



Carcinoma of the Cervix 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
- Previous procedure performed
- Loop excision^a/Cone biopsy
 - Trachelectomy (simple or radical)
- Previous therapy
- Chemotherapy
 - Radiotherapy
- Other, *specify*
-

SPECIMEN(S) SUBMITTED (select all that apply)

- Not specified
- Loop excision^a/Cone biopsy
- Trachelectomy
- Simple Radical Type not specified
- Hysterectomy
- Simple Radical Type not specified
- Fallopian tube
- Left Right Laterality not specified
- Ovary
- Left Right Laterality not specified
- Parametrium
- Left Right Laterality not specified
- Vaginal cuff
- Pelvic exenteration
- Urinary bladder
 - Vagina
 - Uterus
 - Rectosigmoid
 - Other, *specify*
-

- 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*
-

^a Loop excision includes loop electrosurgical excision procedure (LEEP and large loop excision of the transformation zone (LLETZ)).

SPECIMEN DIMENSIONS

- Cannot be assessed

Number of tissue pieces^b Tissue piece dimensions^b (Record for each piece)

<input type="text"/>	mm	x	<input type="text"/>	mm	x	<input type="text"/>	mm
<input type="text"/>	mm	x	<input type="text"/>	mm	x	<input type="text"/>	mm
<input type="text"/>	mm	x	<input type="text"/>	mm	x	<input type="text"/>	mm

Cervix^cDiameter of ectocervix mm x mmLength of specimen mm**Vaginal cuff^d**

- Not applicable

Minimum length mmMaximum length mm**Left parametrium**

- Not applicable

Lateral extent mm**Right parametrium**

- Not applicable

Lateral extent mm

^b Applicable to loop/cone biopsies only.

^c Applicable to loop/cone biopsies and trachelectomy specimens only.

^d Applicable to trachelectomy and hysterectomy specimens.

MACROSCOPIC APPEARANCE OF TUMOUR(S)

(select all that apply)

- No macroscopically visible tumour
- Exophytic/polypoid
- Flat
- Ulcerated
- Circumferential/barrel shaped cervix
- Other, *specify*

TUMOUR SITE (select all that apply) 

- No macroscopically visible tumour
- Ectocervix
- Anterior
- Posterior
- Left lateral
- Right lateral
- Circumference of cervix
- Endocervix
- Anterior
- Posterior
- Left lateral
- Right lateral
- Circumference of cervix
- Vagina
- Uterus
- Lower uterine segment
- Corpus
- Parametrium
- Left
- Right
- Laterality not specified
- Other, *specify*

TUMOUR DIMENSIONS 

(If separate tumour foci, specify the dimensions for each)

- Cannot be assessed

Maximum horizontal tumour dimension mm at least^e

Depth of invasion mm at least^e

OR Not assessable

If not assessable record

Thickness mm

^e It is advisable to include 'at least' for the tumour measurements in loop or cone excisions when tumour is present at a resection margin(s). If not applicable, delete 'at least'.

DEEPEST LOCATION OF TUMOUR WITHIN CERVICAL STROMA 

- Cannot be assessed
- Superficial third
- Middle third
- Deepest third

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
- Adenocarcinoma, HPV-associated
- Adenocarcinoma, HPV-independent, gastric type
- Adenocarcinoma, HPV-independent, clear cell type
- Adenocarcinoma, HPV-independent, mesonephric type
- Carcinosarcoma NOS
- Adenosquamous carcinoma
- Adenoid basal carcinoma
- Carcinoma of the uterine cervix, unclassifiable
- Neuroendocrine tumour NOS
- Small cell neuroendocrine carcinoma
- Large cell neuroendocrine carcinoma
- Carcinoma admixed with neuroendocrine carcinoma (specify percentage of each component)

- Other, *specify*

HISTOLOGICAL TUMOUR GRADE 

(Applicable to some HPV-associated adenocarcinomas)

- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated
- Cannot be assessed, *specify*

LYMPHOVASCULAR INVASION 

- Indeterminate
- Not identified
- Present

EXTENT OF INVASION 

- Not applicable

Fallopian tube

- Not applicable
- Not involved
- Involved

Left Right

Ovary

- Not applicable
- Not involved
- Involved

Left Right

Parametrium

- Not applicable
- Not involved
- Involved

Left Right

EXTENT OF INVASION continued 

Vagina

- Not applicable
- Not involved
- Involved
 - Upper two thirds
 - Lower third

Lower uterine segment

- Not applicable
- Not involved
- Involved

Endometrium

- Not applicable
- Not involved
- Involved

Myometrium

- Not applicable
- Not involved
- Involved

Bladder

- Not applicable
- Not involved
- Involved, *specify compartment*

Rectosigmoid

- Not applicable
- Not involved
- Involved, *specify compartment*

Other organs or tissues

- Not applicable
- Not involved
- Involved, *specify*

PATTERN CLASSIFICATION FOR HPV-ASSOCIATED ADENOCARCINOMAS 

- A
- B
- C

MARGIN STATUS 

Invasive tumour

HYSTERECTOMY/TRACHELECTOMY SPECIMEN

Margin	Not involved	Involved	Distance of tumour from margin (mm)	Cannot be assessed
Ectocervical/vaginal cuff				
Endocervical ^f				
Radial/deep stromal				
Closest lateral		<input type="radio"/> Left <input type="radio"/> Right		

