

Ovary, Fallopian Tube and Primary Peritoneal Carcinoma Histopathology Reporting Guide



Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number
ratient identifiers	DD - MM - YYYY
Elements in black tout are CORE. Elements in grow tout are Niceland	
Elements in black text are CORE. Elements in grey text are No indicates multi-select values indicates single select values	SCOPE OF THIS DATASET
CLINICAL INFORMATION (select all that apply)	Left fallopian tube Right fallopian tube
☐ Information not provided Known gene predisposition (e.g., BRCA1, BRCA2, Lynch syndrome), specify	Serosa intact Serosa intact Serosa ruptured Information not provided Preoperatively Intraoperatively Intraoperatively Intraoperatively
Prior neoadjuvant therapy, specify Other, specify	Tumour on serosal surface Fragmented specimen Other, specify Other, specify
Variety speeny	
	TUMOUR SITE (select all that apply)
SPECIMEN(S) SUBMITTED (select all that apply) Not specified	No macroscopically visible tumour Indeterminate
Ovary Left Right Laterality not specifie Ovarian cystectomy	d Ovary d Right Laterality not specified Fallopian tube
Fallopian tube Left Right Laterality not specifie Right Laterality not specifie Uterus	Fimbrial Fimbrial
☐ Cervix ☐ Omentum ☐ Peritoneal biopsies	Other, specify
Peritoneal washings/peritoneal fluidLymph nodes, specify site(s)	
Tymph hodes, speen, site(s)	TUMOUR DIMENSIONS (If separate tumours specify dimensions for each site)
Other, specify	mm x mm x mm
SPECIMEN INTEGRITY (select all that apply) (Required only if ovary(ies)/fallopian tube(s) are submitted)	MACROSCOPIC DESCRIPTION OF OMENTUM (Required only if omentum submitted)
Left ovary Right ovary	Omentum dimensions
Ovarian capsule intact Ovarian capsule intact Ovarian capsule ruptured Ovarian capsule ruptured Ovarian capsule ruptured Ovarian capsule ruptured	mm x mm x mm
☐ Information not provided ☐ Preoperatively ☐ Intraoperatively ☐ Tumour on surface ☐ Fragmented specimen ☐ Other, specify ☐ Information not provid ☐ Preoperatively ☐ Intraoperatively ☐ Tumour on surface ☐ Fragmented specimen ☐ Other, specify ☐ Other, specify	Omental involvement Not involved Involved Maximum dimension of largest tumour deposit mm

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)) Serous borderline tumour Low grade serous carcinoma High grade serous carcinoma Mucinous borderline tumour Mucinous carcinoma Endometrioid borderline tumour Endometrioid carcinoma	HISTOLOGICAL TUMOUR GRADE Endometrioid carcinomas GX: Cannot be assessed G1: Well differentiated G2: Moderately differentiated G3: Poorly differentiated Mucinous carcinomas GX: Cannot be assessed G1: Well differentiated G2: Moderately differentiated G3: Poorly differentiated G3: Poorly differentiated		
Clear cell borderline tumour Clear cell carcinoma	BORDERLINE TUMOUR - SPECIAL FEATURES (Applicable only if borderline tumour is identified)		
 ☐ Seromucinous borderline tumour ☐ Borderline Brenner tumour ☐ Malignant Brenner tumour ☐ Mesonephric-like adenocarcinoma ☐ Carcinoma, undifferentiated ☐ Dedifferentiated carcinoma ☐ Carcinosarcoma 	Micropapillary architecture for serous borderline tumour (at least 5 mm in one dimension) Not identified Present Microinvasion (upper limit 5 mm) Not identified		
☐ Mixed carcinoma ☐ Neuroendocrine neoplasm, specify type	Present Intraepithelial carcinoma for mucinous borderline tumour		
	Not identifiedPresent		
Other, specify PATTERN OF INVASION (Applicable for mucinous carcinomas only)	Implants for serous and seromucinous borderline tumour (select all that apply) Non-invasive implants Not identified Present Epithelial Desmoplastic Site(s) Pelvic		
ExpansileInfiltrative/destructive	☐ Abdominal ☐ Invasive implants/Extra-ovarian low grade serous		
CARCINOSARCOMA COMPONENTS (select all that apply)	carcinomaNot identifiedPresent		
Epithelial Percentage %	Site(s) Pelvic Abdominal		
List components	Indeterminate Not identified Present		
Sarcomatous Percentage %	Site(s)		
Type Homologous Heterologous	SEROUS TUBAL INTRAEPITHELIAL CARCINOMA (STIC) (Required only if fallopian tube(s) are submitted)		
List components	Left fallopian tube Cannot be assessed Not identified Present (select all that apply) Fimbrial Non-fimbrial Right fallopian tube Cannot be assessed Not identified Present (select all that apply) Fimbrial Non-fimbrial		

