


Endometrial Cancer Histopathology Reporting Proforma

Includes the  International Collaboration on Cancer reporting dataset denoted by *



Family name

Given name(s)

Date of birth

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Date of request

S1.03 Accession number

Requesting doctor - name and contact details

Sex

- Male
 Female
 Intersex/indeterminate

Ethnicity

- Unknown
 Aboriginal/Torres Strait Islander (AU)
 Māori (NZ)
 Other ethnicity:

Clinical information

S1.02

Specimen type

Clinical diagnosis / differential diagnosis

Details of previous biopsies & cytology results

(including testing laboratory)

Details of any previous or current treatment of the present tumour

Details of any other prior cancer diagnosis

Details of any family history of cancer

Evidence of metastatic disease

- Absent (on both clinical & operative grounds)
 Present - pre-operative, *specify*

 Present - intra-operative, *specify*

Post-operative residual tumour

- Absent
 Present, *specify*

Surgeon's specific remarks

G1.01 COPY TO DOCTORS

S1.04 PRINCIPAL CLINICIAN

G1.02 COMMENTS

Macroscopic findings

S2.01 SPECIMEN LABELLED AS

S2.02 * OPERATIVE PROCEDURE

- Simple hysterectomy
 Radical hysterectomy
 Other, *specify*

S2.03 * ATTACHED ANATOMICAL STRUCTURES

(select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Vaginal cuff | <input type="checkbox"/> Left fallopian tube |
| <input type="checkbox"/> Left ovary | <input type="checkbox"/> Right fallopian tube |
| <input type="checkbox"/> Right ovary | <input type="checkbox"/> Parametria |
| <input type="checkbox"/> Not identified | |

S2.04 * ACCOMPANYING SPECIMENS (select all that apply)

If covered in S2.02 & S2.03 then duplication is not required

- None submitted OR
 Peritoneal biopsies Omentum
 Other, *specify* Lymph nodes

G2.01 * MACROSCOPIC TUMOUR SITE (select all that apply)

- Fundus Body Isthmus

Present, specify

G2.02 * MAXIMUM TUMOUR DIMENSION

G2.03 BLOCK IDENTIFICATION KEY

G2.04 ADDITIONAL MACROSCOPIC COMMENTS

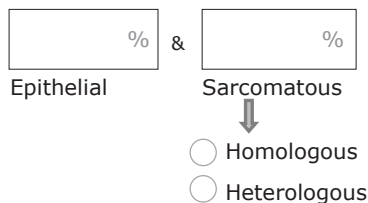
Microscopic findings

S3.01 * HISTOLOGICAL TUMOUR TYPE (select all that apply)

- Endometrioid carcinoma
 Mucinous carcinoma
 Serous endometrial intraepithelial carcinoma (SEIC)
 Serous carcinoma
 Clear cell carcinoma
 Undifferentiated carcinoma
 Dedifferentiated carcinoma
 Carcinosarcoma (consider recording G3.01)
 Mixed cell adenocarcinoma, specify subtype

Neuroendocrine tumour, specify subtype

G3.01 * CARCINOSARCOMA SUBTYPE



S3.02 * HISTOLOGICAL GRADE

- FIGO Grade 1 High grade (by definition, based on tumour subtype)
 FIGO Grade 2
 FIGO Grade 3 Not gradable

Endometrioid and mucinous carcinomas should be graded. Serous, clear cell and undifferentiated carcinomas, and carcinosarcomas are designated as high grade by definition.

G3.02 BINARY GRADE

- Low grade High grade
(FIGO grade 1 or 2) (FIGO grade 3)

S3.03 * MYOMETRIAL INVASION

If present, consider recording G3.02

- Not identified
 Present, specify measurement

G3.03 MAXIMUM DEPTH OF MYOMETRIAL INVASION

Invasion / Myometrial thickness

/

*OR % *OR < 50% ≥ 50%

G3.04 MELF PATTERN OF INVASION

- Present Not identified

G3.05 * DISTANCE OF MYOINVASIVE TUMOUR TO SEROSA

S3.04 * LYMPHOVASCULAR INVASION

- Present Not identified Indeterminate
Specify site

G3.06 EXTENT OF LYMPHOVASCULAR INVASION

If present, record number of involved vessels OR focal vs extensive

Present, specify number of vessels

OR Focal Extensive

G3.07 * CERVICAL SURFACE OR CRYPT INVOLVEMENT

- Present Not identified Indeterminate

S3.05 * CERVICAL STROMAL INVASION

- Present Not identified Indeterminate

G3.08 DEPTH OF CERVICAL STROMAL INVASION

out of

G3.09 * DISTANCE OF TUMOUR TO CERVICAL RESECTION MARGINS

S3.06 *VAGINA

Involved Not involved Not applicable

S3.07 *OMENTUM

Involved Not involved Not applicable

S3.08 *PERITONEAL BIOPSY/BIOPSIES

Involved Not involved Not applicable

S3.09 *UTERINE SEROSA

Involved Not involved Indeterminate

S3.10 *PARAMETRIA

Involved Not involved Not applicable

S3.11 *ADNEXA

Involved Not involved Not applicable

G3.10 ADNEXA INVOLVEMENT LOCATION

G3.11 *BACKGROUND ENDOMETRIUM (select all that apply)

