Endometrium

Protocol applies to all carcinomas of the endometrium.

Protocol revision date: January 2005
Based on AJCC/UICC TNM, 6th edition
and FIGO 2001 Annual Report

Procedures
• Cytology (No Accompanying Checklist)
• Biopsy
• Curettage
• Hysterectomy

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Summary of Changes to Checklist(s)

Protocol revision date: January 2005

No changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision.
### Surgical Pathology Cancer Case Summary (Checklist)

*Protocol revision date: January 2005
Applies to invasive carcinomas only
Based on AJCC/UICC TNM, 6th edition
and FIGO 2001 Annual Report

#### *ENDOMETRIUM: Biopsy*
(Note: Use of checklist for biopsy specimens is optional)

*Patient name:*
*Surgical pathology number:*

**Note: Check 1 response unless otherwise indicated.**

#### *MACROSCOPIC*

**Specimen Type**
- ___ Biopsy
- ___ Curettage
- ___ Other (specify): ___________________________
- ___ Not specified

#### *MICROSCOPIC*

**Histologic Type**
- ___ Endometrioid adenocarcinoma, not otherwise characterized
- ___ Endometrioid adenocarcinoma, secretory (variant)
- ___ Endometrioid adenocarcinoma, ciliated cell (variant)
- ___ Endometrioid adenocarcinoma, with squamous metaplasia
- ___ Adenosquamous carcinoma
- ___ Serous adenocarcinoma
- ___ Clear cell adenocarcinoma
- ___ Mucinous adenocarcinoma
- ___ Squamous cell carcinoma
- ___ Mixed carcinoma (specify types and percentages): ___________________________
- ___ Undifferentiated carcinoma
- ___ Other (specify): ___________________________
- ___ Carcinoma, type cannot be determined

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* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
**Histologic Grade (if applicable)**
(Grading system below applies primarily to endometrioid carcinoma)
* ___ Not applicable
* ___ GX: Cannot be assessed
* ___ G1: 5% or less nonsquamous solid growth
* ___ G2: 6% to 50% nonsquamous solid growth
* ___ G3: More than 50% nonsquamous solid growth
* ___ Other (specify): ________________________________________

**Additional Pathologic Findings (check all that apply)**
* ___ None identified
* ___ Hyperplasia
   * ___ Simple
   * ___ Complex (adenomatous)
* ___ Atypical hyperplasia
   * ___ Simple
   * ___ Complex (adenomatous)
* ___ Other (specify): ________________________________________

**Comment(s)**
Surgical Pathology Cancer Case Summary (Checklist)

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ENDOMETRIUM: Hysterectomy, With or Without Other Organs or Tissues

Patient name:  
Surgical pathology number:  

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC

Specimen Type
___ Hysterectomy  
___ Radical hysterectomy (includes parametria)  
___ Pelvic exenteration  
___ Other (specify): ____________________________  
___ Not specified

*Tumor Site
*Specify location(s), if known: ____________________________  
*___ Not specified

Tumor Size
Greatest dimension: ___ cm  
*Additional dimensions: ___ x ___ cm  
___ Cannot be determined (see Comment)

Other Organs Present (check all that apply)
___ None  
___ Right ovary  
___ Left ovary  
___ Right fallopian tube  
___ Left fallopian tube  
___ Urinary bladder  
___ Vagina  
___ Rectum  
___ Other(s) (specify): ____________________________

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**MICROSCOPIC**

**Histologic Type**
- ___ Endometrioid adenocarcinoma, not otherwise characterized
- ___ Endometrioid adenocarcinoma, secretory (variant)
- ___ Endometrioid adenocarcinoma, ciliated cell (variant)
- ___ Endometrioid adenocarcinoma, with squamous metaplasia
- ___ Adenosquamous carcinoma
- ___ Serous adenocarcinoma
- ___ Clear cell adenocarcinoma
- ___ Mucinous adenocarcinoma
- ___ Squamous cell carcinoma
- ___ Mixed carcinoma (specify types and percentages): ____________________________
- ___ Undifferentiated carcinoma
- ___ Other (specify): ____________________________
- ___ Carcinoma, type cannot be determined

**Histologic Grade (if applicable)**
(Grading system below applies primarily to endometrioid carcinoma)
- ___ Not applicable
- ___ GX: Cannot be assessed
- ___ G1: 5% or less nonsquamous solid growth
- ___ G2: 6% to 50% nonsquamous solid growth
- ___ G3: More than 50% nonsquamous solid growth
- ___ Other (specify): ____________________________

**Myometrial Invasion**
- ___ No invasion
- ___ Invasion present
  - Specify depth of invasion: ___ mm
  - Specify myometrial thickness: ___ mm

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Pathologic Staging (pTNM [FIGO])

Primary Tumor (pT)
___ pTX [-]: Primary tumor cannot be assessed
___ pT0 [-]: No evidence of primary tumor
pTis [0]: Carcinoma in situ
pT1 [I]: Tumor confined to corpus uteri
   ___ pT1a [IA]: Tumor limited to endometrium
   ___ pT1b [IB]: Tumor invades less than one-half of the myometrium
   ___ pT1c [IC]: Tumor invades one-half or more of the myometrium
pT2 [II]: Tumor invades cervix, but does not extend beyond uterus
   ___ pT2a [IIA]: Tumor limited to the glandular epithelium of the endocervix. There is no
evidence of connective tissue stromal invasion.
   ___ pT2b [IIB]: Invasion of the stromal connective tissue of the cervix
pT3 [III]: Local and/or regional spread as specified in T3a and T3b, and FIGO IIIA and
   ___ pT3a [IIIA]: Tumor involves serosa, parametria, and/or adnexa (direct extension or
   metastasis)
   ___ pT3a [IIIA]: Tumor involves serosa and/or adnexa (direct extension or metastasis)
      and/or cancer cells in ascites or peritoneal washings
   ___ pT3b [IIIB]: Involvement of vagina (direct extension or metastasis), rectal or bladder
      wall (without mucosal involvement), or pelvic wall(s) (frozen pelvis)
   ___ pT4 [IVA]: Tumor invades bladder mucosa and/or bowel mucosa

Regional Lymph Nodes (pN)
___ pNX: Cannot be assessed
___ pN0: No regional lymph node metastasis
___ pN1 [IIIC]: Regional lymph node metastasis to the pelvic and/or para-aortic lymph
   nodes
Specify: Number examined: ___
   Number involved: ___

Distant Metastasis (pM)
___ pMX: Cannot be assessed
___ pM1 [IVB]: Distant metastasis (includes metastasis to abdominal lymph nodes other
   than para-aortic, and/or inguinal lymph nodes; excludes metastasis to vagina,
   pelvic serosa, or adnexa)
   *Specify site(s), if known: ______________________________

Margins
___ Cannot be assessed
___ Uninvolved by invasive carcinoma
   *Distance of invasive carcinoma from closest margin: ___ mm
   *Specify margin: ______________________________
___ Involved by invasive carcinoma
   Specify margin(s): ______________________________

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  but are not yet validated or regularly used in patient management.
  Alternatively, the necessary data may not be available to the pathologist
  at the time of pathologic assessment of this specimen.
Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)

___ Absent
___ Present
___ Indeterminate

*Additional Pathologic Findings (check all that apply)
*___ None identified
*___ Hyperplasia
    *___ Simple
    *___ Complex (adenomatous)
*___ Atypical hyperplasia
    *___ Simple
    *___ Complex (adenomatous)
*___ Other (specify): ___________________________

*Comment(s)