

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
- Family history of cancer or cancer-associated syndrome, *specify*
- Prior history of cancer, *specify*
- Prior therapy, *specify*
- Other, *specify*

OPERATIVE PROCEDURE (select all that apply)

- Not specified
- Hysterectomy
 Simple Radical
 Simple supracervical/subtotal Type not specified
- Other procedure, *specify type*

SPECIMEN(S) SUBMITTED (select all that apply)

- Not specified
- Fallopian tube
 Left Right Laterality not specified
- Ovary
 Left Right Laterality not specified
- Parametrium
 Left Right Laterality not specified
- Vaginal cuff
- Vaginal nodules
- Omentum
- Peritoneal biopsies
- Peritoneal washings//peritoneal fluid
- Lymphadenectomy specimen(s)
 Sentinel node(s)
 Left Right Laterality not specified
- Regional node(s): pelvic
 Left Right Laterality not specified
- Regional node(s): para-aortic
- Non-regional node(s): inguinal
 Left Right Laterality not specified
- Other node group, *specify*
- Other, *specify*

TUMOUR SITE (select all that apply)

- Isthmus/lower uterine segment
- Fundus
- Body
- Other, *specify*

MAXIMUM TUMOUR DIMENSION **OMENTUM DIMENSIONS** x x **BLOCK IDENTIFICATION KEY**

(List overleaf or separately with an indication of the nature and origin of all tissue blocks)

HISTOLOGICAL TUMOUR TYPE (select all that apply)

(Value list based on the World Health Organization Classification of Female Genital Tumours (2020))

- Endometrioid carcinoma
- Serous carcinoma
- Clear cell carcinoma
- Carcinoma, undifferentiated
- Mixed cell carcinoma
- Mesonephric carcinoma
- Squamous cell carcinoma
- Mucinous carcinoma, gastrointestinal type
- Mesonephric-like carcinoma
- Neuroendocrine carcinomas

Specify subtype

- Carcinosarcoma NOS → % AND %
Epithelial Sarcomatous
- Homologous
 Heterologous

Other, *specify*

HISTOLOGICAL TUMOUR GRADE 

- Not applicable
 Cannot be assessed
 Grade 1 (low)
 Grade 2 (low)
 Grade 3 (high)

MYOMETRIAL INVASION 

- Not identified <50% ≥50%

Pattern of myometrial invasion, *specify*

Absolute percentage of myometrial wall thickness invaded by carcinoma %

Distance of myoinvasive tumour to serosa mm

LYMPHOVASCULAR INVASION 

- Indeterminate
 Not identified
 Present

Extent of lymphovascular invasion

- Focal
 Extensive/Substantial

CERVICAL SURFACE OR CRYPT 

- Not involved
 Involved

LOWER UTERINE SEGMENT 

- Not involved
 Involved

CERVICAL STROMA 

- Indeterminate
 Not involved
 Involved

Depth of cervical stromal invasion  mm

Percentage of cervical stromal invasion %

PARAMETRIA^a 

- Not involved
 Involved

VAGINA^a 

- Not involved
 Involved

OMENTUM^a 

- Not involved
 Involved

^a If submitted.

PERITONEAL BIOPSIES^a 

- Not involved
 Involved

Site(s) of involvement (select all that apply)

- Pelvic Abdominal

Specify site

PERITONEAL CYTOLOGY 

- Positive
 Negative
 Atypical/suspicious

UTERINE SEROSA 

- Not involved
 Involved

ADNEXA^a 

- Not involved
 Involved

Site(s) of involvement (select all that apply)

Ovary(ies)

- Left Right Laterality not specified

Fallopian tube(s)

- Left Right Laterality not specified

Describe involvement (e.g., mucosal)

^a If submitted.

