Sponsored by	Uterine Malignant and Potentially Malignant Mesenchymal Tumours Histopathology Reporting Guide				
Family/Last na	Ime	Date of birth	DD – MM – YYYY		
Given name(s))				
Patient identifi	· · · · · · · · · · · · · · · · · · ·		Accession/Laboratory number		
	ck text are CORE. Elements in grey text are NON-CORE.	1M – YYYY	SCOPE OF THIS DATASET		
 ○ Information ○ History of 	on not provided f previous cancer, <i>specify</i>	EMEN(S) SUBMITTE None submitted Ovaries Left Righ Fallopian tubes Left Righ Omentum Peritoneal biopsies, sp Peritoneal washings/pe Lymph nodes, specify Other, specify	nt Not specified		
 Not specif Hysterect Simpl Simpl Radic Type Myomector 	comy le total le supracervical/subtotal cal not specified omy odes, specify site(s)	UR SITE (select all tha Indeterminate Cervix Lower uterine segmen Corpus Other, <i>specify</i>			
SPECIMEN IN O Intact Non-intact	TEGRITY E	MUM TUMOUR DIMI	KEY		

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ISTOLOGICAL TUMOUR TYPE	Vagina ^b			
(Value list based on the World Health Organization Classification of Female Genital Tumours (2020))	Cannot be assessed			
	O Not involved			
 Smooth muscle tumour of uncertain malignant potential (STUMP) 	○ Involved			
🔘 Leiomyosarcoma	Fallopian tube ^b			
\bigcirc Endometrial stromal sarcoma, low grade	Cannot be assessed			
Endometrial stromal sarcoma, high grade	Not involved			
Undifferentiated uterine sarcoma	 ○ Involved 			
) Mullerian adenosarcoma without sarcomatous overgrowth	📕 🗌 Left 🛛 🗌 Right 🔿 Indeterminate			
) Mullerian adenosarcoma with sarcomatous overgrowth				
) Uterine tumour resembling ovarian sex cord tumour	Ovary ^b			
(UTROSCT)	Cannot be assessed			
Perivascular epithelioid cell tumour (PEComa)	Not involved			
) Inflammatory myofibroblastic tumour	Involved			
) NTRK-rearranged sarcoma	Left 🗌 Right 🔵 Indeterminate			
) SMARC-deficient uterine sarcoma				
) Rhabdomyosarcoma (RMS) (embryonal and pleomorphic)	Peritoneal biopsies ^b			
) Alveolar soft part sarcoma	Not involved			
) Neuroendocrine neoplasm, <i>specify type</i>	○ Involved			
	Devitement wershings (newiter I duit ib			
	Peritoneal washings/peritoneal fluid [®]			
Other, <i>specify</i>	O Positive			
	Negative Automatical			
	 Atypical/suspicious 			
	^b If received.			
OTIC COUNT [®]	LYMPHOVASCULAR INVASION			
/mm ²	 Indeterminate Not identified 			
) Cannot be assessed	U Hesent			
e for leiomyosarcoma, STUMP, PEComa; non-core for all				
er entities but including mitotic count is strongly ommended.	MARGIN STATUS			
	Distal/cervical or vaginal			
TENT OF INVASION	Cannot be assessed			
yometrial or cervical stromal invasion	Vot involved			
(Applicable to adenosarcoma only)	Distance of tumour from closest cervical or vaginal margin			
Cannot be assessed				
) Not identified	Specify closest margin, if possible			
) ≤50%				
) >50%				
erine serosa involvement	Involved			
Cannot be assessed	Specify margin, if possible			
Not involved				
Distance of tumour to uterine serosa mm				
) Involved	Other, <i>specify</i>			
rametrial involvement				
Not submitted				
Cannot be assessed	Parametrial			
Not involved	Cannot be assessed			
	O Not involved			
Left Right Indeterminate	$\stackrel{\smile}{\bigcirc}$ Involved			
	Specify laterality, if possible			
nentum ^b) Cannot be assessed				
) Not involved				
) Involved				

