Uterine serosa (Core)

Documentation of the presence or absence of serosal involvement is a core element. According to European Society of Gynaecological Oncology (ESGO)-European Society for Radiotherapy and Oncology (ESTRO)-European Society of Pathology (ESP)¹ and International Society of Gynecological Pathologists guidelines,² tumour infiltrating the full myometrial thickness and reaching submesothelial fibroconnective tissue or the mesothelial layer should be reported as serosal involvement. Tumour may or may not be present on the surface of the uterus and a desmoplastic response may or may not be present. It should be noted that, when present, a desmoplastic stromal reaction can obscure evaluation of the serosa. Locating the serosal plane flanking the area in question and extending the plane through the area of desmoplasia can be helpful. Serosal involvement is considered present if there is disruption of that plane or carcinoma extends beyond the plane. Involvement of the serosa (International Federation of Gynaecology and Obstetrics (FIGO) Stage IIIA) carries a higher risk of locoregional recurrence than does adnexal involvement (also FIGO Stage IIIA).³

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