MARGIN STATUS 

(Applicable only if appropriate anatomical structures submitted)

Paracervical soft tissue margin

- Cannot be assessed
 Not involved

Distance of tumour to closest margin mm

- Involved

Ectocervical/vaginal cuff margin

- Cannot be assessed
 Not involved

Distance of tumour to closest margin mm

- Involved

BACKGROUND ENDOMETRIUM (select all that apply) 

- Cyclical
 Atrophic/inactive
 Hyperplasia without atypia
 Atypical hyperplasia/endometrioid intraepithelial neoplasia
 Other, *specify*

LYMPH NODE STATUS 

- Cannot be assessed
 No nodes submitted or found

Maximum dimension of largest deposit in regional node
 mm
Extracapsular spread

- Not identified
 Present

Lymph node type	Laterality	Number of nodes examined ^b	Number of positive nodes ^b	Degree of involvement (0=Negative for tumour, 1=Isolated tumour cells, 2=Micrometastasis, 3=Macrometastasis)
Sentinel node(s)	Left			
	Right			
Regional node(s): Pelvic	Left			
	Right			
Regional node(s): Para-aortic				

^b If the actual number of lymph nodes examined or the number of positive nodes cannot be determined due, for example, to fragmentation, then this should be indicated in the response.

ANCILLARY STUDIES 

- Performed (select all that apply) Not performed

Mismatch repair testing, *specify*

Immunohistochemistry, *specify test(s) and result(s)*

Molecular findings, *specify test(s) and result(s)*

TCGA-based molecular classification, *specify*

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

PATHOLOGICALLY CONFIRMED DISTANT METASTASIS 

(Report when tissue submitted for evaluation)

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

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

- I Tumour confined to the corpus uteri
 IA No or less than half myometrial invasion
 IB Invasion equal to or more than half of the myometrium
 II Tumour invades cervical stroma, but does not extend beyond the uterus^d
 III Local and/or regional spread of the tumour
 IIIA Tumour invades the serosa of the corpus uteri and/or adnexae^e
 IIIB Vaginal involvement and/or parametrial involvement^e

FIGO (2009 edition)^c (Cont.)

- IIIC Metastases to pelvic and/or para-aortic lymph nodes^e
 IIIC1 Positive pelvic nodes
 IIIC2 Positive para-aortic lymph nodes with/without positive pelvic lymph nodes
 IV Tumour invades bladder and/or bowel mucosa, and/or distant metastases
 IVA Tumour invasion of bladder and/or bowel mucosa
 IVB Distant metastases, including intra-abdominal metastases and/or inguinal nodes

^c Reprinted from *Int J Gynaecol Obstet.*, Volume 143(Suppl. 2), Amant F, *Cancer of the corpus uteri*, pages 37-50, 2009, with permission from Wiley.

^d Endocervical glandular involvement only should be considered as Stage I and no longer Stage II.

^e Positive cytology has to be reported separately without changing the stage.

TNM Staging (UICC TNM 8th edition 2016)^f

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

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

Primary tumour (pT)

- TX Primary tumour can not be assessed
 T0 No evidence of primary tumour
 T1 Tumour confined to the corpus uteri^g
 T1a Tumour limited to endometrium or invading less than half of myometrium
 T1b Tumour invades one half or more of myometrium
 T2 Tumour invades cervical stroma, but does not extend beyond the uterus
 T3 Local and/or regional spread as specified here:
 T3a Tumour invades the serosa of the corpus uteri or adnexae (direct extension or metastasis)
 T3b Vaginal or parametrial involvement (direct extension or metastasis)
 T4 Tumour invades bladder/bowel mucosa^h

Regional lymph nodes (pN)

- NX Regional lymph nodes cannot be assessed
 N0 No regional lymph node metastasis
 N1 Metastasis to pelvic lymph nodesⁱ
 N2 Metastasis to para-aortic lymph nodes with or without metastasis to pelvic lymph nodesⁱ

^f 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).

^g Endocervical glandular involvement only should be considered as Stage I.

^h The presence of bullous oedema is not sufficient evidence to classify as T4.

ⁱ Positive cytology has to be reported separately without changing the stage.