

CERVICAL CARCINOMA

EXAMPLE OF A CERVICAL CARCINOMA USING PROPOSED TEMPLATE

- Case: Cervical squamous cell carcinoma
 - Radical hysterectomy, bilateral salpingo-oophorectomy, omentectomy
 - Lymph nodes removed (pelvic and para-aortic)
 - Tumor circumferentially involved cervix, depth of invasion 1.0 cm into a 3.3 cm-thick cervix; greatest dimension 2.9 cm
 - Focal extension to left parametrial soft tissue
 - Positive LVI
 - Metastatic to left pelvic lymph node (1 of 11); no extranodal extension
 - 18 additional negative lymph nodes
 - Negative cytology
 - Left parametrial soft tissue margin focally positive (< 0.1 cm linear extent)

CERVICAL CARCINOMA

1. **Specimens:** Cervix, upper vagina, uterus, bilateral fallopian tubes and ovaries, omentum, regional lymph nodes (bilateral pelvic and para-aortic)
2. **Procedures:** Radical hysterectomy, bilateral salpingo-oophorectomy, omentectomy, regional lymphadenectomy
3. **Sentinel Lymph Node Sampling:** Not performed
4. **Regional Lymph Node Sampling:** Performed (bilateral pelvic and para-aortic lymph nodes)
5. **Specimen Integrity:** Intact
6. **Primary Tumor Site:** Cervix, circumferential
7. **Tumor Size:**
 - a. Greatest dimension: 2.9 cm
 - b. Total dimensions: Cannot be determined
8. **Histologic Type:** Squamous cell carcinoma, non-keratinizing type
9. **Histologic Grade:** Moderately-differentiated (grade 2)
10. **Stromal Invasion:** Present, 1.0 cm, < 33% cervical stromal thickness
11. **Lymph-Vascular Space Invasion:** Present
12. **Other Sites/Organs Involved:** Left parametrial soft tissue
13. **Sentinel Lymph Nodes:** Not performed
14. **Total Lymph Nodes:** Positive; 1/29; extranodal extension negative
15. **Cytology:** Negative, CN-XX-XXXX
16. **Surgical Margins:**
 - a. Left parametrial soft tissue margin positive for invasive carcinoma; focal; < 0.1 cm linear extent
 - b. All other margins negative for invasive and in-situ carcinoma
17. **Pathologic Staging:** AJCC [pT2b N1]; FIGO [IIB]

CERVICAL CARCINOMA (specific details to be added into SOFT)

1. **Specimen(s):** *list all specimens removed during case*
2. **Procedure(s):** *select all that apply*
 - a. [Loop electrical excision procedure (LEEP)]
 - b. [Large loop excision of the transformation zone (LLETZ)]
 - c. [Cold knife cone excision]
 - d. [Trachelectomy]
 - e. [Total abdominal hysterectomy]
 - f. [Radical hysterectomy]
 - g. [Pelvic exenteration]
 - a. [Bilateral salpingo-oophorectomy]
 - b. [Bilateral oophorectomy]
 - c. [Bilateral salpingectomy]
 - d. [Right salpingo-oophorectomy]
 - e. [Right oophorectomy]
 - f. [Right salpingectomy]
 - g. [Left salpingo-oophorectomy]
 - h. [Left oophorectomy]
 - i. [Left salpingectomy]
 - j. [Omentectomy]
 - k. [Peritoneal biopsies]
 - l. [Peritoneal washings]
 - h. [Other, <SPECIFY>]
3. **Sentinel Lymph Node Sampling:** *select whether or not sentinel lymph nodes were removed*
 - a. [Performed]
 - b. [Not performed]
 - c. [Not applicable]
 - d. [Cannot be determined]
4. **Regional Lymph Node Sampling:** *select whether or not regional lymph nodes were removed*
 - a. [Performed]
 - b. [Not performed]
 - c. [Not applicable]
 - d. [Cannot be determined]
5. **Specimen Integrity:** *document whether intact or received fragmented. This absolutely requires correlating with the operative report.*
6. **Primary Tumor Site:** *select all that apply*
 - a. [Left superior quadrant (12 to 3 o'clock)]

- b. [Left inferior quadrant (3 to 6 o'clock)]
 - c. [Right inferior quadrant (6 to 9 o'clock)]
 - d. [Right superior quadrant (9 to 12 o'clock)]
 - e. [Multicentric, <SPECIFY>]
 - f. [Circumferential]
 - g. [Other, <SPECIFY>]
 - h. [Cannot be determined]
7. **Tumor Size:** *provide greatest dimension and total dimensions*
- a. [Greatest dimension: <PROVIDE GREATEST DIMENSION>]
 - b. [Total dimensions: <PROVIDE ADDITIONAL]
 - c. [Cannot be determined]
8. **Histologic Type:** *select appropriate tumor type*
- a. [Squamous cell carcinoma, keratinizing type]
 - b. [Squamous cell carcinoma, non-keratinizing type]
 - c. [Squamous cell carcinoma, basaloid type]
 - d. [Squamous cell carcinoma, papillary type]
 - e. [Squamous cell carcinoma, lymphoepithelioma-like]
 - f. [Verrucous carcinoma]
 - g. [Adenocarcinoma, endocervical/usual type (HPV-related)]
 - h. [Adenocarcinoma, gastric type (not HPV-related; includes minimal deviation adenocarcinoma)]
 - i. [Clear cell carcinoma]
 - j. [Serous carcinoma]
 - k. [Mesonephric carcinoma]
 - l. [Adenosquamous carcinoma]
 - m. [Adenoid basal cell carcinoma]
 - n. [Adenoid cystic carcinoma]
 - o. [Small cell carcinoma]
 - p. [Neuroendocrine carcinoma, low-grade]
 - q. [Neuroendocrine carcinoma, high-grade]
 - r. [Undifferentiated carcinoma]
 - s. [Carcinosarcoma (malignant mixed Mullerian tumor, MMMT)]
 - t. [Carcinoma, not-otherwise-specified]
 - u. [Other, <SPECIFY>]
9. **Histologic Grade:** *specify histologic grade of tumor*
- a. [Well-differentiated (grade 1)]
 - b. [Moderately-differentiated (grade 2)]
 - c. [Poorly-differentiated (grade 3)]
 - d. [Undifferentiated (grade 4)]
 - e. [Other, <SPECIFY>]