HISTOLOGICAL SITES OF TU	JMOUR INVOLVEMENT	LYMPH NODE STAT	us 🗐		
Left ovary	Right ovary	Cannot be asse	ssed		
Not applicable	Not applicable	O No nodes subm	No nodes submitted or found		
Cannot be assessed	Cannot be assessed	Not involved	Not involved		
Not involved	Not involved	Involved (select	all that apply)		
○ Involved	○ Involved	Regional			
Left fallopian tube	Right fallopian tube	Left pe	lvic		
Not applicable	Not applicable	Numbe	r of nodes examined ^a		
Cannot be assessed	Cannot be assessed				
Not involved	Not involved	Numbe	r of positive nodes ^a		
○ Involved	○ Involved	Right p	elvic		
			r of nodes examined ^a		
Uterus		Nullibe	i oi nodes examined		
Not applicable		Numbe	r of positive nodes ^a		
Cannot be assessedNot involved					
Involved (select all that ap	anly)	Para-ad			
Site(s) Myometriur		Numbe	r of nodes examined ^a		
Endometriu					
☐ Cervix		Numbe	r of positive nodes ^a		
Omentum		Mayimum	dimension of laugust		
Not applicable			dimension of largest regional node	mm	
Cannot be assessed		Non-region			
Not involved		_			
◯ Involved		V Site 1			
Level of involvement		'	a		
	Microscopic	Numbe	r of nodes examined ^a		
Peritoneum (including ute	erine serosa)	N	£ ;Li a		
_	cime serosa)	Numbe	r of positive nodes ^a		
Not applicableCannot be assessed					
Not involved		■ Site 2			
Involved (select all that a	anly)	Numbe	r of nodes examined ^a		
Site(s) Pelvis, spec		Numbe	r or nodes examined		
1 (3)	my sice(s)	Numbe	r of positive nodes ^a		
☐ Abdomen.	specify site(s)		not be possible to record th	e actual number of	
V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nodes due to fragment	ation of the specimen.		
		COEXISTENT PATHO	LOGY/PRECURSOR L	ESIONS	
Other involved organs(s)	/sites(s) specify	O None identified			
other involved organis(s)	, sites(s), speeny	Present, specif	y		
		V			
		ANCILLARY STUDIE	S		
		Not performed			
PERITONEAL CYTOLOGY	Notes	Performed (sele	ect all that apply)		
		Immunohis	stochemistry, specify tes	st(s) and result(s)	
Not submittedIndeterminate		¥			
Positive					
○ Negative					
O Negative		☐ Molecular f	indings, specify test(s)	and result(s)	
RESPONSE TO NEOADJUVAN	NT THERAPY	Tolecaidi 1			
Cannot be assessed					
No prior treatment					
<u> </u>	esponse identified (chemotherapy				
 No definite or minimal response identified (chemotherapy response score (CRS 1)) 		Other, spec	cify test(s) and result(s)	
Moderate response ident		▼			
_	o or minimal residual cancer				
(CRS 3)					