- Atrophic/Inactive Hormone effect
- Polyp/s Hyperplasia without atypia
- Atypical hyperplasia/Endometrial intraepithelial neoplasia
- Cyclical, *specify*

G3.12 *PERITONEAL CYTOLOGY

- Positive Not submitted
- Negative Other, *specify*

S3.12 INVOLVEMENT OF OTHER ORGANS AND TISSUES

S3.13 *LYMPH NODE STATUS

Involved Not involved Not applicable



G3.13 *Left pelvic:

Number retrieved

Number involved

***Right pelvic:**

Number retrieved

Number involved

***Para-aortic:**

Number retrieved

Number involved

G3.14 SENTINEL LYMPH NODE PROTOCOL USED

G3.15 MAXIMUM DIMENSION OF LARGEST METASTASIS OR SIZE RANGE

OR

to

G3.16 *EXTRANODAL SPREAD

Present Not identified Not applicable

S3.14 *HISTOLOGICALLY CONFIRMED DISTANT METASTASES

Present Not identified Indeterminate

G3.17 ADDITIONAL MICROSCOPIC COMMENT

Ancillary findings

G4.01 *ANCILLARY STUDIES

***Molecular data**

***Immunohistochemical markers**

G4.02 MMR IMMUNOHISTOCHEMISTRY

G4.03 RECORD OPTIMAL BLOCK FOR ANCILLARY STUDIES

Synthesis and overview

PROVISIONAL PATHOLOGICAL STAGING PRE-MDTM[^]

G5.01 *PATHOLOGICAL INFO FOR DETERMINATION OF FIGO STAGE (see table below)

Tumour stage FIGO & pTNM^{##}

Primary Tumour (T)		
TNM	FIGO	
TX		Primary tumour cannot be assessed
T0		No evidence of primary tumour
T1	I	Tumour confined to the corpus uteri ^a
T1a	IA	Tumour limited to endometrium or invading less than half of myometrium
T1b	IB	Tumour invades one half or more of myometrium
T2	II	Tumour invades cervical stroma, but does not extend beyond the uterus
T3	III	Local and/ or regional spread as specified here:
T3a	IIIA	Tumour invades the serosa of the corpus uteri or adnexae (direct extension or metastasis)
T3b	IIIB	Vaginal or parametrial involvement (direct extension or metastasis)
T4	IVA	Tumour invades bladder/ bowel mucosa ^c
Regional Lymph Nodes (N)		
NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1,N2	IIIC	Metastasis to pelvic or para-aortic lymph nodes ^b
N1	IIIC1	Metastasis to pelvic lymph nodes
N2	IIIC2	Metastasis to para-aortic lymph nodes with or without metastasis to pelvic lymph nodes
Distant Metastasis (M)		
M0		No distant metastasis
M1	IVB	Distant metastasis (excluding metastasis to vagina, pelvic serosa, or adnexa, including metastasis to inguinal lymph nodes, intra-abdominal lymph nodes other than para-aortic or pelvic nodes)

- a Endocervical glandular involvement only should be considered as stage I.
- b Positive cytology has to be reported separately without changing the stage.
- c The presence of bullous oedema is not sufficient evidence to classify as T4.

* Multidisciplinary management team

[^] The expectation for pathologists to provide a provisional stage is regionally variable. For example, in most centres in Australia there is no expectation to provide a provisional stage as it is recognised that stage is optimally assigned in a multidisciplinary setting. If required, the pathologist can readily provide the pT value.

^{##} Reproduced with permission. Source: Brierley JD, Gospodarowicz MK and Wittekind C (eds) (2016). UICC TNM Classification of Malignant Tumours, 8th Edition, Wiley-Blackwell.

G5.02 DIAGNOSTIC SUMMARY
Include: Specimen type/Operative procedure; Maximum tumour dimension; Histological tumour grade; Myometrial invasion and corresponding myometrial thickness; lymphovascular invasion; Involvement of cervix, adnexae, lymph nodes, omentum or other sites; Results of relevant ancillary studies (for example MMR IHC).

S5.01 OTHER RELEVANT INFORMATION AND COMMENTS

G5.03 Edition/version number of the Endometrial Cancer Structured Reporting Protocol.

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