mm

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LYMPH NODE STATUS ^c			ative blocks for ancillary studies, specify s best representing tumour and/or normal tissue study
 Cannot be assessed No nodes submitted or found 			
Number of nodes examined			
Number of positive nodes		PATHOLOGIC	ALLY CONFIRMED DISTANT METASTASIS
Size of maximum tumour deposit	mm	🔘 Not ide	ntified
Para-aortic nodes		Present	, specify site(s)
\bigcirc Cannot be assessed \bigcirc No nodes submitted or found			
Number of nodes examined			
Number of positive nodes			L PATHOLOGICAL STAGING
Size of maximum tumour deposit	mm	FIGO (2015	-
		Leiomyosa	rcomas and endometrial stromal sarcomas
Other lymph nodes removed, specify s	ite(s)		Tumour limited to uterus
		Š	Less than 5 cm
			More than 5 cm
Number of nodes examined			Tumour extends beyond the uterus, within the pelvis
Number of nodes examined			Adnexal involvement
Number of positive nodes		◯ IIB	Involvement of other pelvic tissues
			Tumour invades abdominal tissues (not just protruding into the abdomen)
Size of maximum tumour deposit	mm		One site
^c If resected.		Ŭ,	More than one site
COEXISTENT PATHOLOGY		() IIIC	Metastasis to pelvic and/or para-aortic lymph nodes
None identified		() IV	Tumour invades bladder and/or rectum and/or distant metastasis
Present, <i>specify</i>			Tumour invades bladder and/or rectum
•		⊖ IVB	Distant metastasis
		Adenosarc	omas
			Tumour limited to uterus
ANCILLARY STUDIES		() IA	Tumour limited to endometrium/endocervix with no myometrial invasion
Not performed		⊖ IB	Less than or equal to half myometrial invasion
Performed (select all that apply)			More than half myometrial invasion
Immunohistochemistry, specify tes	t(s) and result(s)		Tumour extends to the pelvis
		Ő	Adnexal involvement
			Tumour extends to extrauterine pelvic tissue Tumour invades abdominal tissues (not just
			protruding into the abdomen)
Molecular findings, specify test(s)	and result(s)		One site More than one site
		Š	More than one site Metastasis to pelvic and/or para-aortic lymph
			nodes
		⊖ IV	Tumour invades bladder and/or rectum and/or distant metastasis
Other, specify test(s) and result(s)		ā	Tumour invades bladder and/or rectum
		⊖ IVB	Distant metastasis
		^d Reprinted from . Mbatani N, Uter from Wiley.	Int J Gynaecol Obstet., Volume 131(Suppl 2), Prat J, ine sarcomas, pages S105-10, 2015, with permission

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TNM Staging (UICC TNM 8 th edition 2016) ^e					
	riptors (only if applicable) (select all that apply)				
	multiple primary tumours				
	recurrent				
у -	post-therapy				
Primary tu	umour (pT)				
LEIOMYOS	SARCOMAS AND ENDOMETRIAL STROMAL SARCOMAS ^f				
○ T1	Tumour limited to the uterus				
⊖T1a	Tumour 5 cm or less in greatest dimension				
⊖T1b	Tumour more than 5 cm				
○ T2	Tumour extends beyond the uterus, within the pelvis				
⊖T2a	Tumour involves adnexa				
⊖T2b	Tumour involves other pelvis tissues				
🔾 ТЗ	Tumour infiltrates abdominal tissues				
⊖T3a	One site				
⊖тзь	More than one site				
○ N1	Metastasis to regional lymph nodes				
○ T4	Tumour invades bladder or rectum				
○ M1	Distant metastasis				
ADENOSA	RCOMA				
○ T1	Tumour limited to the uterus				
◯T1a	Tumour limited to the endometrium/endocervix				
⊖T1b	Tumour invades to less than half of the myometrium				
⊖T1c	Tumour invades more than half of the myometrium				
◯ Т2	Tumour extends beyond the uterus, within the pelvis				
◯T2a	Tumour involves adnexa				
⊖T2b	Tumour involves other pelvis tissues				
🔾 ТЗ	Tumour involves abdominal tissues				
⊖ТЗа	One site				
⊖тзь	More than one site				
○ N1	Metastasis to regional lymph nodes				
○ T4	Tumour invades bladder or rectum				
○ M1	Distant metastasis				
Regional lymph nodes (pN)					
	Regional lymph nodes cannot be assessed				
<u> </u>	No regional lymph node metastasis				
○ N1	Regional lymph node metastasis				
 ^e 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). ^f It is recommended that all malignant uterine mesenchymal neoplasms other than adenosarcoma be staged using the staging system for 					
	leiomyosarcomas and endometrial stromal sarcomas.				

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