Margin status (Core and Non-core)

Due to the rarity of primary vaginal carcinomas, there is little published research regarding the value of positive tumour margins or distance from tumour to the various margins in predicting tumour recurrence and prognosis. However, by extrapolation from primary cervical and vulval carcinomas and the opinions and experience of the members of the International Collaboration on Cancer Reporting Carcinoma of the Vagina Dataset Authoring Committee, tumour involvement of or distance from the margins are considered to represent a core element. Appropriate sections need to be taken to include the nearest peripheral mucosal margin and the deep margin and assessment of the margins may be facilitated by the placing of sutures or provision of a diagram or photograph by the clinician. Separate gross and microscopic distances to margins should not be provided on the pathology report but rather a single set of measurements. To ensure a standardised approach regarding margin measurements for vaginal carcinomas, it is recommended that surgical margins should be inked and the following recommendations adhered to:

- Involvement of a peripheral mucosal surgical margin by tumour should be recorded and the margin specified if possible.
- The minimum distance from invasive carcinoma to the peripheral margin should be reported and the margin specified if possible.
- Involvement of a peripheral margin by a high grade precursor lesion (human papillomavirus (HPV)-associated high grade squamous intraepithelial lesion (HSIL)) should be recorded and the margin specified if possible. Margin involvement by a low grade precursor lesion (low grade squamous intraepithelial lesion (LSIL)) does not need to be recorded.
- The distance of a high grade precursor lesion from the nearest peripheral margin is regarded as a non-core element but it is recommended that this measurement be included in the report and collection of this data prospectively may facilitate future studies which will determine the importance of this.
- The minimum distance of invasive tumour to the deep soft tissue margin should also be recorded. This should be measured from the deepest infiltrating tumour nest to the deep soft tissue margin.