

## Uterine Malignant and Potentially Malignant Mesenchymal Tumours Histopathology Reporting Guide



Inscopatiolog	y Reporting Guide
Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number
	DD - MM - YYYY
Elements in <b>black text</b> are CORE. Elements in <b>grey text</b> are N	ON CORE
indicates multi-select values indicates single select val	SCUPL OF ITHS DATASLE PRO
CLINICAL INFORMATION (select all that apply)	SPECIMEN(S) SUBMITTED (select all that apply)
○ Information not provided	O None submitted
History of previous cancer, specify	Ovaries  Left Right Not specified
	Left Right Not specified Fallopian tubes
	Left Right Not specified
	Omentum
History of previous gynecologic biopsy/surgical excision, specify	Peritoneal biopsies, <i>specify site(s)</i>
Specify	· ·
	Devitored washings/poritored fluid
	<ul><li>Peritoneal washings/peritoneal fluid</li><li>Lymph nodes, specify site(s)</li></ul>
Other crecify	
Other, specify	
	Other, specify
OPERATIVE PROCEDURE (select all that apply)	
○ Not specified	TUMOUR SITE (select all that apply)
Hysterectomy  Cimple tetal	○ Indeterminate
Simple total Simple supracervical/subtotal	Cervix
Radical	Lower uterine segment
Type not specified	☐ Corpus ☐ Other, <i>specify</i>
Myomectomy	Other, specify
Lymph nodes, specify site(s)	
Other, specify	
	MAXIMUM TUMOUR DIMENSION
	mm
SPECIMEN INTEGRITY	Cannot be assessed, specify
○ Intact	<b>▼</b>
Non-intact	
Morcellated/fragmented	
Opened	BLOCK IDENTIFICATION KEY
	(List overleaf or separately with an indication of the nature and origin of all tissue blocks)

(Value list based on the World Health Organization Classification of Female Genital Tumours (2020))  Smooth muscle tumour of uncertain malignant potential (STUMP)  Leiomyosarcoma Endometrial stromal sarcoma, low grade Endometrial stromal sarcoma, high grade Undifferentiated uterine sarcoma	Vagina <sup>b</sup>
Mullerian adenosarcoma without sarcomatous overgrowth Mullerian adenosarcoma with sarcomatous overgrowth Uterine tumour resembling ovarian sex cord tumour (UTROSCT) Perivascular epithelioid cell tumour (PEComa) Inflammatory myofibroblastic tumour NTRK-rearranged sarcoma SMARC-deficient uterine sarcoma Rhabdomyosarcoma (RMS) (embryonal and pleomorphic) Alveolar soft part sarcoma Other, specify	Left Right Indeterminate  Ovaryb  Cannot be assessed  Not involved  Involved  Left Right Indeterminate  Peritoneal biopsiesb  Not involved  Involved  Peritoneal biopsiesb
MITOTIC COUNT <sup>a</sup>	<ul> <li>Positive</li> <li>Negative</li> <li>Atypical/suspicious</li> </ul>
/mm²  Cannot be assessed  Core for leiomyosarcoma, STUMP, PEComa; non-core for all other entities but including mitotic count is strongly recommended.	LYMPHOVASCULAR INVASION  Indeterminate  Not identified  Present
EXTENT OF INVASION	MARGIN STATUS
Myometrial or cervical stromal invasion (Applicable to adenosarcoma only)  ○ Cannot be assessed ○ Not identified ○ ≤50% ○ >50%  Uterine serosa involvement	Distal/cervical or vaginal  Cannot be assessed  Not involved  Distance of tumour from closest cervical or vaginal margin  Specify closest margin, if possible
Cannot be assessed Not involved Distance of tumour to uterine serosa Involved  Parametrial involvement  Not submitted	Involved Specify margin, if possible  Cervical Vaginal Other, specify
Cannot be assessed  Not involved  Involved  Left Right Indeterminate  Omentumb  Cannot be assessed  Not involved  Involved	Parametrial  Cannot be assessed  Not involved  Involved  Specify laterality, if possible