- f. [Not applicable]
10. **Stromal Invasion:** *specify presence of stromal invasion*
- a. [Absent]
 - b. [Present, <PROVIDE DEPTH OF INVASION>]
 - i. [< 33% cervical stromal thickness]
 - ii. [≥ 33% to < 66% cervical stromal thickness]
 - iii. [≥ 66% cervical stromal thickness]
11. **Lymph-Vascular Space Invasion:** *state whether LVI is present*
- d. [Absent]
 - e. [Present]
 - f. [Suspicious]
 - g. [Cannot be determined]
12. **Other Sites/Organs Involved:** *state whether there is disease outside the cervix*
- h. [Negative]
 - i. [Positive: <LIST OTHER ORGANS INVOLVED> ; <PROVIDE SIZE OF LARGEST METASTATIC FOCUS>]
13. **Sentinel Lymph Nodes:** *provide sentinel lymph node status*
- a. [Not performed]
 - b. [Negative: 0 / <PROVIDE TOTAL LYMPH NODES>] (*specify site of sentinel lymph node*)
 - c. [Positive: <PROVIDE TOTAL NUMBER OF POSITIVE SENTINEL LYMPH NODES> / <PROVIDE TOTAL SENTINEL LYMPH NODES>] (*specify site of sentinel lymph node*)
 - d. [Extranodal extension: <STATE IF EXTRANODAL EXTENSION IS PRESENT OR ABSENT>]
14. **Total Lymph Nodes:** *provide total sentinel and non-sentinel lymph node status*
- a. [Not performed]
 - b. [Negative: 0 / <PROVIDE TOTAL SENTINEL AND NON-SENTINEL LYMPH NODES>]
 - c. [Positive: <PROVIDE TOTAL NUMBER OF POSITIVE SENTINEL AND NON-SENTINEL LYMPH NODES> / <PROVIDE TOTAL NUMBER OF SENTINEL AND NON-SENTINEL LYMPH NODES> ; <PROVIDE SIZE OF LARGEST LYMPH NODE METASTASIS AND IF THERE IS EXTRANODAL EXTENSION>] (*can specify location of positive lymph nodes*)
15. **Cytology:** *state whether or not cytology was performed and results, include accession number*
- j. [Not performed]
 - k. [Performed]:
 - i. [Positive, <PROVIDE ACCESSION NUMBER IF AVAILABLE>]

- ii. [Negative, <PROVIDE ACCESSION NUMBER IF AVAILABLE>]

16. Surgical Margins: *select all that apply*

- a. Endocervical margin:
 - i. [Endocervical margin: Negative for invasive and in-situ carcinoma]
 - ii. [Endocervical margin: Positive for invasive carcinoma; [Focal] OR [Diffuse, <PROVIDE APPROXIMATE LINEAR EXTENT>]
 - iii. [Endocervical margin: Positive for in-situ carcinoma only; [Focal] OR [Diffuse, <PROVIDE APPROXIMATE LINEAR EXTENT>]
- b. Ectocervical margin:
 - i. [Ectocervical margin: Negative for invasive and in-situ carcinoma]
 - ii. [Ectocervical margin: Positive for invasive carcinoma; [Focal] OR [Diffuse, <PROVIDE APPROXIMATE LINEAR EXTENT>]
 - iii. [Ectocervical margin: Positive for in-situ carcinoma only; [Focal] OR [Diffuse, <PROVIDE APPROXIMATE LINEAR EXTENT>]
- c. Deep margin:
 - i. [Deep margin: Negative for invasive and in-situ carcinoma]
 - ii. [Deep margin: Positive for invasive carcinoma; [Focal] OR [Diffuse, <PROVIDE APPROXIMATE LINEAR EXTENT>]
 - iii. [Deep margin: Positive for in-situ carcinoma only; [Focal] OR [Diffuse, <PROVIDE APPROXIMATE LINEAR EXTENT>]
- d. Other margins: (including parametrial soft tissue margins)
 - i. [Negative for invasive and in-situ carcinoma]
 - ii. [Positive for invasive carcinoma; [Focal] OR [Diffuse, <PROVIDE APPROXIMATE LINEAR EXTENT>]
 - iii. [Positive for in-situ carcinoma only; [Focal] OR [Diffuse, <PROVIDE APPROXIMATE LINEAR EXTENT>]

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