

# Uterine Cervix

**Protocol applies to all invasive carcinomas of the cervix.**

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

## **Procedures**

- **Cytology** (No Accompanying Checklist)
- **Incisional/Punch Biopsy** (No Accompanying Checklist)
- **Excisional/Cone Biopsy**
- **Hysterectomy**
- **Pelvic Exenteration**

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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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### UTERINE CERVIX: Cone Biopsy

Patient name:

Surgical pathology number:

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

### MACROSCOPIC

#### Tumor Site

- Right superior quadrant (12 to 3 o'clock)  
 Right inferior quadrant (3 to 6 o'clock)  
 Left inferior quadrant (6 to 9 o'clock)  
 Left superior quadrant (9 to 12 o'clock)  
 Not specified

### MICROSCOPIC

#### \*Tumor Size

\*Dimensions: \_\_\_ x \_\_\_ x \_\_\_ mm

\* \_\_\_ Cannot be determined (see Comment)

*Note: all dimensions important; see definition for "microinvasive carcinoma" under T1a1/IA1*

#### Histologic Type (check all that apply)

- Squamous cell carcinoma  
     \*  Keratinizing  
     \*  Nonkeratinizing  
     \*  Other (specify): \_\_\_\_\_
- Adenocarcinoma  
     \*  Mucinous  
         \*  Endocervical type  
         \*  Intestinal type  
     \*  Endometrioid  
     \*  Clear cell  
     \*  Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Carcinoma, type cannot be determined

4           \* 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**

- Not applicable  
 GX: Cannot be assessed  
 G1: Well differentiated  
 G2: Moderately differentiated  
 G3: Poorly differentiated  
 G4: Undifferentiated

**Stromal Invasion**

- Depth: \_\_\_ mm  
 Horizontal extent: \_\_\_ mm  
 Extent cannot be assessed

**Margins (check all that apply)**

- Margins cannot be assessed (eg, obscuring electrocautery artifact)

Endocervical Margin

- Uninvolved by invasive carcinoma  
     \*Distance of invasive carcinoma from margin: \_\_\_ mm  
     \*Specify location, if possible: \_\_\_\_\_  
 Involved by invasive carcinoma  
     \*Specify location, if possible: \_\_\_\_\_  
     \* \_\_\_ Focal  
     \* \_\_\_ Diffuse  
 \* \_\_\_ Uninvolved by intraepithelial neoplasia  
 \* \_\_\_ Involved by intraepithelial neoplasia  
     \*Specify grade: \_\_\_\_\_

Exocervical Margin

- Uninvolved by invasive carcinoma  
     \*Distance of invasive carcinoma from margin: \_\_\_ mm  
     \*Specify location, if possible: \_\_\_\_\_  
 Involved by invasive carcinoma  
     \*Specify location, if possible: \_\_\_\_\_  
     \* \_\_\_ Focal  
     \* \_\_\_ Diffuse  
 \* \_\_\_ Uninvolved by intraepithelial neoplasia  
 \* \_\_\_ Involved by intraepithelial neoplasia  
     \*Specify grade: \_\_\_\_\_

Deep Margin

- Uninvolved by invasive carcinoma  
     \*Distance of invasive carcinoma from margin: \_\_\_ mm  
     \*Specify location, if possible: \_\_\_\_\_  
 Involved by invasive carcinoma  
     \*Specify location, if possible: \_\_\_\_\_  
 \* \_\_\_ Uninvolved by intraepithelial neoplasia  
 \* \_\_\_ Involved by intraepithelial neoplasia  
     \*Specify grade: \_\_\_\_\_

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

- \*  None identified
- \*  Koilocytosis
- \*  Inflammation
- \*  Other (specify): \_\_\_\_\_

**\*Comment(s)**

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

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**UTERINE CERVIX: Colpectomy, Hysterectomy, Pelvic Exenteration**

Patient name:

Surgical pathology number:

**Note: Check 1 response unless otherwise indicated.****MACROSCOPIC****Specimen Type**

- Colpectomy  
 Hysterectomy  
 Radical hysterectomy  
 Pelvic exenteration  
 Not specified

**Tumor Site (check all that apply)**

- Right superior quadrant  
 Right inferior quadrant  
 Left superior quadrant  
 Left inferior quadrant  
 Not specified

