

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY
Final Anatomic Diagnosis Checklist

UTERINE CERVICAL CARCINOMA

(Ver 1.1, 11-03)

Accession No.:

Part No(s).

Date:

Patient Name:

ORGAN,

OPERATION:

Uterus, cervix, bilateral ovaries, fallopian tubes

Radical hysterectomy and lymph nodes, bilateral salpingo-oophorectomy and lymphadenectomy

Uterus, cervix, bilateral ovaries and fallopian tubes

Radical hysterectomy and bilateral salpingo-oophorectomy

Hysterectomy and bilateral salpingo-oophorectomy

Uterus and cervix

Hysterectomy

Uterus

Supracervical Hysterectomy

Other _____

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-Primary Tumor Diagnosis: *Required*

Microinvasive squamous cell carcinoma of the cervix

Squamous cell carcinoma of the cervix

Verrucous carcinoma of the cervix

Papillary squamous cell carcinoma of the cervix

Endocervical adenocarcinoma in-situ of the cervix

Endocervical adenocarcinoma, endocervical type

Endocervical adenocarcinoma, intestinal type

Endocervical adenocarcinoma, signet ring cell type

Endocervical adenocarcinoma, villoglandular type

Endocervical adenocarcinoma, endometrioid type

Endocervical adenocarcinoma, endometrioid type with squamous differentiation

Minimal deviation adenocarcinoma of the endocervix (adenoma malignum)

Serous papillary adenocarcinoma of the endocervix

Clear cell carcinoma of the endocervix

Adenosquamous carcinoma of the endocervix

Small cell carcinoma of the cervix

Other: _____

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A. Grade of Tumor: *Required*

- X (grade cannot be assessed)
- I (well differentiated)
- II (moderately differentiated)
- III (poorly differentiated)
- IV (undifferentiated)

B. Depth of Invasion: *Required* _____ (specify in mm for microinvasive lesions)

C. Lymphatic vascular space involvement: *Required* Identified Not identified

D. Blood vascular space involvement: *Required* Identified Not identified

E. Extent of Invasion: *Required*

- Tumor does not extend beyond the cervix
- Tumor invades the endometrium/endometrium and myometrium to a depth of _____% of the myometrium
- Tumor invades the right/left/right and left ovary/ovaries
- Tumor invades the right/left/right and left fallopian tube/tubes
- Tumor invades the parametrium
- Tumor invades the lower third of the vagina
- Tumor extends to the right/left/right and left pelvic side wall/walls
- Tumor invades the mucosa of the urinary bladder
- Tumor invades the mucosa of the rectum

*Note: This checklist uses the Society of Gynecologic Oncologists' definition of microinvasive squamous cell carcinoma and invasive squamous cell carcinoma. A microinvasive lesion is defined as one in which neoplastic epithelium invades the stroma in one or more places to a depth of 3 mm or less below the basement membrane of the epithelium and in which lymphatic or blood vascular involvement is not demonstrated. Lesions with > 3.0 mm stromal invasion or lesions with ≤ 3.0 mm stromal invasion but with lymphatic or blood vascular space involvement are **not** microinvasive squamous cell carcinomas but invasive squamous cell carcinomas.*

-Margins of Excision: *Required*

- No tumor identified at margins
- Tumor is present at the _____ (specify site) parametrial margin
- Tumor is present at the _____ (specify site) vaginal margin
- Tumor is present at the ectocervical margin at _____ (specify site)
- CIN _____ is present at the ectocervical margin at _____ (specify site)
- Other _____

Note: All of the following lymph node groups will not be identified in most cases. However, appropriate designations are provided below. *Required*

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Note: All of the following lymph node groups will not be identified in most cases. However, appropriate designations are provided below. ^{Required}

-Lymph Nodes, right iliac:

- A. Number examined _____
- B. Number positive _____
- C. Comment _____

-Lymph Nodes, left iliac:

- A. Number examined _____
- B. Number positive _____
- C. Comment _____

-Lymph Nodes, periaortic:

- A. Number examined _____
- B. Number positive _____
- C. Comment _____

-Lymph Nodes, _____ : (specify)

- A. Number examined _____
- B. Number positive _____
- C. Comment _____

-Lymph Nodes, _____ : (specify)

- A. Number examined _____
- B. Number positive _____
- C. Comment _____

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-Additional Findings and Comments: *Optional*

- A. Cervical Intraepithelial Neoplasia, Grade I (mild dysplasia, CIN I)
- B. Cervical Intraepithelial Neoplasia, Grade II (moderate dysplasia, CIN II)
- C. Cervical Intraepithelial Neoplasia, Grade III (severe dysplasia, CIN III, CIS)

-Ancillary Studies: *Optional*

Special stains are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation: _____

Immunohistochemical studies are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation: _____

UTERINE CERVICAL CARCINOMA

-pTN Stage (with SGO Modification): *Required*

A. Primary Tumor:

pT0	No evidence of primary tumor
pTis	Carcinoma in-situ
pT1	Cervical carcinoma confined to the uterus (extension to the corpus should be disregarded)
pT1a	Microinvasive carcinoma (≤ 3.0 mm of invasion and no lymphatic or blood vascular involvement)
pT1b	Carcinoma > 3.0 mm stromal invasion or ≤ 3.0 mm of invasion but with lymphatic or blood vascular involvement
pT2	Carcinoma invades beyond the uterus but not to pelvic wall or to the lower third of vagina
pT2a	Tumor without parametrial invasion
pT2b	Tumor with parametrial invasion
pT3	Carcinoma extends to pelvic wall and/or involves lower third of vagina and/or causes hydronephrosis or nonfunctioning kidney
pT3a	Carcinoma involves lower third of vagina, no extension to pelvic wall
pT3b	Carcinoma extends to pelvic wall and/or causes hydronephrosis or nonfunctioning kidney
pT4	Tumor invades mucosa of urinary bladder or rectum and/or extends beyond the true pelvis

B. Regional Lymph Nodes:

pNX	Regional lymph nodes cannot be assessed
pNO	No regional lymph node metastasis
pN1	Regional lymph node metastasis

C. Distant Metastasis:

pMX	Cannot be assessed
pM0	No distant metastasis
pM1	Distant metastasis

References:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 259-265).