

Fallopian Tube

Protocol applies to all invasive carcinomas of the fallopian tube.

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

Procedures

- **Cytology** (No Accompanying Checklist)
- **Unilateral Salpingectomy**
- **Salpingo-oophorectomy**
- **Hysterectomy with Salpingo-oophorectomy**

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The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the "Surgical Pathology Cancer Case Summary (Checklist)" portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.

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
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**FALLOPIAN TUBE: Unilateral Salpingectomy,
 Salpingo-oophorectomy, or Hysterectomy with
 Salpingo-oophorectomy**

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC**Specimen Type**

- Right salpingectomy
 Left salpingectomy
 Right salpingo-oophorectomy
 Left salpingo-oophorectomy
 Hysterectomy with salpingo-oophorectomy
 Other (specify): _____
 Not specified

Primary Tumor Site (check all that apply)

- Right fallopian tube
 Relationship to ovary
 Not fused
 Fused
 Status of fimbriated end
 Open
 Closed
 Left fallopian tube
 Relationship to ovary
 Not fused
 Fused
 Status of fimbriated end
 Open
 Closed
 Not specified

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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.

Specimen Integrity

Specify side: _____

- Intact
 Ruptured
 Fragmented
 Other (specify): _____

Tumor Location (check all that apply)

- Fimbria(e)
 Ampulla
 Infundibular portion
 Isthmus

Tumor Size

Greatest dimension: ____ cm

*Additional dimensions: ____ x ____ cm

____ Cannot be determined (see Comment)

MICROSCOPIC**Histologic Type**

- Carcinoma in situ
 Serous carcinoma
 Mucinous carcinoma
 Endometrioid carcinoma
 Clear cell carcinoma
 Transitional cell carcinoma
 Squamous cell carcinoma
 Undifferentiated carcinoma
 Other (specify): _____
 Carcinoma, type cannot be determined

Histologic Grade

- Not applicable
 GX: Cannot be assessed
 G1: Well differentiated
 G2: Moderately differentiated
 G3: Poorly differentiated

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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 (limited to tubal mucosa)
 pT1 [I]: Tumor limited to fallopian tube(s)
* pT1a [IA]: Tumor limited to 1 tube without penetrating the serosal surface;
no ascites
* pT1b [IB]: Tumor limited to both tubes without penetrating the serosal surface;
no ascites
* pT1c [IC]: Tumor limited to 1 or both tube(s) with extension into or through the tubal
serosa; or with malignant cells in ascites or peritoneal washings
 pT2 [II]: Tumor involves 1 or both tube(s) with pelvic extension
 pT2a [IIA]: Extension and/or metastasis to the uterus and/or ovaries
 pT2b [IIB]: Extension to other pelvic structures
* pT2c [IIC]: Pelvic extension (T2a or T2b/IIA or IIB) with malignant cells in ascites or
peritoneal washings
 pT3 and/or N1 [III]: Tumor involves 1 or both tube(s) with peritoneal implants outside
the pelvis and/or regional lymph node metastasis
 pT3a [IIIA]: Microscopic peritoneal metastasis beyond pelvis
 pT3b [IIIB]: Macroscopic peritoneal metastasis beyond pelvis 2 cm or less in
greatest dimension
 pT3c/NI [IIIC]: Peritoneal metastasis beyond pelvis more than 2 cm in greatest
dimension and/or regional lymph node metastasis
 Any T/Any N and MI [IV]: Distant metastasis including presence of malignant cells in
pleural fluid or parenchymal hepatic metastasis

Regional Lymph Nodes (pN)

- pNX: Cannot be assessed
 pN0: No regional lymph node metastasis
 pN1 [IIC]: Regional lymph node metastasis
Specify: Number examined: ____
Number involved: ____

Distant Metastasis (pM)

- pMX: Cannot be assessed
 pM1 [IV]: Distant metastasis
*Specify site(s), if known: _____

***Summary of Organs/Tissues Microscopically Involved by Tumor**

- * Fallopian tube only
* Other organs/tissues
*Specify all: _____

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Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)

- Absent
- Present
- Indeterminate

***Additional Pathologic Findings (check all that apply)**

- * None identified
- * Salpingitis (type): _____
- * Dysplasia
- * Other (specify): _____

***Comment(s)**

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