

Ovary

Protocol applies to all primary borderline and malignant surface epithelial tumors, germ cell tumors, and sex cord-stromal tumors.

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

Procedures

- **Cytology** (No Accompanying Checklist)
- **Incisional Biopsy** (No Accompanying Checklist)
- **Unilateral Oophorectomy**
- **Salpingo-oophorectomy**
- **Subtotal Resection or Removal of Tumor in Fragments**
- **Hysterectomy with Salpingo-oophorectomy**
- **Second-look Staging** (No Accompanying Checklist)

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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 primary borderline tumors, carcinomas,
germ cell tumors, and sex-cord stromal tumors only
Based on AJCC/UICC TNM, 6th edition
and FIGO 2001 Annual Report*

OVARY: Oophorectomy, Salpingo-oophorectomy, Subtotal Oophorectomy or Removal of Tumor in Fragments, Hysterectomy with Salpingo-oophorectomy

Note: Applies to ovarian primary tumor. If bilateral tumors of 2 different histologic types are present, separate checklists should be used for each tumor.

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC

Specimen Type (check all that apply)

- Right oophorectomy
- Left oophorectomy
- Right salpingo-oophorectomy
- Left salpingo-oophorectomy
- Subtotal right oophorectomy
- Subtotal left oophorectomy
- Removal of tumor in fragments
- Hysterectomy with salpingo-oophorectomy
- Omentectomy
- Other (specify): _____
- Not specified

Primary Tumor Site (check all that apply)

- Diffuse bilateral ovarian involvement, primary site cannot be determined

Right Ovary

- Not applicable
- Parenchymal growth
- Growth on surface
- Uninvolved
- Not specified

Left Ovary

- Not applicable
- Parenchymal growth
- Growth on surface
- Uninvolved
- Not specified

Specimen Integrity (check all that apply)

Right Ovary

- Not applicable
- Intact
- Ruptured
- Fragmented
- Other (specify): _____

Left Ovary

- Not applicable
- Intact
- Ruptured
- Fragmented
- Other (specify): _____

Tumor Size

Right Ovary (if applicable)

- Greatest dimension: ____ cm
- *Additional dimensions: ____ x ____ cm
- Cannot be determined (see Comment)

Left Ovary (if applicable)

- Greatest dimension: ____ cm
- *Additional dimensions: ____ x ____ cm
- Cannot be determined (see Comment)

* 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.

MICROSCOPIC

Histologic Type (check all that apply)

- Serous, borderline
- Serous, carcinoma
- Mucinous, borderline
- Mucinous, carcinoma
- Endometrioid, borderline
- Endometrioid, carcinoma
- Clear cell, borderline
- Clear cell, carcinoma
- Transitional cell, borderline
- Transitional cell, carcinoma
- Mixed epithelial, borderline
Specify types: _____
- Mixed epithelial, carcinoma
Specify types: _____
- Undifferentiated
- Granulosa cell
- Germ cell
Specify type(s): _____
- Other(s) (specify): _____

Histologic Grade

- Not applicable
- GX: Cannot be assessed
- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated
- G4: Reserved solely for tumors in the undifferentiated category (WHO classification)

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Pathologic Staging (pTNM [FIGO])Primary Tumor (pT)

- ___ pTX [--]: Cannot be assessed
 ___ pT0 [--]: No evidence of primary tumor
 ___ pT1 [I]: Tumor limited to ovaries (1 or both)
 * ___ pT1a [IA]: Tumor limited to 1 ovary; capsule intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings
 * ___ pT1b [IB]: Tumor limited to both ovaries; capsule intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings
 * ___ pT1c [IC]: Tumor limited to 1 or both ovaries with any of the following: capsule ruptured, tumor on ovarian surface, malignant cells in ascites or peritoneal washings
 ___ pT2 [II]: Tumor involves 1 or both ovaries with pelvic extension and/or implants
 * ___ pT2a [IIA]: Extension and/or implants on uterus and/or tube(s). No malignant cells in ascites or peritoneal washings
 * ___ pT2b [IIB]: Extension to other pelvic tissues. No malignant cells in ascites or peritoneal washings
 * ___ pT2c [IIC]: Pelvic extension and/or implants (T2a or T2b / IIa or IIb) with malignant cells in ascites or peritoneal washings
 pT3 and/or N1 [III]: Tumor involves 1 or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis (including liver capsule metastasis) 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 and/or N1 [IIIC]: Peritoneal metastasis beyond pelvis more than 2 cm in greatest dimension and/or regional lymph node metastasis
 ___ Any T/Any N and M1 [IV]: Growth involving 1 or both ovaries with distant metastasis.

Note: If pleural effusion is present, there must be positive cytology to assign a case to stage IV. Parenchymal liver metastasis is classified as stage IV.

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: _____

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Implants (only applies to borderline tumors) (check all that apply)

Not applicable/none sampled

Noninvasive (epithelial) implants

Not present

Present

Specify site(s): _____

Noninvasive (desmoplastic) implants

Not present

Present

Specify site(s): _____

Invasive implants

Not present

Present

Specify site(s): _____

Summary of Organs/Tissues Microscopically Involved by Tumor (check all that apply)

One ovary

Both ovaries

Omentum

Uterus

Peritoneum

Other organs/tissues

Specify all: _____

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

* Absent

* Present

* Indeterminate

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

* None identified

* Endometriosis

* Ovarian

* Extraovarian

* Endosalpingiosis

* Other(s):

*Specify site(s) and type(s): _____

***Comment(s)**

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