LYMPH NODE STATUS <sup>c</sup>	Representative blocks for ancillary studies, specify
Pelvic nodes	those blocks best representing tumour and/or normal tissue for further study
Cannot be assessed	To Turcher Study
No nodes submitted or found	
Number of nodes examined	
Number of positive nodes	PATHOLOGICALLY CONFIRMED DISTANT METASTASIS  Not identified
Size of maximum tumour deposit mm	Present, specify site(s)
Para-aortic nodes	
<ul><li>Cannot be assessed</li><li>No nodes submitted or found</li></ul>	
Number of nodes examined	DROVICTONAL BATHOLOGICAL CTACING
N	PROVISIONAL PATHOLOGICAL STAGING
Number of positive nodes	FIGO (2015 edition) <sup>d</sup>
Cina of manifestors burning density mm	Leiomyosarcomas and endometrial stromal sarcomas
Size of maximum tumour deposit mm	I Tumour limited to uterus
Other lymph nodes removed angify site(s)	◯ IA Less than 5 cm
Other lymph nodes removed, specify site(s)	◯ IB More than 5 cm
	II Tumour extends beyond the uterus, within the pelvis
Number of nodes examined	<ul><li>IIA Adnexal involvement</li><li>IIB Involvement of other pelvic tissues</li></ul>
	III Tumour invades abdominal tissues
Number of positive nodes	(not just protruding into the abdomen)
	○ IIIA One site
Size of maximum tumour deposit mm	○ IIIB More than one site
<sup>c</sup> If resected.	<ul> <li>IIIC Metastasis to pelvic and/or para-aortic lymph nodes</li> </ul>
COEXISTENT PATHOLOGY	IV Tumour invades bladder and/or rectum and/or distant metastasis
None identified	○ IVA Tumour invades bladder and/or rectum
Present, specify	○ IVB Distant metastasis
	Adenosarcomas
	<ul><li>○ I Tumour limited to uterus</li><li>○ IA Tumour limited to endometrium/endocervix with no myometrial invasion</li></ul>
ANCILLARY STUDIES	IB Less than or equal to half myometrial invasion
○ Not performed	IC More than half myometrial invasion
Performed (select all that apply)	<ul><li>II Tumour extends to the pelvis</li><li>IIA Adnexal involvement</li></ul>
Immunohistochemistry, specify test(s) and result(s)	IIB Tumour extends to extrauterine pelvic tissue
	III Tumour invades abdominal tissues (not just protruding into the abdomen)
	○ IIIA One site
	○ IIIB More than one site
Molecular findings, specify test(s) and result(s)	<ul> <li>IIIC Metastasis to pelvic and/or para-aortic lymph nodes</li> </ul>
	IV Tumour invades bladder and/or rectum and/or distant metastasis
	○ IVA Tumour invades bladder and/or rectum
Other, specify test(s) and result(s)	○ IVB Distant metastasis
Other, speeny test(s) and result(s)	<sup>d</sup> Reprinted from Int J Gynaecol Obstet., Volume 131(Suppl 2), Prat J, Mbatani N, Uterine sarcomas, pages S105-10, 2015, with permission from Wiley.

TNM Stagiı	ng (UICC TNM 8 <sup>th</sup> edition 2016) <sup>e</sup>
TNM Desc	riptors (only if applicable) (select all that apply)
□ m -	multiple primary tumours
☐ r -	recurrent
y -	post-therapy
	umour (pT)
LEIOMYOS	SARCOMAS AND ENDOMETRIAL STROMAL SARCOMAS
○ T1	Tumour limited to the uterus
	Tumour 5 cm or less in greatest dimension
_	Tumour more than 5 cm
	Tumour extends beyond the uterus, within the pelvis Tumour involves adnexa
$\sim$	Tumour involves other pelvis tissues
○ T3	Tumour infiltrates abdominal tissues
◯T3a	One site
◯T3b	More than one site
○ N1	Metastasis to regional lymph nodes
◯ T4	Tumour invades bladder or rectum
○ M1	Distant metastasis
ADENOSA	RCOMA
○ T1	Tumour limited to the uterus
~	Tumour limited to the endometrium/endocervix
	Tumour invades to less than half of the myometrium
_	Tumour invades more than half of the myometrium
	Tumour extends beyond the uterus, within the pelvis Tumour involves adnexa
_	Tumour involves other pelvis tissues
○ T3	Tumour involves abdominal tissues
_	One site
ОТ3Ь	More than one site
○ N1	Metastasis to regional lymph nodes
○ T4	Tumour invades bladder or rectum
	Distant metastasis
Regional I	ymph nodes (pN)
○NX	Regional lymph nodes cannot be assessed
○ NO	No regional lymph node metastasis
◯ N1	Regional lymph node metastasis
Malignant To Gospodarow	with permission. Source: UICC TNM Classification of umours, 8 <sup>th</sup> Edition, eds by James D. Brierley, Mary K. vicz, Christian Wittekind. 2016, Publisher Wiley ng any errata published up until 6 <sup>th</sup> October 2020).
	nended that all malignant uterine mesenchymal neoplasms
other than a	nended that all manighant differing mesenchymal neoplasms adenosarcoma be staged using the staging system for omas and endometrial stromal sarcomas.