

Excisions & colposcopic biopsies performed for the diagnosis and treatment of pre-invasive cervical neoplasia

Reporting Proforma



Includes the  International Collaboration on Cancer Reporting dataset elements denoted by *

Family name

Given name(s)

Date of birth

Date of request

Indigenous Status

- Aboriginal but not Torres Strait Islander origin
 Torres Strait Islander but not Aboriginal origin
 Both Aboriginal and Torres Strait Islander origin
 Neither Aboriginal nor Torres Strait Islander origin
 Not stated/inadequately described

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Date of request

S1.03 Accession number

Requesting doctor - name and contact details

Clinical information

PROCEDURE PERFORMED

- Cervical biopsy

Cervical excision type

- Type 1 (at least 6mm and up to 10mm length)
 Type 2 (10 to 15mm length)
 Type 3 (>15mm length)

Cervical excision modality

- Electrosurgical excision eg Loop excision such as LLETZ, LEEP
 Cold-knife cone biopsy
 Laser cone biopsy
 Endocervical curettage
 Other (*specify*)

HPV RESULTS

- HPV 16 detected
 HPV 18 detected
 Oncogenic HPV (not 16/18) detected
 Oncogenic HPV not detected
 Other (*specify*)

Other relevant information eg date of testing

COLPOSCOPIC FINDINGS

LOCATION OF ANY LESIONS (clock-face)

LBC RESULTS

PERTINENT GYNAE. PROCEDURE OR TREATMENT

S1.04 PRINCIPAL CLINICIAN

G1.01 OTHER CLINICAL INFORMATION RECEIVED

Macroscopic findings

S2.02 SPECIMEN LABELLED AS

G2.01 TYPE OF PROCEDURE Select all that apply

Cervical biopsy

Cervical excision type

Type 1 Type 2 Type 3

Cervical excision modality

Electrosurgical excision eg Loop excision such as LLETZ, LEEP

Cold-knife cone biopsy

Laser cone biopsy

Endocervical curettage

Other (*specify*)

S2.03 **ORIENTATION MARKERS**

Note: Applicable to excision specimens

Not present

Present (*specify*)

S2.04 **SPECIMEN MEASUREMENTS**

No. of pieces

Report if more than 1 piece is received

Maximum dimension mm

Note: for Small Diagnostic Biopsies

Note: repeat for each piece received

Dimensions

Note: for non-conical excision specimens and the below measurements are not possible.

Note: repeat for each piece received

mm x mm x mm

Length of canal mm

Note: for conical excision specimens

Note: This is measured from the external os to the apex.

Length of specimen mm

Note: for conical excision specimens

Diameter of ectocervix

Note: for unorientated, conical Loop/Laser excisions

mm x mm

Diameter of ectocervix in 3-9 o'clock plane mm

Note: for orientated, conical excision specimens

Diameter of ectocervix in 6-12 o'clock plane mm

Note: for orientated, conical excision specimens

G2.02 **SPECIMEN DESCRIPTION**

S2.05 **MACROSCOPICALLY VISIBLE LESIONS**

Note: Applicable to excision specimens

Absent

Present

Number of lesions

G2.03 **OTHER MACROSCOPIC COMMENT**

G2.04 **BLOCK IDENTIFICATION KEY**

Microscopic findings

S3.01 **TISSUES PRESENT** Select all that apply

Endocervical mucosa

Squamous mucosa

Other (*specify*)

G3.01 **TISSUE ARTEFACT**

Absent

Thermal

Minimal

Moderate

Extensive, impacting margin assessment

Extensive, impacting diagnostic assessment

Extensive, impacting both margin and diagnostic assessment

Non-thermal artefact present (*specify*)

G3.02 **DEGREE OF EPITHELIAL LOSS**

Minimal

Moderate

Extensive, impacting margin assessment

Extensive, impacting diagnostic assessment

Extensive, impacting both margin and diagnostic assessment

REPORT THE FOLLOWING ELEMENTS ONLY IF CERVICAL CARCINOMA PRESENT

S3.02 CERVICAL MALIGNANCY

Present Absent

***TUMOUR TYPE**

Note: Use values from WHO Classification of Tumours 2014

S3.03 MULTIPLE TUMOURS

Absent
 Present

Number of tumours

G3.03 *TUMOUR GRADE

- G1: Well differentiated
- G2: Moderately
- G3: Poorly differentiated
- GX: Cannot be graded
- Not graded/applicable

S3.04 *TUMOUR DIMENSIONS

Note: If separate tumours specify dimensions for each.

