

TROPHOBLASTIC NEOPLASM

1. **Specimen(s):** *list all specimens removed during case*
2. **Procedure(s):** *select all that apply*
 - a. [Curettage]
 - b. [Total abdominal hysterectomy]
 - c. [Radical hysterectomy]
 - d. [Supracervical hysterectomy]
 - e. [Bilateral salpingo-oophorectomy]
 - f. [Bilateral oophorectomy]
 - g. [Bilateral salpingectomy]
 - h. [Right salpingo-oophorectomy]
 - i. [Right oophorectomy]
 - j. [Right salpingectomy]
 - k. [Left salpingo-oophorectomy]
 - l. [Left oophorectomy]
 - m. [Left salpingectomy]
 - n. [Omentectomy]
 - o. [Peritoneal biopsies]
 - p. [Peritoneal washings]
 - q. [Other, <SPECIFY>]
3. **Regional Lymph Node Sampling:** *select whether or not lymph nodes were removed*
 - a. [Performed]
 - b. [Not performed]
 - c. [Not applicable]
 - d. [Cannot be determined]
4. **Specimen Integrity:** *document whether intact or received fragmented*
5. **Primary Tumor Site:** *select all that apply*
 - a. [Uterine corpus]
 - b. [Uterine cervix]
 - c. [Other, <SPECIFY>]
 - d. [Cannot be determined]
6. **Tumor Size:** *provide greatest dimension and total dimensions*
 - a. [Greatest dimension: <SPECIFY>]
 - b. [Total dimensions: <SPECIFY>]
 - c. [Cannot be determined]
7. **Histologic Type:** *select appropriate tumor type*
 - a. [Complete hydatidiform mole]
 - b. [Partial hydatidiform mole]

- c. [Invasive hydatidiform mole]
 - d. [Choriocarcinoma]
 - e. [Placental site trophoblastic tumor]
 - f. [Epithelioid trophoblastic tumor]
 - g. [Other, <SPECIFY>]
8. **Tumor Extension:** *select appropriate microscopic tumor involvement*
- a. [Tumor confined to uterus]
 - b. [Tumor extends outside of the uterus but is limited to genital structures; <SPECIFY WHETHER FALLOPIAN TUBE, OVARY, BROAD LIGAMENT, VAGINA, OR CERVIX ARE INVOLVED]
 - c. [Tumor extends to non-genital organs and/or structures; <SPECIFY>]
 - d. [Cannot be determined]
9. **Lymph-Vascular Space Invasion:** *state whether LVI is present*
- a. [Absent]
 - b. [Present]
 - c. [Suspicious]
 - d. [Cannot be determined]
10. **Other Sites/Organs Involved:** *state whether there is disease outside the uterus*
- a. [Negative]
 - b. [Positive: <LIST OTHER ORGANS INVOLVED> ; <PROVIDE SIZE OF LARGEST METASTATIC FOCUS>]
11. **Regional Lymph Nodes:** *provide lymph node status*
- a. [Not performed]
 - b. [Negative: 0 / <PROVIDE TOTAL LYMPH NODES>]
 - a. [Positive: <PROVIDE TOTAL NUMBER OF POSITIVE LYMPH NODES> / <PROVIDE TOTAL LYMPH NODES> ; <LIST SIZE OF LARGEST LYMPH NODE METASTASIS AND IF THERE IS EXTRANODAL EXTENSION>]
 - b. [Indicate the anatomic site of the positive lymph node(s)]
12. **Cytology:** *state whether or not cytology was performed and results, include accession number*
- a. [Not performed]
 - b. [Performed]:
 - i. [Positive, <PROVIDE ACCESSION NUMBER IF AVAILABLE>]
 - ii. [Negative, <PROVIDE ACCESSION NUMBER IF AVAILABLE>]
13. **Ancillary Molecular Genetic or Cytogenetic Studies:** *state whether or not ancillary genetic/cytogenetic studies were performed*
- a. [Not performed]
 - b. [Performed: <PROVIDE BRIEF SUMMARY OF RESULTS AND CITE REPORT ACCESSION NUMBER>]

c. [Unknown]

14. **Surgical Margins:** *provide margin status*

a. [Negative] (can specify if close)

b. [Positive] (specify)

15. **Pathologic Staging:** *may use AJCC and/or FIGO; refer to staging manuals*