



Carcinoma of the Vagina 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

History of previous cancer, *specify*

Prior neoadjuvant therapy, *specify*

In-utero exposure to diethylstilbestrol (DES)

History of vaginal adenosis

Other, *specify*

OPERATIVE PROCEDURE (select all that apply)

Not specified

Partial vaginectomy

Total vaginectomy

Pelvic exenteration

Lymph nodes, *specify site(s)*

Other, *specify*

SPECIMEN DIMENSIONS

mm x mm x mm

Cannot be assessed, *specify*

TUMOUR SITE (select all that apply)

Vagina, site not known

Vagina, upper third

Vagina, middle third

Vagina, lower third

Vagina, anterior

Vagina, posterior

Vagina, lateral

TUMOUR DIMENSIONS

Maximum horizontal tumour dimension mm

Depth of invasion mm

Cannot be assessed, *specify*

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, *specify type*

Carcinosarcoma

Adenosquamous carcinoma

Adenoid basal carcinoma

Neuroendocrine neoplasm, *specify type*

Other, *specify*

LYMPHOVASCULAR INVASION 

- Indeterminate
- Not identified
- Present

MARGIN STATUS 

Invasive tumour

- Cannot be assessed
- Not involved

Distance of tumour from closest margin mm

Specify closest margin, if possible

Distance of tumour from deep margin mm

- Involved

Specify margin, if possible

Precursor lesions

- Not applicable
- Cannot be assessed
- Not involved

Distance of high grade precursor lesion from closest margin mm

Specify closest margin, if possible

- Involved

Specify margin, if possible

LYMPH NODE STATUS 

- Cannot be assessed
- No nodes submitted or found

Site 1

Number of nodes examined

Number of positive nodes

Size of maximum tumour deposit mm

Extracapsular spread

- Not identified
- Present

Site 2

Number of nodes examined

Number of positive nodes

Size of maximum tumour deposit mm

Extracapsular spread

- Not identified
- Present

COEXISTENT PATHOLOGY/PRECURSOR LESIONS 

- None identified
- Present (select all that apply)
 - Low grade squamous intraepithelial lesion
 - High grade squamous intraepithelial lesion
 - Adenosis
 - Other, specify

ANCILLARY STUDIES 

- Not performed
 - Performed (select all that apply)
 - p16 immunohistochemistry^a
- AND/OR
- HPV testing^a
 - p53 immunohistochemistry
 - 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

^a Core for squamous cell carcinomas.

PATHOLOGICALLY CONFIRMED DISTANT METASTASIS 

- Not identified
- Present, specify site(s)

PROVISIONAL PATHOLOGICAL STAGING **FIGO (2009 edition)^b**

- I Carcinoma is limited to the vaginal wall. It has not spread to nearby lymph nodes (N0) or to distant sites (M0)
- II Carcinoma has involved the para-vaginal tissue but has not extended to the pelvic wall. It has not spread to nearby lymph nodes (N0) or to distant sites (M0)
- III Carcinoma has extended to the pelvic wall and/or involving the lower third of the vagina and/or causing hydronephrosis or nonfunctioning kidney or T1-T3 tumour that has also spread to nearby lymph nodes in the pelvis or groin (inguinal) area (N1) but not distant sites
- IV Carcinoma has extended beyond the true pelvis or has involved the mucosa of the bladder or rectum (bullous edema as such does not permit a case to be allotted to stage IV)
- IVA Tumour invades bladder and/or rectal mucosa and or direct extension beyond the true pelvis. It might or might not have spread to lymph nodes in the pelvis or groin (inguinal area) (Any N). It has not spread to distant sites (M0)
- IVB Spread to distant organs (M1). It can be any size and might or might not have grown into nearby structures or organs (Any T). It might or might not have spread to nearby lymph nodes (Any N)

TNM Staging (UICC TNM 8th edition 2016)^c**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 confirmed to vagina
- T2 Tumour invades paravaginal tissues (paracolpium)
- T3 Tumour extends to pelvic wall
- T4 Tumour invades mucosa of bladder or rectum, or extends beyond the true pelvis^d

Regional lymph nodes (pN)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Regional lymph node metastasis

^b Reprinted from *Int J Gynaecol Obstet.*, Volume 105(1), FIGO Committee on Gynecologic Oncology, *Current FIGO staging for cancer of the vagina, fallopian tube, ovary, and gestational trophoblastic neoplasia*, pages 3-4, 2009, with permission from Wiley.

^c 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).

^d The presence of bullous oedema is not sufficient evidence to classify a tumour as T4.