## Prior Treatment

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Information not provided</th>
<th>Loop</th>
<th>Cone</th>
<th>Trachelectomy (simple or radical)</th>
<th>Hysterectomy (simple or radical)</th>
<th>Chemotherapy</th>
<th>Radiation</th>
<th>Chemoradiation</th>
<th>No prior therapy</th>
<th>Loop excision*</th>
<th>Cone biopsy</th>
<th>Trachelectomy</th>
<th>Hysterectomy</th>
<th>Chemotherapy</th>
<th>No prior therapy</th>
</tr>
</thead>
</table>

### Specimens Submitted

- Cervix
- Left parametrium
- Right parametrium
- Vaginal cuff
- Left tube
- Right tube
- Left ovary
- Right ovary
- Pelvic exenteration
- Urinary bladder
- Vagina
- Other, specify
- Sentinel node specimen/s

*Loop excision includes – loop electrosurgical excision procedure (LEEP) and large loop excision of the transformation zone (LLETZ)*

### Specimen Dimensions

- Number of tissue pieces
- Tissue piece dimensions
  - Cervix:
    - Diameter of ectocervix
    - Depth of specimen
  - Vaginal cuff:
    - Minimum length
    - Maximum length
  - Left parametrium:
    - Lateral extent
  - Right parametrium:
    - Lateral extent

*Applicable to loop/cone biopsies only
**Applicable to loop/cone biopsies and trachelectomy specimens only
***Applicable to trachelectomy and hysterectomy specimens

### Macroscopic Appearance of Tumor(s)

- No macroscopically visible tumor
- Exophytic/polypoid
- Flat
- Ulcerated
- Circumferential/barrel shaped cervix
- Other, specify
**MACROSCOPIC TUMOUR SITE(S)** (select all that apply)

- No macroscopically visible tumour
- Indeterminate
- Ectocervix
  - Anterior
  - Posterior
  - Left lateral
  - Right lateral
  - Circumference of cervix
- Endocervix
  - Anterior
  - Posterior
  - Left lateral
  - Right lateral
  - Circumference of cervix
- Vagina
- Uterus
  - Lower uterine segment
  - Corpus
- Parametrium
  - Left
  - Right
- Other organs or tissues, specify

**BLOCK IDENTIFICATION KEY**
(List overleaf or separately with an indication of the nature and origin of all tissue blocks)

**TUMOUR DIMENSIONS**
(If separate tumours specify the dimensions for each tumour)

<table>
<thead>
<tr>
<th>Horizontal extent</th>
<th>mm x mm</th>
<th>At least**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth of invasion</td>
<td>mm</td>
<td>At least**</td>
</tr>
</tbody>
</table>

**HISTOLOGICAL TUMOUR TYPE**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HISTOLOGICAL TUMOUR GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not graded</td>
</tr>
<tr>
<td>G1: Well differentiated</td>
</tr>
<tr>
<td>G2: Moderately differentiated</td>
</tr>
<tr>
<td>G3: Poorly differentiated</td>
</tr>
<tr>
<td>GX: Cannot be graded</td>
</tr>
</tbody>
</table>

**LYMPHOVASCULAR INVASION**

- Not identified
- Indeterminate
- Present

<table>
<thead>
<tr>
<th>COEXISTENT PATHOLOGY</th>
</tr>
</thead>
</table>

- Squamous intraepithelial lesion (SIL) (CIN)
  - Not identified
  - Present
  - GRADE
    - Low-grade SIL (LSIL) (CIN 1)
    - High-grade SIL (HSIL) (CIN 2/3)
- Adenocarcinoma in-situ (AIS)/High-grade cervical glandular intraepithelial neoplasia (HG CGIN)
  - Not identified
  - Present
- Stratified mucin-producing intra-epithelial lesion (SMILE)
  - Not identified
  - Present
- Other possible precursor lesions
  - Not identified
  - Present
  - Lobular endocervical glandular hyperplasia
  - Adenocarcinoma in situ of gastric type
  - Other, specify

**EXTENT OF INVASION**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

- Not applicable

**Vagina**

- Not involved
- Involved
  - Upper two thirds
  - Lower third

**Lower uterine segment**

- Not involved
- Involved

**Endometrium**

- Not involved
- Involved

**Myometrium**

- Not involved
- Involved

**Parametrium**

- Not involved
- Involved
  - Left
  - Right

**Fallopian tube**

- Not involved
- Involved
  - Left
  - Right
Ovary
- Not involved
- Involved
  - Left
  - Right

Bladder
- Not involved
- Involved
  Specify compartment

Rectum
- Not involved
- Involved
  Specify compartment

Other organs or tissues
- Not involved
- Involved
  Specify

PATHOLOGICALLY CONFIRMED DISTANT METASTASES
- Not identified
- Present
  Specify site(s)

ANCILLARY STUDIES
- Performed
- Not performed
  HPV testing, specify details
  Immunohistochemistry, specify details
  Other, specify details

MARGIN STATUS
- Margins cannot be assessed

For carcinoma

HYSTERECTOMY/TRACHELECTOMY SPECIMEN

<table>
<thead>
<tr>
<th>Margin</th>
<th>Involved</th>
<th>Not Involved</th>
<th>Distance from tumour (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ectocervical/vaginal cuff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocervical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radial/deep stromal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closest lateral</td>
<td>Left</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LOOP/CONE

<table>
<thead>
<tr>
<th>Margin</th>
<th>Involved</th>
<th>Not Involved</th>
<th>Distance from tumour (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ectocervical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocervical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radial/deep stromal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified **</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For preinvasive disease

