### Carcinoma of the Vulva
#### Histopathology Reporting Guide

**Family/Last name**

**Given name(s)**

**Date of request**

**Accession/Laboratory number**

**Date of birth**

**Patient identifiers**

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.

- Indicates multi-select values
- Indicates single select values

### Clinical Information

- **History of previous cancer, specify**
- **Prior neoadjuvant therapy, specify**
- **Other, specify**

### Operative Procedure

- **Not specified**
- **Wide local excision**
- **Partial radical vulvectomy**
- **Total radical vulvectomy**
- **Lymph nodes, specify site(s)**
- **Other, specify**

### Specimen Dimensions

- **Cannot be assessed, specify**

### Tumour Site

- **Left vulva**
  - **Not specified**
  - **Labium majus**
  - **Labium minus**
  - **Bartholin gland**
- **Right vulva**
  - **Not specified**
  - **Labium majus**
  - **Labium minus**
  - **Bartholin gland**

### Tumour Dimensions

- **Maximum horizontal tumour dimension**
- **Depth of invasion**
- **Cannot be assessed, specify**

### Block Identification Key

(LIST OVERLEAF OR SEPARATELY WITH AN INDICATION OF THE NATURE AND ORIGIN OF ALL TISSUE BLOCKS)

### Histo logistical Tumour Type

- **Squamous cell carcinoma, HPV-associated**
- **Squamous cell carcinoma, HPV-independent**
- **Squamous cell carcinoma, NOS**
- **Basal cell carcinoma**
- **Bartholin gland carcinoma, specify type**
- **Adenocarcinoma, specify type**
- **Neuroendocrine carcinoma, specify type**
- **Other, specify**
LYMPHOVASCULAR INVASION

- Indeterminate
- Not identified
- Present

PERINEURAL INVASION

- Not identified
- Present

MARGIN STATUS

Invasive tumour

- Cannot be assessed
- Not involved

Distance of tumour from closest skin or mucosal margin  mm

Specify closest margin, if possible

Distance of tumour from deep margin  mm

Involved

Specify margin, if possible

Precursor lesions

- Not applicable
- Cannot be assessed
- Not involved

Distance of high grade precursor lesion from closest margin  mm

Specify closest margin, if possible

Involved

Specify margin, if possible

LYMPH NODE STATUS

Sentinel lymph nodes (inguinofemoral)

- Cannot be assessed
- No nodes submitted or found

Site 1

Number of nodes examined

Number of positive nodes

Size of maximum tumour deposit  mm

Extracapsular spread

- Not identified
- Present

Classification of sentinel nodal metastasis

- Isolated tumour cells (<0.2 mm)
- Micrometastasis (0.2-2 mm)
- Macrometastasis (>2 mm)

If sentinel node positive

- Identified with ultrastaging including immunohistochemistry
- Identified with ultrastaging without immunohistochemistry
- Identified without ultrastaging

Regional non-sentinel lymph nodes (inguinofemoral)

- Cannot be assessed
- No nodes submitted or found

Site 1

Number of nodes examined

Number of positive nodes

Size of maximum tumour deposit  mm

Extracapsular spread

- Not identified
- Present

Site 2

Number of nodes examined

Number of positive nodes

Size of maximum tumour deposit  mm

Extracapsular spread

- Not identified
- Present

Classification of nodal metastasis

- Isolated tumour cells (<0.2 mm)
- Micrometastasis (0.2-2 mm)
- Macrometastasis (>2 mm)

Clinically fixed or ulcerated lymph nodes

- Not known
- Present
Carcinoma of the Vulva

Non-regional lymph nodes (other than inguino-femoral; includes pelvic or other sites)

- Cannot be assessed
- No nodes submitted or found

**Site 1**

- Number of nodes examined
- Number of positive nodes
- Size of maximum tumour deposit mm

**Extracapsular spread**

- Not identified
- Present

**Site 2**

- Number of nodes examined
- Number of positive nodes
- Size of maximum tumour deposit mm

**Extracapsular spread**

- Not identified
- Present

Classification of sentinel nodal metastasis

- Isolated tumour cells (<0.2 mm)
- Micrometastasis (0.2-2 mm)
- Macrometastasis (>2 mm)

