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

ENDOMETRIAL NEOPLASIA

(Vers 1.1, 11-03)

Accession No.: **Part No.** **Date:**

Patient Name:

ORGAN,	**OPERATION:**
Uterus, cervix, bilateral ovaries, bilateral fallopian tubes and lymph nodes _____ _____*(specify sites)*	Hysterectomy bilateral salpingooophorectomy and lymphadenectomy
Uterus, cervix, bilateral ovaries and fallopian tubes	Hysterectomy and bilateral salpingooophorectomy
Uterus and cervix	Hysterectomy
Uterus	Supracervical Hysterectomy

Other_____

_____

-Primary Tumor Diagnosis: *Required*

Endometrioid adenocarcinoma of the endometrium
Endometrioid adenocarcinoma of the endometrium, arising in association with complex endometrial hyperplasia with atypia
Endometrioid adenocarcinoma of the endometrium, villoglandular pattern
Endometrioid adenocarcinoma of the endometrium, secretory cell variant
Endometrioid adenocarcinoma of the endometrium, ciliated cell variant
Endometrioid adenocarcinoma of the endometrium, with squamous differentiation
Uterine papillary serous carcinoma
Clear cell carcinoma of the endometrium
Mucinous adenocarcinoma of the endometrium
Squamous cell carcinoma of the endometrium
Mixed _____
(specify types and percentages with particular reference to clear cell and serous papillary components)
Malignant Mixed Mullerian Tumor, homologous type with *(specify)* serous papillary, endometrioid, clear cell, _____ epithelial component
Malignant Mixed Mullerian Tumor, heterologous type with *(specify)* rhabdomyoblastic, cartilaginous, osseous, _____differentiation and serous papillary, endometrioid, clear cell, _____epithelial component

Other _____
_____
_____

A. Tumor Grade: ***Required***

I (5% or less of a nonsquamous or nonmorula solid growth pattern)

II (6-50% of a nonsquamous or nonmorula solid growth pattern)

III (>50% of a nonsquamous or nonmorula solid growth pattern)

cytologic features to be used in formulating grade of tumor:

a. Notable nuclear atypia, inappropriate for the architectural grade, raises the grade of a grade I or II tumor by one level.

b. In papillary serous carcinoma, and clear cell carcinoma, nuclear grade takes precedence over architectural grade. In tumors with squamous differentiation, grading is based on the glandular component.

-Myometrium:

A. Depth of Myometrial Invasion: ***Required***

Tumor does not invade the myometrium
Tumor invades _____% of total myometrial thickness
Other_____

B. Lymphatic Invasion: ***Optional*** Identified Not Identified

C. Blood Vessel Invasion: ***Optional*** Identified Not Identified

D. Additional findings: ***Optional***

None
Leiomyoma
Leiomyomata
Leiomyoma with _____degeneration
(specify: hyaline, hemorrhagic, hydropic, etc)
Adenomyosis
Tumor involves adenomyosis
Other_____

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-Cervix: *Required*

Tumor involves the cervix, but does not invade cervical stroma
Tumor invades cervical stroma to a depth of _____ mm.
No histopathologic change
Chronic cervicitis
Chronic cystic cervicitis
Chronic cystic cervicitis with tunnel cluster formation
Acute and chronic cervicitis
Endocervical microglandular hyperplasia
Other_____

-Ovaries: *Required*

Right:
Carcinoma is present
No histopathologic change
Epithelial inclusion cysts
Surface fibrous adhesions
Cystic follicles
Follicular Cysts
Corpus luteum
Stromal hyperplasia
Stromal hyperthecosis
Other_____

Left:
Carcinoma is present
No histopathologic change
Epithelial inclusion cysts
Surface fibrous adhesions
Cystic follicles
Follicular Cysts
Corpus luteum
Stromal hyperplasia
Stromal hyperthecosis
Other_____

-Fallopian Tubes: *Required*

Right:
Carcinoma is present
No histopathologic change
Acute salpingitis
Chronic salpingitis
Salpingitis isthmica nodosa
Hydrosalpinx
Hematosalpinx
Walthard nests
Paramesonephric cyst
Tubo-ovarian adhesions
Adenomatoid tumor
Other_____

Left
Carcinoma is present
No histopathologic change
Acute salpingitis
Chronic salpingitis
Salpingitis isthmica nodosa
Hydrosalpinx
Hematosalpinx
Walthard nests
Paramesonephric cyst
Tubo-ovarian adhesions
Adenomatoid tumor
Other_____

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-Margins of Excision: *Required*

No tumor identified at margins
Tumor is present at the serosal surface of the uterus_____
_____*(specify site)*
Tumor is present at the serosal surface of the _____ovary *(specify laterality)*
Tumor involves the vagina either by direct extension or metastasis
Other _____

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 pelvic:

A. Number examined_____
B. Number positive_____
C. Comment_____

-Lymph Nodes, left pelvic:

A. Number examined_____
B. Number positive_____
C. Comment_____

-Lymph Nodes, para-aortic:

A. Number examined_____
B. Number positive_____
C. Comment_____

-Lymph Nodes, presacral:

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_____

-Additional Findings and Comments: *Optional*

_____
_____
_____
_____

-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_____
_____

pTN Stage: *Required*

A. Primary Tumor:

pTX Primary tumor cannot be assessed
pTO No evidence of primary tumor
pTis Carcinoma in situ
pT1 Tumor confined to corpus uteri
pT1a Tumor limited to endometrium
pT1b Tumor invades up to or less than one half of the myometrium
pT1c Tumor invades to more than one half of the myometrium
pT2 Tumor invades cervix but does not extend beyond uterus
pT2a Endocervical glandular involvement only without evidence of stromal invasion
pT2b Cervical stromal invasion
pT3 Local and/or regional spread as specified in pT3a,pT3b,
pT3a Tumor involves serosa and/or adnexa (direct extension or metastasis and/or cancer cells in ascites or peritoneal washings)
pT3b Vaginal involvement (direct extension or metastasis)
pT4 Tumor invades bladder mucosa and/or bowel mucosa

B. Regional Lymph Node:

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

C. Distant Metastasis:

MX Presence of distant metastasis cannot be assessed
M0 No distant metastasis
M1 Distant metastasis includes metastasis to intra-abdominal lymph nodes other than para-aortic, and/or inguinal lymph nodes; excludes metastasis to vagina, pelvic serosal, or adnexa

References:
1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 267-273).