

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
salpingoophorectomy
and lymphadenectomy

Uterus, cervix, bilateral ovaries and fallopian tubes

Hysterectomy and
bilateral
salpingoophorectomy

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

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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 _____

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-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

ENDOMETRIAL NEOPLASIA

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).