ANCILLARY	STUDIES continued	TNM Stagii	ng (UICC TNM 8 th edition 2016) ^c	
Representative blocks for ancillary studies, specify those blocks best representing tumour and/or normal tissue		TNM Desc	criptors (only if applicable) (select all that apply)	
	her study	☐ m -	multiple primary tumours	
		□ r -	recurrent	
		_ у -	post-therapy	
DDOVICION	AL DATHOLOGICAL STACING	Primary t	umour (pT)	
FIGO (2014	AL PATHOLOGICAL STAGING	○ TX	Primary tumour cannot be assessed	
-	-	○ T0	No evidence of primary tumour	
Site of primary tumour		○ T1	Tumour limited to the ovaries (one or both) or	
Ξ.	y tumour, ovary (OV) y tumour, fallopian tube (FT)		fallopian tube(s) Tumour limited to one ovary (capsule intact) or	
	Primary tumour, peritoneum (P)		fallopian tube; capsule intact, no tumour on ovarian	
_	gnated: site of primary tumour cannot be	O-41	surface or fallopian tube surface; no malignant cells in ascites or peritoneal washings	
○ I	Tumour is confined to ovaries or fallopian tube(s)	○T1b	Tumour limited to both ovaries or fallopian tubes; capsule intact, no tumour on ovarian or fallopian tube	
○ IA	Tumour limited to 1 ovary (capsule intact) or fallopian tube; no tumour on ovarian or fallopian tube surface; no malignant cells in the ascites or		surface; no malignant cells in ascites or peritoneal washings	
○IB	peritoneal washings Tumour limited to both ovaries (capsules intact) or	○T1c	tubes with any of the following:	
O ==	fallopian tubes; no tumour on ovarian or fallopian		T1c1 Surgical spill	
	tube surface; no malignant cells in the ascites or peritoneal washings		T1c2 Capsule ruptured before surgery or tumour on ovarian or fallopian tube surface	
\bigcirc IC	Tumour limited to 1 or both ovaries or fallopian	_ C	T1c3 Malignant cells in ascites or peritoneal washings	
	tubes, with any of the following: IC1 Surgical spill		Tumour involves one or both ovaries or fallopian tubes with pelvic extension (below pelvic brim) or	
0	IC2 Capsule ruptured before surgery or tumour on ovarian or fallopian tube surface	◯ T2a	primary peritoneal cancer Extension and/or implants on uterus and/or fallopian tube(s) and/or ovary(ies)	
O	IC3 Malignant cells in the ascites or peritoneal washings	◯ T2b	Extension to other pelvic tissues, including bowel within the pelvis	
() II	Tumour involves 1 or both ovaries or fallopian tubes with pelvic extension (below pelvic brim) or primary	◯ T3 and	•	
◯ IIA	peritoneal cancer Extension and/or implants on uterus and/or fallopian tubes and/or ovaries		Tumour involves one or both ovaries or fallopian tubes or primary peritoneal carcinoma with cytologically or histologically confirmed spread to the	
○ III	Extension to other pelvic intraperitoneal tissues Tumour involves 1 or both ovaries or fallopian tubes,		peritoneum outside the pelvis and/or metastasis to the retroperitoneal lymph nodes	
U 111	or primary peritoneal cancer, with cytologically or	Regional	lymph nodes (pN)	
	histologically confirmed spread to the peritoneum outside the pelvis and/or metastasis to the	○ N1	Retroperitoneal lymph node metastasis only	
	retroperitoneal lymph nodes	○ N1a	Lymph node metastasis not more than 10 mm in	
\circ	IIIA1 Positive retroperitoneal lymph nodes only (cytologically or histologically proven):	○ N1b	greatest dimension Lymph node metastasis more than 10 mm in greatest	
	() IIIA1(i) Metastasis up to 10 mm in greatest dimension		dimension anv N	
	IIIA1(ii) Metastasis more than 10 mm in greatest dimension		Microscopic extrapelvic (above the pelvic brim) peritoneal involvement with or without retroperitoneal	
\circ	IIIA2 Microscopic extrapelvic (above the pelvic brim) peritoneal involvement with or without positive	◯ T3b	lymph node, including bowel involvement	
OIIIB	retroperitoneal lymph nodes Macroscopic peritoneal metastasis beyond the pelvis up to 2 cm in greatest dimension, with or without		Macroscopic peritoneal metastasis beyond pelvic brim 2 cm, or less in greatest dimension, including bowel involvement outside the pelvis with or without	
OIIIC	metastasis to the retroperitoneal lymph nodes Macroscopic peritoneal metastasis beyond the pelvis	◯ T3c a	retroperitoneal nodes any N	
	more than 2 cm in greatest dimension, with or without metastasis to the retroperitoneal lymph nodes (includes extension of tumour to capsule of liver and spleen without parenchymal involvement of either organ)		Peritoneal metastasis beyond pelvic brim more than 2 cm in greatest dimension and/or retroperitoneal lymph node metastasis (includes extension of tumour to capsule of liver and spleen without parenchymal involvement of either organ)	
○IV	Distant metastasis excluding peritoneal metastases	C Donrodus	,	
	Pleural effusion with positive cytology	^c Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8 th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley (incorporating any errata published up until 6 th October 2020).		
○ IVB	Parenchymal metastases and metastases to extra abdominal organs (including inguinal lymph nodes and lymph nodes outside of the abdominal cavity)			
Committee on	n Int J Gynaecol Obstet., Volume 124, Prat J and FIGO Gynecologic Oncology, Staging classification for cancer fallopian tube, and peritoneum, pages 1-5, 2014, with om Wiley.			