## 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

### S1.03 Accession number

**S1.04 PRINCIPAL CLINICIAN**

### S1.05 PROTOCOL

**Surgeon's specific remarks**

**G1.01 COPY TO DOCTORS**

**G1.02 COMMENTS**

## Macroscopic findings

### S2.01 SPECIMEN LABELLED AS

### S2.02 *OPERATIVE PROCEDURE

- Simple hysterectomy
- Radical hysterectomy
- Other, specify

### S2.03 *ATTACHED ANATOMIC STRUCTURES

(select all that apply)

- Vaginal cuff
- Left ovary
- Right ovary
- Not identified
- Left fallopian tube
- Right fallopian tube
- Parametria

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

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

---

**Endometrial Cancer Histopathology Reporting Proforma**

Includes the International Collaboration on Cancer reporting dataset denoted by *


**Page 1 of 4**
**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

**S3.02 *HISTOLOGICAL GRADE*
- FIGO Grade 1
- FIGO Grade 2
- FIGO Grade 3
- Low grade
- High grade (FIGO grade 1 or 2)
- High grade (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.

**G3.01 *CARCINOSARCOMA SUBTYPE*
- ≥ % Epithelial
- ≥ % Sarcomatous
- Homologous
- Heterologous

**S3.03 *MYOMETRIAL INVASION* (if present, consider recording G3.02)
- Not identified
- Present, specify measurement

**G3.02 MAXIMUM TUMOUR DIMENSION** mm

**G3.03 MAXIMUM DEPTH OF MYOMETRIAL INVASION**
- Invasion / Myometrial thickness
  - mm / mm
- %
-  < 50%
- ≥ 50%

**G3.04 MELP PATTERN OF INVASION**
- Present
- Not identified

**G3.05 *DISTANCE OF MYOINVASIVE TUMOUR TO SEROSA** mm

**G3.06 EXTENT OF LYMPHOVASCULAR INVASSION**
- Present, specify number of vessels
  - Focal
  - Extensive

**G3.07 CERVICAL SURFACE OR CRYPT INVOLVEMENT**
- Present
- Not identified
- Indeterminate

**G3.08 DEPTH OF CERVICAL STROMAL INVASION** mm out of mm

**G3.09 DISTANCE OF TUMOUR TO CERVICAL RESECTION MARGINS** mm
S3.06 *VAGINA
- Involved
- Not involved
- Not applicable

S3.07 *OMENTUM
- Involved
- Not involved
- Not applicable

S3.08 *PERITONEAL BIOPSY/BIPSIES
- 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
- 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

G3.14 **Right pelvic:**
- Number retrieved
- Number involved

G3.15 **Para-aortic:**
- Number retrieved
- Number involved

G3.14 SENTINEL LYMPH NODE PROTOCOL USED

G3.15 MAXIMUM DIMENSION OF LARGEST METASTASIS OR SIZE RANGE

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)

<table>
<thead>
<tr>
<th>Tumour stage FIGO &amp; pTNM**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Tumour (T)</strong></td>
</tr>
<tr>
<td>TNM</td>
</tr>
<tr>
<td>TX</td>
</tr>
<tr>
<td>T0</td>
</tr>
<tr>
<td>T1</td>
</tr>
<tr>
<td>T1a</td>
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<td>T1b</td>
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<td>T2</td>
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<tr>
<td>T3a</td>
</tr>
<tr>
<td>T3b</td>
</tr>
<tr>
<td>T4</td>
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<table>
<thead>
<tr>
<th>Regional Lymph Nodes (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NX</td>
</tr>
<tr>
<td>N0</td>
</tr>
<tr>
<td>N1,N2</td>
</tr>
<tr>
<td>N1</td>
</tr>
<tr>
<td>N2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distant Metastasis (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0</td>
</tr>
<tr>
<td>M1</td>
</tr>
</tbody>
</table>

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*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.