

Macroscopic appearance of tumour(s) (Recommended)

Reason/Evidentiary Support

Documentation of the macroscopic appearance of cervical tumours allows correlation with the clinical and radiological assessment of the tumour. Clinically visible cervical cancers are, by definition, FIGO stage IB1 at least.¹

Exophytic/polypoid carcinomas may have a growth pattern that results in very little or even no invasion of the underlying stroma and ulcerated tumours may entirely or predominantly supplant the surface epithelium. In both these circumstances, it may be necessary to measure tumour “Thickness” rather than “Depth of Invasion” and it is helpful to document the macroscopic appearance to provide context and explanation for the use of the alternative measurements. In large circumferential tumours, there is a risk of overestimating the maximum horizontal extent of the tumour (see section on **TUMOUR DIMENSIONS**). Bulky (≥ 4 cm) barrel-shaped cervical tumours had a significantly worse overall and disease-free survival in one study, but bulky exophytic cervical tumours had the same surgical morbidity, overall and disease-free survival as non-bulky cervical tumours.²

The macroscopic appearance of the tumour influences tumour sampling. For cases where there is no macroscopically visible tumour either because there has been a prior surgical procedure or prior therapy the entire cervix should be blocked. For cases with a large visible tumour, it is not necessary to block the whole tumour, but instead careful block selection ensuring representative sampling of the tumour, accurate assessment of margins and tumour extent is required. The blocks should be taken to include the nearest margin(s) and show the maximum depth of stromal invasion. In departments where the facility for processing oversize blocks is available, a good overview of the tumour and resection margins can be obtained. In departments where this facility is not available, large blocks may need to be subdivided; in such cases, the relationship of the blocks to one another should be clearly documented.

References

- 1 Pecorelli S, Zigliani L and Odicino F (May 2009). Revised FIGO staging for carcinoma of the cervix. *Int J Gynaecol Obstet*. 105(2):107-108. Epub 2009 Apr 2001.
- 2 Trimbos JB, Lambek AF, Peters AA, Wolterbeek R, Gaarenstroom KN, Fleuren GJ and Kenter GG (2004). Prognostic difference of surgical treatment of exophytic versus barrel-shaped bulky cervical cancer. *Gynecol Oncol* 95(1):77-81.