**Coexistent Pathology/Precurser Lesions**

- None identified
- Present (select all that apply)
  - Low grade squamous intraepithelial lesion (LSIL), HPV-associated
  - High grade squamous intraepithelial lesion (HSIL), HPV-associated
  - Vulval intraepithelial neoplasia (VIN), HPV-independent
  - Lichen sclerosus
  - Other, specify

**Ancillary Studies**

- Not performed
- Performed (select all that apply)
  - p16 immunohistochemistry*
  - HPV testing*
  - p53 immunohistochemistry
  - Other, specify test(s) and result(s)

Representative blocks for ancillary studies, specify those blocks best representing tumour and/or normal tissue for further study

- Core for squamous cell carcinomas.

**Pathologically Confirmed Distant Metastasis**

- Not identified
- Present, specify site(s)

**Provisional Pathological Staging**

**FIGO (2009 edition)**

- I Tumour confined to the vulva
  - IA Lesions ≤2 cm in size, confined to the vulva or perineum and with stromal invasion ≤1.0 mm², no nodal metastasis
  - IB Lesions >2 cm in size or with stromal invasion >1.0 mm², confined to the vulva or perineum, with negative nodes
- II Tumour of any size with extension to adjacent perineal structures (1/3 lower urethra, 1/3 lower vagina, anus) with negative nodes
- III Tumour of any size with or without extension to adjacent perineal structures (1/3 lower urethra, 1/3 lower vagina, anus) with positive inguino-femoral lymph nodes
  - IIIA (i) With 1 lymph node metastasis (≥5 mm), or (ii) 1-2 lymph node metastases(es) (<5 mm)
  - IIIB (i) With 2 or more lymph node metastases (≥5 mm), or (ii) 3 or more lymph node metastases (<5 mm)
  - IIIC With positive nodes with extracapsular spread
- IV Tumour invades other regional (2/3 upper urethra, 2/3 upper vagina), or distant structures
  - IVA Tumour invades any of the following: (i) upper urethral and/or vaginal mucosa, bladder mucosa, rectal mucosa, or fixed to pelvic bone, or (ii) fixed or ulcerated inguino-femoral lymph nodes
  - IVB Any distant metastasis including pelvic lymph nodes

* Reprinted from Int J Gynaecol Obstet., Volume 105(2), Hacker NF, Revised FIGO staging for carcinoma of the vulva, pages 105-6, 2009, with permission from Wiley.

### TNM Staging (UICC TNM 8\textsuperscript{th} edition 2016)\textsuperscript{d}

#### TNM Descriptors (only if applicable) (select all that apply)

- m - multiple primary tumours
- r - recurrent
- y - post-therapy

#### Primary tumour (pT)

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- Tis Carcinoma in situ (preinvasive carcinoma), intraepithelial neoplasia grade III (VIN III)
- T1 Tumour confirmed to vulva or vulva and perineum
  - T1a Tumour 2 cm or less in greatest dimension and with stromal invasion no greater than 1.0 mm\textsuperscript{e}
  - T1b Tumour greater than 2 cm and or with stromal invasion greater than 1 mm\textsuperscript{e}
- T2 Tumour invades any of the following structures: lower third urethra, lower third vagina, anus
- T3\textsuperscript{f} Tumour invades any of the following perineal structures: upper 2/3 urethra, upper 2/3 vagina, bladder mucosa, rectal mucosa; or fixed to pelvic bone

#### Regional lymph nodes (pN)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Regional lymph node metastasis with the following features:
  - N1a One or two lymph node metastasis each less than 5 mm
  - N1b One lymph node metastasis 5 mm or greater
- N2 Regional lymph node metastasis with the following features:
  - N2a Three or more lymph node metastases each less than 5 mm
  - N2b Two or more lymph node metastases 5 mm or greater
  - N2c Lymph node metastasis with extracapsular spread
- N3 Fixed or ulcerated regional lymph node metastasis

\textsuperscript{d} Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8\textsuperscript{th} Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley (incorporating any errata published up until 6\textsuperscript{th} October 2020).

\textsuperscript{e} The depth of invasion is defined as the measurement of the tumour from the epithelial-stromal junction of the adjacent most superficial dermal papilla to the deepest point of invasion.

\textsuperscript{f} T3 is not used by FIGO.