vag	Epineurium	Vag ⁰
			All or part of nerve	Vag ¹

III. Anatomic Subsite for Pharyngoesophagus				Check box to indicate extent of disease identified:
Anatomy	Subsite	Annotation	Layer of Resection	Classification
	Pharynx	Ph	Muscularis only	Ph ⁰
			Through and through defect	Ph ¹
	Esophagus	E	Muscularis only	E ⁰
			Through and through defect	E ¹

IV. Anatomic Subsite for Muscle				Check box to indicate extent of disease identified:
Anatomy	Subsite	Layer of Resection		Classification
Muscle	Sternocleidomastoid	No layer designation		SCM
	Strap	No layer designation		SM
	Cricothyroid	No layer designation		CT

V. Anatomic Subsite for Vascular					Check box to indicate extent of disease identified:
Anatomy	Subsite	Annotation	Layer of Resection	Classification	
	Artery, common carotid	A_{CC}	Adventitial	A_{CC}^0	
			Portion / the entire wall resected	A_{CC}^1	
	Artery, innominate	A_{INN}	Adventitial	A_{INN}^0	
			Portion / the entire wall resected	A_{INN}^1	
	Vein, internal jugular	V_{IJ}	Adventitial	V_{IJ}^0	
			Portion / the entire wall resected	V_{IJ}^1	
Vein, innominate	V_{INN}	Adventitial	V_{INN}^0		
		Portion / the entire wall resected	V_{INN}^1		