Tumour dimensions cannot be determined

Horizontal extent mm x mm

At least**

Depth of invasion mm At least**

OR Not assessable

If not assessable record:

Thickness mm

** It is advisable to include "at least" for the tumour measurements in loop or cone excisions when tumour is present at a resection margin/s. If not applicable, delete "at least".

S3.05 *LYMPHOVASCULAR INVASION

Not identified Indeterminate Present

S3.06 *MARGIN STATUS - INVASIVE DISEASE

Note: Applicable to excision specimens

Margin	Involved	Cannot be assessed	Not involved	G3.04 Distance from tumour (mm)
Ectocervical				
Endocervical				
Radial/deep stromal				
Unspecified **				

**Use for excisions where it is not possible to say whether the margin is ectocervical or endocervical

REPORT THE FOLLOWING ELEMENTS FOR ALL SEPCIMENS

S3.07 HSIL

- Not identified
- Possible
- Present



G3.05 HSIL Subtype

- CIN2
- CIN3

G3.06 HSIL Extent

Note: Applicable to excision specimens

S3.08 Endocervical Adenocarcinoma in situ (AIS)

- Not identified
- Possible
- Present



G3.07 AIS Extent

Note: Applicable to excision specimens

G3.08 Stratified Mucin-producing Intra-epithelial Lesion (SMILE)

- Not identified
- Present

S3.09 LSIL

Note: Applicable only if no HSIL/AIS or invasive carcinoma is present

- Not identified
- Present

G3.10 OTHER RELEVANT PATHOLOGY

G3.11 OTHER MICROSCOPIC COMMENT

S3.10 * MARGIN STATUS - PRE-INVASIVE DISEASE Applicable to excision specimens and only if HSIL or AIS are present. Does not apply to LSIL. Note: 'Margin' refers to tissue edges in some specimens.

Margin	HSIL				AIS [#]				Margin is not applicable to specimen
	Involved	Cannot be assessed [^]	Not involved	G3.09 Dist. from margin (mm)	Involved	Cannot be assessed [^]	Not involved	G3.09 Dist. from margin (mm)	
Ectocervical									
Endocervical									
Radial /deep stromal									
Unspecified**									

[#]Use for cases with SMILE

^{**}Use for excisions where it is not possible to say whether the margin is ectocervical or endocervical

[^]In occasional cases where tumour involvement of the margin cannot be determined for various reasons (processing artefact, multiple pieces or poor tissue orientation), the margin status should be specified as "cannot be assessed" and the reason explained.

Ancillary test findings

Performed Not performed

HPV TESTING

IMMUNOHISTOCHEMISTRY

OTHER ANCILLARY FINDINGS

Synthesis and overview

S5.01 CASE CATEGORISATION

Squamous component

- Malignant[#]
- High-grade squamous intraepithelial lesion (HSIL)
- Possible high-grade squamous intraepithelial lesion (possible HSIL)[#]
- Low-grade squamous intraepithelial lesion (LSIL)
- Normal or Benign findings
- Not identified

For those marked [#] an explanatory comment must be added.

Endocervical component

- Malignant[#]
- Adenocarcinoma in situ (AIS)
- Possible Adenocarcinoma in situ (AIS)[#]
- Normal or Benign findings
- Not identified

Other neoplastic lesion Note: include this category only if required.

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G5.01 DIAGNOSTIC SUMMARY

Include:

1. If malignant, the diagnostic summary should include: Tumour type; Tumour size[^], ^{**}; Depth of invasion[^], ^{**}; Tumour grade (if reported); LVI if present; Margin Status[^].
2. If non invasive disease is present, margin status should be reported for high grade lesions.
3. For benign specimens any relevant specific diagnosis or coexisting pathology should be reported.

[^] predominantly relate to excision specimens

^{**} may require qualification ('at least') if margin(s) are positive.

S5.02 OVERARCHING COMMENT (if applicable)

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