



Carcinoma of the Vulva Histopathology Reporting Guide

Family/Last name Date of birth Given name(s) Patient identifiers Date of request Accession/Laboratory number Elements in **black text** are CORE. Elements in **grey text** are NON-CORE. indicates multi-select values indicates single select values

SCOPE OF THIS DATASET

CLINICAL INFORMATION (select all that apply) Information not provided History of previous cancer, *specify* Prior neoadjuvant therapy, *specify* Other, *specify***OPERATIVE PROCEDURE** (select all that apply) Not specified Wide local excision Partial radical vulvectomy Total radical vulvectomy Lymph nodes, *specify site(s)* Other, *specify***SPECIMEN DIMENSIONS** mm x mm x mm Cannot be assessed, *specify***TUMOUR SITE** (select all that apply) Left vulva Right vulva Not specified Labium majus Labium minus Bartholin gland Not specified Labium majus Labium minus Bartholin gland Midline/central/clitoral Vulva, site not known Extension to adjacent structures Vagina Urethra Anal/perianal Other, *specify* Other, *specify***TUMOUR DIMENSIONS** Maximum horizontal tumour dimension mmDepth of invasion mm Cannot be assessed, *specify***BLOCK IDENTIFICATION KEY** *(List overleaf or separately with an indication of the nature and origin of all tissue blocks)***HISTOLOGICAL TUMOUR TYPE** *(Value list based on the World Health Organization Classification of Female Genital Tumours (2020))* 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

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)

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

Non-regional lymph nodes (other than inguinofemoral; 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/PRECURSOR 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^a

AND/OR

HPV testing^a

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*

^a Core for squamous cell carcinomas.

PATHOLOGICALLY CONFIRMED DISTANT METASTASIS 

- Not identified
 Present, *specify site(s)*

PROVISIONAL PATHOLOGICAL STAGING **FIGO (2009 edition)^b**

- I Tumour confined to the vulva
- IA Lesions ≤2 cm in size, confined to the vulva or perineum and with stromal invasion ≤1.0 mm^c, no nodal metastasis
- IB Lesions >2 cm in size or with stromal invasion >1.0 mm^c, 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 inguinofemoral lymph nodes
- IIIA (i) With 1 lymph node metastasis (≥5 mm), or
(ii) 1-2 lymph node metastasis(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 inguinofemoral lymph nodes
- IVB Any distant metastasis including pelvic lymph nodes

^b 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.

^c 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.

TNM Staging (UICC TNM 8th edition 2016)^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^e
 T1b Tumour greater than 2 cm and or with stromal invasion greater than 1 mm^e
 T2 Tumour invades any of the following structures: lower third urethra, lower third vagina, anus
 T3^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 nodes 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

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

^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.

^f T3 is not used by FIGO.