Carcinoma of the Cervix
Histopathology Reporting Guide

PRIOR TREATMENT

Previous procedure performed
- Loop
- Cone
- Trachelectomy (simple or radical)
- Other, specify

Previous therapy
- Chemotherapy
- Radiation
- Chemoradiation
- Other, specify

SPECIMENS SUBMITTED (select all that apply)
- Loop excision*
- Cone biopsy
- Trachelectomy
  - Simple
  - Type not specified
- Hysterectomy
  - Simple
  - Part of exenteration
- Left tube
- Left ovary
- Left parametrium
- Vaginal cuff
- Pelvic exenteration
  - Urinary bladder
  - Vagina
  - Other, specify
- Lymphadenectomy specimen(s)
  - Sentinel node(s)
    - Left
    - Right
  - Regional nodes: pelvic
    - Left
    - Right
  - Regional nodes: para-aortic
  - Non-regional nodes: inguinal
    - Left
    - Right
  - Other node group, specify
- Other, specify

* 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** (Note: Record for each piece)

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 TUMOUR(S)

- No macroscopically visible tumour
- 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)

- Tumour dimensions cannot be determined

**Horizontal extent**

<table>
<thead>
<tr>
<th></th>
<th>mm</th>
<th>mm</th>
</tr>
</thead>
</table>

**Depth of invasion**

<table>
<thead>
<tr>
<th></th>
<th>mm</th>
<th>mm</th>
</tr>
</thead>
</table>

**OR**

- Not assessable

If not assessable record:

**Thickness**

<table>
<thead>
<tr>
<th></th>
<th>mm</th>
</tr>
</thead>
</table>

* It is advisable to include "at least" for the tumour measurements in loop or cone excisions when tumour is present at a resection margin/s. If not applicable, delete "at least".

### HISTOLOGICAL TUMOUR TYPE

- Not graded/applicable

### HISTOLOGICAL TUMOUR GRADE

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

### LYMPHOVASCULAR INVASION

- Not identified
- Indeterminate
- Present

### COEXISTENT PATHOLOGY

(Required for loop/cone excisions/tracheectomies only and recommended for other specimens)

#### 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 intraepithelial lesion (SMILE)

- Not identified
- Present

### EXTENT OF INVASION

- Not applicable

**Vagina**

- Not involved
- Involved

**Lower uterine segment**

- Not involved
- Involved

**Endometrium**

- Not involved
- Involved

**Myometrium**

- Not involved
- Involved

**Parametrium**

- Not involved
- Involved

**Fallopian tube**

- Not involved
- Involved

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### Ovary
- Not involved
- Involved
  - Left
  - Right
- Not applicable

### Bladder
- Not involved
- Involved, specify compartment
- Not applicable

### Rectum
- Not involved
- Involved, specify compartment
- Not applicable

### Other organs or tissues
- Not involved
- Involved, specify
- Not applicable

### 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

#### For carcinoma

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

#### For preinvasive disease

<table>
<thead>
<tr>
<th>Margin</th>
<th>HSIL Involved</th>
<th>Not involved</th>
<th>Cannot be assessed</th>
<th>AIS Involved</th>
<th>Not involved</th>
<th>Cannot be assessed</th>
<th>SMILE Involved</th>
<th>Not involved</th>
<th>Cannot be assessed</th>
<th>Margin is not applicable to specimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ectocervical/vaginal cuff</td>
<td></td>
<td></td>
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<tr>
<td>Endocervical</td>
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<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

If the actual number of lymph nodes examined or the number of positive nodes cannot be determined due, for example, to fragmentation, then this should be indicated in the response.

<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>Regional nodes: pelvic</td>
<td>Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional nodes: para-aortic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-regional nodes:inguinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other node group, specify</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

PROVISIONAL PATHOLOGICAL STAGING PRE-MDTM

FIGO (2018 edition) (Reproduced with permission)

Stage I: The carcinoma is strictly confined to the cervix uteri (extension to the corpus should be disregarded)

- IA Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion <5 mm
  - IA1 Measured stromal invasion <3 mm in depth
  - IA2 Measured stromal invasion ≥3 mm and <5 mm in depth

- IB Invasive carcinoma with measured deepest invasion ≥5 mm (greater than stage IA), lesion limited to the cervix uteri
  - IB1 Invasive carcinoma ≥5 mm depth of stromal invasion and <2 cm in greatest dimension
  - IB2 Invasive carcinoma ≥2 cm and <4 cm in greatest dimension
  - IB3 Invasive carcinoma ≥4 cm in greatest dimension

Stage II: The carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall

- IIA Involvement limited to the upper two-thirds of the vagina without parametrial involvement
  - IIA1 Invasive carcinoma <4 cm in greatest dimension
  - IIA2 Invasive carcinoma ≥4 cm in greatest dimension

- IIB With parametrial involvement but not up to the pelvic wall

Stage III: The carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or non-functioning kidney and/or involves pelvic and/or paraaortic lymph nodes

- IIIA Carcinoma involves the lower third of the vagina, with no extension to the pelvic wall

- IIIB Extension to the pelvic wall and/or hydronephrosis or non-functioning kidney (unless known to be due to another cause)

- IIIC Involvement of pelvic and/or paraaortic lymph nodes, irrespective of tumor size and extent (with r and p notations)
  - IIIC1 Pelvic lymph node metastasis only
  - IIIC2 Paraaortic lymph node metastasis

Stage IV: The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. A bullous edema, as such, does not permit a case to be allotted to stage IV

- IVA Spread of the growth to adjacent organs

- IVB Spread to distant organs

TNM STAGING (UICC TNM 8th edition 2016)**

<table>
<thead>
<tr>
<th>TNM Descriptors</th>
<th>a - primary multiple tumors</th>
<th>b - recurrent</th>
<th>c - post-therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary tumour (PT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>Primary tumour cannot be assessed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T0</td>
<td>No evidence of primary tumour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tis</td>
<td>Carcinoma in situ (preinvasive carcinoma)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T11</td>
<td>Tumour confined to the cervix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1a2,1</td>
<td>Invasive carcinoma 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1a1</td>
<td>Measured stromal invasion 3.0 mm or less in depth and 7.0 mm or less in horizontal spread</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1a2</td>
<td>Measured stromal invasion more than 3.0 mm and not more than 5.0 mm with a horizontal spread 7.0 mm or less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1b</td>
<td>Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a1/IA2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1b1</td>
<td>Clinically visible lesion 4.0 cm or less in greatest dimension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1b2</td>
<td>Clinically visible lesion more than 4.0 cm in greatest dimension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2</td>
<td>Tumour invades beyond uterus but not to pelvic wall or to lower third of vagina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2a</td>
<td>Tumour without parametrial invasion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2a1</td>
<td>Clinically visible lesion 4.0 cm or less in greatest dimension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2a2</td>
<td>Clinically visible lesion more than 4.0 cm in greatest dimension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2b</td>
<td>Tumour with parametrial invasion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T3</td>
<td>Tumour extends to pelvic wall, involves lower third of vagina, causes hydronephrosis or nonfunctional kidney</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T3a</td>
<td>Tumour involves lower third of vagina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T3b</td>
<td>Tumour extends to pelvic wall, causes hydronephrosis or nonfunctional kidney</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T4</td>
<td>Tumour invades mucosa of bladder or rectum or extends beyond true pelvis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Regional lymph nodes (pN)

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