

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

VAGINAL CARCINOMA RESECTION

(Ver 1.1, 11-03)

Accession No.:

Part No(s).

Date:

Patient Name:

ORGAN,

SITE

OPERATION:

Vagina

upper third
middle third
lower third

Vaginectomy
Partial vaginectomy
Excision

Uterus, cervix, bilateral ovaries,
fallopian tubes, vagina and lymph nodes

vaginectomy

Radical hysterectomy
bilateral
salpingo-oophorectomy,

and lymphadenectomy

Uterus, cervix, bilateral ovaries and
fallopian tubes, and vagina

Hysterectomy
and bilateral
salpingo-oophorectomy and
vaginectomy

Uterus, cervix, and vagina

Hysterectomy and vaginectomy

Other _____

-Primary Tumor Diagnosis: *Required*

Verrucous carcinoma

Squamous cell carcinoma

Squamous cell carcinoma, warty (condylomatous) type

Adenosquamous carcinoma

Adenocarcinoma, intestinal type

Adenocarcinoma, endocervical type

Adenocarcinoma, endometrioid type

Clear cell carcinoma

Mesonephric carcinoma

Adenoid basal carcinoma

Adenoid cystic carcinoma

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. Tumor Site: *Required* _____ upper third/middle third/lower third of the vagina

C. Size of Tumor: *Required* _____ cm. in greatest dimension

D. Depth of Invasion: *Optional* _____ cm.

E. Lymphatic vascular space involvement: *Optional* Identified Not identified

F. Blood vascular space involvement: *Optional* Identified Not identified

Extent of Invasion: *Required*

- Tumor is confined to the vagina
- Tumor invades paravaginal tissues, but not the pelvic wall
- Tumor extends to the pelvic wall (_____ *specify structures*)
- Tumor invades mucosa of the bladder
- Tumor invades mucosa of the rectum
- Tumor extends beyond the pelvis (_____ *specify structures*)

Note: The pelvic wall is defined as muscle, fascia, neurovascular structures, or skeletal portions of the boney pelvis.

-Margins of Excision: *Required*

No tumor identified at margins

Invasive carcinoma is present at the _____
_____ (*specify site*) vaginal margin(s)

Vaginal intraepithelial neoplasia, Grade ____ is present at the _____
_____ (*specify site*) vaginal margin(s)

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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 internal iliac:

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

-Lymph Nodes, left internal iliac:

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

-Lymph Nodes, right external iliac:

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

-Lymph Nodes, left external iliac:

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

-Lymph Nodes, right obturator:

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

-Lymph Nodes, left obturator:

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

-Lymph Nodes, right pelvic:

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

-Lymph Nodes, left pelvic:

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

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-Lymph Nodes, right inguinal:

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

-Lymph Nodes, left inguinal:

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

-Lymph Nodes, right femoral:

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

-Lymph Nodes, left femoral:

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

Note: The obturator, internal iliac, external iliac, pelvic (NOS) lymph nodes are considered regional lymph nodes for tumors located in the upper two-thirds of the vagina. Inguinal and femoral lymph nodes are considered regional for tumors located in the lower third of the vagina.

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Note: If the specimen contains additional female pelvic organs, proceed to the appropriate sections which follow.

-Endometrium:

Proliferative endometrium, _____ (specify early, mid, or late)

Secretory endometrium, _____ (specify 2 day interval)

Menstrual endometrium

Lytic endometrium

Atrophic endometrium

Predecidual stromal change, consistent with progestin effect

Chronic endometritis

Other _____

-Myometrium:

Tumor invades the myometrium

No histopathologic change

Leiomyoma

Leiomyomata

Leiomyoma with _____ degeneration

(specify: hyaline, hemorrhagic, hydropic, etc)

Adenomyosis

Other _____

-Cervix:

No histopathologic change

Chronic cervicitis

Chronic cystic cervicitis

Chronic cystic cervicitis with tunnel cluster formation

Acute and chronic cervicitis

Endocervical microglandular hyperplasia

Other _____

-Ovaries:

Right:

No histopathologic change

Epithelial inclusion cysts

Surface fibrous adhesions

Cystic follicles

Follicular Cysts

Corpus luteum

Stromal hyperplasia

Other _____

Left:

No histopathologic change

Epithelial inclusion cysts

Surface fibrous adhesions

Cystic follicles

Follicular Cysts

Corpus luteum

Stromal hyperplasia

Other _____

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-Fallopian Tubes:

Right:

No histopathologic change
Acute salpingitis
Chronic salpingitis
Salpingitis isthmica nodosa
Hydrosalpinx
Hematosalpinx
Walthard nests
Paramesonephric cyst
Tubo-ovarian adhesions
Adenomatoid tumor
Other _____

Left

No histopathologic change
Acute salpingitis
Chronic salpingitis
Salpingitis isthmica nodosa
Hydrosalpinx
Hematosalpinx
Walthard nests
Paramesonephric cyst
Tubo-ovarian adhesions
Adenomatoid tumor
Other _____

-Additional Findings and Comments: *Optional*

Vaginal Intraepithelial Neoplasia (VAIN), Grade _____ (*specify*)

Adenosis

Mesonephric remnant

Mesonephric hyperplasia

Other: _____

-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: _____

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-pTN Stage: *Required*

A. Primary Tumor:

| | |
|-------------|--|
| pTX | Primary tumor cannot be assessed |
| pT0 | No evidence of primary tumor |
| pTis | Carcinoma in-situ |
| pT1 | Tumor is confined to the vagina |
| pT2 | Tumor invades paravaginal tissues but not to the pelvic wall |
| pT3 | Tumor extends to the pelvic wall* |
| pT4 | Tumor invades mucosa of the bladder or rectum and/or extends beyond the true pelvis (bullous edema is not sufficient evidence to classify a tumor as T4) |

*The pelvic wall is defined as muscle, fascia, neurovascular structures, or skeletal portions of the bony pelvis.

B. Regional Lymph Nodes:

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

** The obturator, internal iliac, external iliac, pelvic (NOS) lymph nodes are considered regional lymph nodes for tumors located in the upper two-thirds of the vagina. Inguinal and femoral lymph nodes are considered regional for tumors located in the lower third of the vagina.

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).
2. Kurman RJ, Norris HJ, Wilkinson E. Tumors of the Cervix, Vagina, and Vulva. AFIP Fascicle No. 4, Third Series. American Registry of Pathology, Washington D.C. 1992