LOOP/CONE

Margin	Not involved	Involved	Distance of tumour from margin (mm)	Cannot be assessed
Ectocervical				
Endocervical				
Radial/deep stromal				
Unspecified ^g				

Precursor lesions

Margin	HSIL				AIS				SMILE				Margin is not applicable to specimen
	Not involved	Involved	Distance of lesion from margin	Cannot be assessed	Not involved	Involved	Distance of lesion from margin	Cannot be assessed	Not involved	Involved	Distance of lesion from margin	Cannot be assessed	
Ectocervical/vaginal cuff													
Endocervical													
Radial/deep stromal													
Unspecified ^g													

HSIL: High grade squamous intraepithelial lesion

AIS: Adenocarcinoma in situ

SMILE: Stratified mucin-producing intraepithelial lesion

^f This is required only for trachelectomy specimens. Distance to endocervical margin is required for trachelectomy specimens as it is often used by surgeons to decide whether to undertake a followup hysterectomy or to remove another portion of the cervix if technically possible.

^g Use for loop/cone biopsies where it is not possible to say whether the margin is ectocervical or endocervical.

LYMPH NODE STATUS 

- Cannot be assessed
- No nodes submitted or found

Lymph node type	Laterality	Number of lymph nodes ^h	Number of lymph nodes with isolated tumour cells ^{h,i}	Number of lymph nodes with micrometastasis ^{h,j}	Number of lymph nodes with macrometastasis ^{h,j}
Sentinel node(s)	Left				
	Right				
Regional node(s): pelvic	Left				
	Right				
Regional node(s): para-aortic					
Non-regional node(s): inguinal	Left				
	Right				

^h 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.

ⁱ Isolated tumour cells (≤ 0.2 mm or ≤ 200 cells).

^j Micrometastasis (>0.2 mm and ≤ 2 mm); Macrometastasis (>2 mm).

COEXISTENT PATHOLOGY/PRECURSOR LESIONS^k 

**Squamous intraepithelial lesion (SIL)/
Cervical intraepithelial neoplasia (CIN)**

- Not identified
- Present

GRADE



- Low grade SIL (LSIL)/(CIN 1)
- High grade SIL (HSIL)/(CIN 2/3)

**HPV-associated adenocarcinoma in situ/High grade
cervical glandular intraepithelial neoplasia (HG CGIN)**

- Not identified
- Present

Stratified mucin-producing intraepithelial lesion (SMILE)

- Not identified
- Present

Other possible precursor lesions

- Not identified
- Present (select all that apply)

- Adenocarcinoma in situ of gastric type
- Lobular endocervical glandular hyperplasia
- Atypical lobular endocervical glandular hyperplasia
- Other, specify

^k Core for loop/cone excisions/trachelectomies only; non-core for other specimens.

ANCILLARY STUDIES 

- Not performed
- Performed (select all that apply)

HPV testing, record result(s)

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

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

PROVISIONAL PATHOLOGICAL STAGING **FIGO (2018 edition)¹**

- I The carcinoma is strictly confined to the cervix (extension to the corpus should be disregarded)
- IA Invasive carcinoma that can be diagnosed only by microscopy with maximum depth of invasion ≤ 5 mm^m
- IA1 Measured stromal invasion ≤ 3 mm in depth
- IA2 Measured stromal invasion >3 mm and ≤ 5 mm in depth
- IB Invasive carcinoma with measured deepest invasion >5 mm (greater than stage IA), lesion limited to the cervix uteri with size measured by maximum tumour diameterⁿ
- IB1 Invasive carcinoma >5 mm depth of stromal invasion and ≤ 2 cm in greatest dimension
- IB2 Invasive carcinoma >2 cm and ≤ 4 cm in greatest dimension
- IB3 Invasive carcinoma >4 cm in greatest dimension
- II The carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall
- IIA Involvement limited to the upper two-thirds of the vagina without parametrial invasion
- IIA1 Invasive carcinoma ≤ 4 cm in greatest dimension
- IIA2 Invasive carcinoma >4 cm in greatest dimension
- IIB With parametrial invasion but not up to the pelvic wall
- III The carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or non-functioning kidney and/or involves pelvic and/or paraaortic lymph nodes^o
- IIIA Carcinoma involves lower third of the vagina, with no extension to the pelvic wall
- IIIB Extension to the pelvic wall and/or hydronephrosis or non-functioning kidney (unless known to be due to another cause)
- IIIC Involvement of pelvic and/or paraaortic lymph nodes (including micrometastases),^o irrespective of tumour size and extent (with r and p notations)^p
- IIIC1 Pelvic lymph node metastasis only
- IIIC2 Paraaortic lymph node metastasis
- IV The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. A bullous oedema, as such, does not permit a case to be allotted to stage IV
- IVA Spread of the growth to adjacent organs
- IVB Spread to distant organs

