

Trophoblast

Protocol applies to all gestational trophoblastic malignancies.

*Protocol revision date: January 2005
Based on AJCC/UICC TNM, 6th edition*

Procedures

- **Dilatation and Curettage**
- **Resection**

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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

Protocol revision date: January 2005

Applies to invasive trophoblastic neoplasms only

Based on AJCC/UICC TNM, 6th edition

TROPHOBLAST: Dilation and Curettage, Resection

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC

Specimen Type

- Dilation and curettage
 Hysterectomy
 Radical hysterectomy
 Pelvic exenteration
 Other (specify): _____
 Not specified

Tumor Site

- Specify, if known: _____
 Not specified

Fetal Anomalies

- Cannot be determined
 Absent
 Present
 *Specify type: _____

Tumor Size

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

Other Organs Involved by Tumor (check all that apply)

- Not applicable
 Specify organ(s) with direct extension: _____
 Specify organ(s) with separate metastasis: _____

MICROSCOPIC**Histologic Type**

- Hydatidiform mole, complete
 Hydatidiform mole, partial
 Hydatidiform mole, invasive
 Choriocarcinoma
 Placental site trophoblastic tumor
 Epithelioid trophoblastic tumor
 Other (specify type): _____
 Malignant trophoblastic tumor, type cannot be determined

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

- pTX [--]: Primary tumor cannot be assessed
 pT0 [--]: No evidence of primary tumor
 pT1 [I]: Tumor confined to uterus
 pT2 [II]: Tumor extends outside of the uterus but is limited to the genital structures (adnexa, vagina, broad ligament)

Distant Metastasis (pM)

- pMX [--]: Metastasis cannot be assessed
 pM1a [III]: Tumor extends to the lungs with or without genital tract involvement
 pM1b [IV]: Tumor involves all other metastatic sites
 *Specify site(s), if known: _____

Margins

- Cannot be assessed
 Uninvolved by malignant tumor
 Distance of malignant tumor from closest margin: ___ mm
 Specify margin: _____
 Involved by malignant tumor
 Specify margin(s): _____

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

- Absent
 Present
 Indeterminate

* 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.

Fetal Tissue (Macroscopic or Microscopic)

Cannot be determined

Absent

Present

*Specify type: _____

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

* None identified

* Implantation site

* Other (specify): _____

***Comment(s)**

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