<table>
<thead>
<tr>
<th>Margin</th>
<th>HSIL: Involved</th>
<th>HSIL: Not Involved</th>
<th>AIS: Involved</th>
<th>AIS: Not Involved</th>
<th>SMILE: Involved</th>
<th>SMILE: Not Involved</th>
<th>Dist. from margin (mm)</th>
<th>Margins is N/A to specimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ectocervical/vaginal cuff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Endocervical</td>
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<td></td>
</tr>
<tr>
<td>Radial/deep stromal</td>
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</tr>
<tr>
<td>Unspecified</td>
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</tr>
</tbody>
</table>

*This is required only for trachelectomy specimens

**Use for loop/cone biopsies where it is not possible to say whether the margin is ectocervical or endocervical
LYMPH NODE STATUS

- Not submitted

** In some cases it may not be possible to record the actual number of nodes due to fragmentation of the specimen

<table>
<thead>
<tr>
<th>Lymph Node Type</th>
<th>Detail</th>
<th>Number of lymph nodes examined**</th>
<th>Number of positive lymph nodes**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentinel node/s</td>
<td>Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional nodes: pelvic</td>
<td>Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-regional nodes: inguinal</td>
<td>Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-regional: para-aortic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other node group, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROVISIONAL PATHOLOGICAL STAGING PRE-MDTM

FIGO (2009 edition) (Copyright permission pending.)

- I Carcinoma is strictly confined to the cervix (extension to the corpus would be disregarded).
- IA Invasive cancer identified only by microscopy, with deepest invasion ≤ 5mm and largest extension ≤ 7mm.
  1. (1) Measured stromal invasion ≤ 3.0 mm in depth and extension ≤ 7 mm.
  2. (2) Measured stromal invasion > 3 mm and < 5 mm with an extension ≤ 7 mm
- IB Clinically visible lesions limited to the cervix uteri or preclinical lesions greater than stage IA.
  1. (1) Clinically visible lesions ≤ 4 cm in greatest diameter
  2. (2) Clinically visible lesion > 4 cm in greatest diameter
- II Cervical carcinoma extends beyond the uterus, but not to the pelvic wall or to the lower third of the vagina.
- IIA Without parametrial invasion
  1. (1) Clinically visible lesion ≤ 4.0 cm in greatest diameter
  2. (2) Clinically visible lesion > 4 cm in greatest diameter
- IIB With obvious parametrial invasion
- III The tumour extends to the pelvic wall and / or involves lower third of the vagina and / or causes hydrenephrosis or non-functioning kidney.
  On rectal examination, there is no cancer – free space between the tumour and the pelvic wall.
- IIIA No extension to the pelvic wall but involvement of the lower third of vagina.
- IIIB Extension on to pelvic wall and / or hydrenephrosis or non-functioning kidney.
- IV The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. A bullous oedema, as such, does not permit a case to be allotted to stage IV.
- IVA Spread to distant organs
- IVB Spread to distant organs

TNM (UICC 8th edition 2016) (Reproduced with permission)

- m - multiple primary tumors
- r - recurrent
- y - post treatment

Regional lymph nodes (pN)

- No nodes submitted or found
- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Regional lymph node metastasis

Primary tumour (pT)

- TX Primary tumour can not be assessed
- T0 No evidence of primary tumour
- Tis Carcinoma in situ (preinvasive carcinoma)
- T1 Tumour confined to the cervix
  1. T1a Invase carinoma diagnosed only by microscopy; stromal invasion with a maximum depth of 5.0 mm measured from the base of the epithelium and a horizontal spread of 7.0 mm or less
  1. (3) Measured stromal invasion > 3 mm and < 5 mm with a horizontal spread ≤ 7 mm
- T1a1 Measured stromal invasion 3.0 mm or less in depth and 7.0 mm or less in horizontal spread
- T1a2 Measured stromal invasion more than 3.0 mm and not more than 5.0 mm with a horizontal spread 7.0 mm or less
- T1b Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a/IA2
  1. (1) Clinically visible lesion 4.0 cm or less in greatest diameter
  2. (2) Clinically visible lesion > 4.0 cm in greatest diameter
- T1b1 Clinically visible lesion 4.0 cm or less in greatest dimension
- T1b2 Clinically visible lesion more than 4.0 cm in greatest dimension
- T2 Tumour invades beyond uterus but not to pelvic wall or to lower third of vagina.
- T2a Tumour without parametrial invasion
  1. (1) Clinically visible lesion 4.0 cm or less in greatest diameter
  2. (2) Clinically visible lesion > 4.0 cm in greatest dimension
- T2a1 Clinically visible lesion 4.0 cm or less in greatest dimension
- T2a2 Clinically visible lesion more than 4.0 cm in greatest dimension
- T2b Tumor with parametrial invasion
- T3 Tumor extends to pelvic wall, involves lower third of vagina, causes hydrenephrosis or nonfunctional kidney
- T3a Tumor involves lower third of vagina
- T3b Tumor extends to pelvic wall, causes hydrenephrosis or nonfunctional kidney
- T4 Tumor invades mucosa of bladder or rectum or extends beyond true pelvis

1 Extension to the corpus uteri should be disregarded
2 The depth of invasion should be taken from the base of the epithelium, either surface or glandular, from which it originates.
3 The depth of invasion is defined as the measurement of the tumour from the epithelial–stromal junction of the adjacent most superficial papillae to the deepest point of invasion.
4 All macroscopically visible lesions even with superficial invasion are T1b/IB
5 Vascular space involvement, venous or lymphatic, does not affect classification.

Distant metastasis

- No distant metastasis identified microscopically
- pM1 – Distant metastasis (includes inguinal lymph nodes and intraperitoneal disease except metastasis to pelvic serosa). It excludes metastasis to vagina, pelvic serosa, and adnexa