¹ Reprinted from *Int J Gynaecol Obstet.*, Volume 143 Suppl 2, Bhatla N, Aoki D, Sharma DN and Sankaranarayanan R, *Cancer of the cervix uteri*, pages 22-36, 2018, with permission from Wiley (incorporating any FIGO staging published up until 20th October 2021).

^m Imaging and pathology can be used, when available, to supplement clinical findings with respect to tumour size and extent, in all stages. Pathological findings supercede imaging and clinical findings.

ⁿ The involvement of vascular/lymphatic spaces does not change the staging. The lateral extent of the lesion is no longer considered.

^o Isolated tumour cells do not change the stage but their presence should be recorded.

^p Adding notation of r (imaging) and p (pathology), to indicate the findings that are used to allocate the case to stage IIIC. For example, if imaging indicates pelvic lymph node metastasis, the stage allocation would be Stage IIIC1r and, if confirmed by pathological findings, it would be Stage IIIC1p. The type of imaging modality or pathology technique used should always be documented. When in doubt, the lower staging should be assigned.

TNM Staging (UICC Cervix Uteri TNM 2021)^q**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)
- T1 Tumour confined to the cervix (extension to the corpus should be disregarded)^r
- T1a Invasive carcinoma diagnosed only by microscopy; stromal invasion with a maximum depth of 5.0 mm^s
- T1a1 Measured depth of stromal invasion 3.0 mm or less in depth
- T1a2 Measured depth of stromal invasion more than 3.0 mm and not more than 5.0 mm^t
- T1b Lesion confined to the cervix with depth of invasion greater than 5 mm
- T1b1 Lesion 2.0 cm or less in greatest dimension
- T1b2 Lesion more than 2.0 cm in greatest dimension but no more than 4.0 cm in greatest dimension
- T1b3 Lesion more than 4.0 cm in greatest diameter
- T2 Tumour invades beyond uterus but not to pelvic wall or to the lower third of vagina
- T2a Tumour without parametrial invasion
- T2a1 Lesion 4.0 cm or less in greatest dimension
- T2a2 Lesion more than 4.0 cm in greatest dimension
- T2b Tumour with parametrial invasion
- T3 Tumour involves lower third of vagina, or extends to pelvic wall, or causes hydronephrosis or nonfunctioning kidney
- T3a Tumour involves lower third of vagina
- T3b Tumour extends to pelvic wall, or causes hydronephrosis or nonfunctional kidney
- T4 Tumour invades mucosa of bladder or rectum, or extends beyond true pelvis^u

Regional lymph nodes (pN)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Regional lymph node metastasis to pelvic lymph nodes only^{v,w}
- N2 Regional lymph node metastasis to paraaortic lymph nodes, with or without positive pelvic lymph nodes^{v,w}

Distant metastasis (pM)

- Not applicable
- M1 Distant metastasis (includes inguinal lymph nodes and intraperitoneal disease). It excludes metastasis to vagina and pelvic side wall, but does include uterine serosa, and adnexa^x

^q Reproduced with permission. Source: *UICC TNM Classification for carcinoma of the cervix, Cervix Uteri TNM 2021*, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2021, Publisher Wiley (incorporating any errata published up until 25th January 2022).

^r Extension to the corpus uteri should be disregarded.

^s Vascular space involvement, venous or lymphatic, does not affect classification.

^t The depth of invasion should be taken from the base of the epithelium, either surface or glandular, from which it originates. The depth of invasion is defined as the measurement of the tumour from the epithelial-stromal junction of the adjacent most superficial papillae to the deepest point of invasion.

^u Bullous oedema is not sufficient to classify a tumour as T4.

^v The suffix (mi) is added if the lymph node metastases is >0.2 mm but ≤ 2 mm.

^w The suffix (sn) is added if the metastases is identified by sentinel node biopsy.

^x FIGO excludes uterine serosa and adnexal involvement from M1. UICC aligns with AJCC which also includes uterine serosa and adnexal involvement in M1.