

Pathologic report form for cervical cancer (trachelectomy, hysterectomy, pelvic exenteration)

Operation:

- | | |
|---|---|
| <input type="checkbox"/> Simple trachelectomy | <input type="checkbox"/> Radical trachelectomy |
| <input type="checkbox"/> Total hysterectomy | <input type="checkbox"/> Radical hysterectomy |
| <input type="checkbox"/> Pelvic exenteration | <input type="checkbox"/> Salpingectomy (right/left/bilateral) |
| <input type="checkbox"/> Salpingo-oophorectomy (right/left/bilateral) | <input type="checkbox"/> Lymph node sampling/dissection (specify) |
| <input type="checkbox"/> Other (specify) | |

Tumor site: uterine cervix

- | | |
|---|--|
| <input type="checkbox"/> Left superior quadrant (12 to 3 o'clock) | <input type="checkbox"/> Left inferior quadrant (3 to 6 o'clock) |
| <input type="checkbox"/> Right inferior quadrant (6 to 9 o'clock) | <input type="checkbox"/> Right superior quadrant (9 to 12 o'clock) |
| <input type="checkbox"/> Other (specify): | |

Histologic type: Microinvasive (T1a1, T1a2) Invasive

- | | |
|---|---|
| <input type="checkbox"/> Squamous cell carcinoma | |
| <input type="checkbox"/> Adenocarcinoma | |
| <input type="checkbox"/> Endocervical, usual type | <input type="checkbox"/> Mucinous (gastric/intestinal/signet-ring cell) |
| <input type="checkbox"/> Villoglandular | <input type="checkbox"/> Endometrioid |
| <input type="checkbox"/> Clear cell | <input type="checkbox"/> Serous |
| <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> Other (specify) | |

Histologic grade:

- | | | | | |
|---------------------------------------|---|-----------------------------|---|---|
| <input type="checkbox"/> Keratinizing | <input type="checkbox"/> Non-keratinizing | | | |
| <input type="checkbox"/> G1 | <input type="checkbox"/> G2 | <input type="checkbox"/> G3 | <input type="checkbox"/> Cannot be assessed | <input type="checkbox"/> Not applicable |

Tumor size:

- | |
|---|
| <input type="checkbox"/> Microinvasive |
| Depth: ___mm |
| Horizontal extent: ___mm |
| <input type="checkbox"/> Invasive |
| Greatest dimension: ___cm |
| Additional dimensions (optional): ___×___cm |
| Depth: ___mm |

Distal margin:

- | |
|---|
| <input type="checkbox"/> Not involved: ___mm free from margin (specify location, if possible) |
| <input type="checkbox"/> Involved by invasive carcinoma/HSIL/LSIL/AIS (specify location, if possible) |

Endocervical margin: (required in trachelectomy)

- Not involved: ___mm free from margin (specify location, if possible)
- Involved by invasive carcinoma/HSIL/LSIL/AIS (specify location, if possible)

Parametrial invasion:

- Absent
- Present (right/left/bilateral): _____mm free from margin (optional)

Vascular/lymphatic invasion:

- Absent Present Indeterminate

Other site involvement:

- Absent
- Present: Uterine corpus/Right ovary/Left ovary/Right salpinx/Left salpinx/Vagina/Urinary bladder/Rectum
- Other (specify)

Lymph node metastasis: Absent Present

Greatest metastatic tumor dimension: ___mm

Extranodal extent: Absent, Present (___mm)

Level 1, external and internal iliac (including obturator): Right (/), Left (/)

Level 2, common iliac (including presacral): Right (/), Left (/)

Level 3, para-aortic infra-IMA: (/)

Level 4, para-aortic infra-renal: (/)

Other (specify)