**Tumor Size**

Greatest dimension: \_\_\_ cm

\*Additional dimensions: \_\_\_ x \_\_\_ cm

 Cannot be determined (see Comment)

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**Other Organs Present**

- None  
 Right ovary  
 Left ovary  
 Right fallopian tube  
 Left fallopian tube  
 Uterine corpus  
 Vagina  
 Urinary bladder  
 Rectum  
 Other(s) (specify): \_\_\_\_\_

**MICROSCOPIC****Histologic Type (check all that apply)**

- Squamous cell carcinoma  
     \*  Keratinizing  
     \*  Nonkeratinizing  
     \*  Other (specify): \_\_\_\_\_  
 Adenocarcinoma  
     \*  Mucinous  
         \*  Endocervical type  
         \*  Intestinal type  
     \*  Endometrioid  
     \*  Clear cell  
     \*  Other (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Carcinoma, type cannot be determined

**Histologic Grade**

- Not applicable  
 GX: Cannot be assessed  
 G1: Well differentiated  
 G2: Moderately differentiated  
 G3: Poorly differentiated  
 G4: Undifferentiated

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

- \_\_\_ pTX [--]: Cannot be assessed  
 \_\_\_ pT0 [--]: No evidence of primary tumor  
 \_\_\_ pTis [0]: Carcinoma in situ  
 pT1 [I]: Cervical carcinoma confined to uterus (extension to corpus should be disregarded)  
 \_\_\_ pT1a [IA]: Invasive carcinoma diagnosed by microscopy only. All macroscopically visible lesions (even with superficial invasion) are pT1b/1B.  
 \_\_\_ pT1a1 [IA1]: Stromal invasion 3.0 mm or less in depth and horizontal spread 7.0 mm or less (“microinvasive carcinoma”)  
 \_\_\_ pT1a2 [IA2]: Stromal invasion more than 3.0 mm but not more than 5.0 mm in depth and horizontal spread 7.0 mm or less  
 \_\_\_ pT1b [IB]: Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a2/IA2  
 \_\_\_ pT1b1 [IB1]: Clinically visible lesion 4.0 cm or less in greatest dimension  
 \_\_\_ pT1b2 [IB2]: Clinically visible lesion more than 4.0 cm in greatest dimension  
 pT2 [II]: Tumor invades beyond the uterus but not to pelvic wall or to lower third of vagina  
 \_\_\_ pT2a [IIA]: Tumor without parametrial invasion  
 \_\_\_ pT2b [IIB]: Tumor with parametrial invasion  
 pT3 [III]: Tumor extends to the pelvic wall and/or involves the lower third of the vagina and/or causes hydronephrosis or nonfunctioning kidney  
 \_\_\_ pT3a [IIIA]: Tumor involves lower third of vagina, but not pelvic wall  
 \_\_\_ pT3b [IIIB]: Tumor extends to pelvic wall and/or causes hydronephrosis or nonfunctioning kidney  
 \_\_\_ pT4 [IVA]: Tumor invades the mucosa of bladder or rectum and/or extends beyond true pelvis (bullous edema is not sufficient evidence to classify a tumor as pT4)  
 \_\_\_ pM1[IVB]: Distant metastasis

Regional Lymph Nodes (pN)

- \_\_\_ pNX: Cannot be assessed  
 \_\_\_ pN0: No regional lymph node metastasis  
 \_\_\_ pN1: Regional lymph node metastasis  
 Specify: Number examined: \_\_\_  
 Number involved: \_\_\_

Distant Metastasis (pM)

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

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**Margins (check all that apply)**

- Cannot be assessed
- Margins uninvolved by invasive carcinoma  
 Distance of invasive carcinoma from closest margin: \_\_\_ mm  
 Specify margin, if possible: \_\_\_\_\_
- Carcinoma in situ absent at distal margin
- Carcinoma in situ present at distal margin
- Margin(s) involved by invasive carcinoma  
 Specify location(s), if possible: \_\_\_\_\_
- Not applicable

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

- \*  Absent
- \*  Present
- \*  Indeterminate

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

- \*  None identified
- \*  Intraepithelial neoplasia (specify type and grade): \_\_\_\_\_
- \*  Other (specify): \_\_\_\_\_

**\*Comment(s)**