

# ENDOMETRIAL Neoplasm

<p>Histologic subtype:</p> <p><i>Endometrial Carcinoma</i></p> <p><input type="checkbox"/> <b>Endometrioid:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>Adenocarcinoma:</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> Villoglandular</p> <p style="padding-left: 40px;"><input type="checkbox"/> Secretory</p> <p style="padding-left: 40px;"><input type="checkbox"/> Ciliated cell</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>Adenocarcinoma with squamous differentiation</b></p> <p><input type="checkbox"/> Serous adenocarcinoma</p> <p><input type="checkbox"/> Clear cell adenocarcinoma</p> <p><input type="checkbox"/> Mucinous adenocarcinoma</p> <p><input type="checkbox"/> Squamous cell carcinoma</p> <p><input type="checkbox"/> Mixed carcinoma</p> <p><input type="checkbox"/> Undifferentiated carcinoma</p> <p><i>Non-epithelial Neoplasms</i></p> <p><input type="checkbox"/> <b>Endometrial stromal tumors:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Stromal nodule</p> <p style="padding-left: 20px;"><input type="checkbox"/> Low grade stromal sarcoma</p> <p style="padding-left: 20px;"><input type="checkbox"/> High grade stromal sarcoma</p> <p><input type="checkbox"/> Smooth muscle tumor of uncertain malignant potential</p> <p><input type="checkbox"/> <b>Leiomyosarcoma:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Epithelioid</p> <p style="padding-left: 20px;"><input type="checkbox"/> Myxoid</p> <p><input type="checkbox"/> Mixed endometrial stromal and smooth muscle tumor</p> <p><input type="checkbox"/> Poorly differentiated (undiff.) endometrial sarcoma</p> <p><input type="checkbox"/> <b>Other soft tissue tumors:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Homologous</p> <p style="padding-left: 20px;"><input type="checkbox"/> Heterologous</p> <p><i>Mixed epithelial - nonepithelial tumors</i></p> <p><input type="checkbox"/> <b>Adenosarcoma:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Homologous</p> <p style="padding-left: 20px;"><input type="checkbox"/> Heterologous</p> <p style="padding-left: 20px;"><input type="checkbox"/> With high grade stromal overgrowth (see notes)</p> <p><input type="checkbox"/> <b>Carcinosarcoma (malignant mixed Mullerian tumor):</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Homologous</p> <p style="padding-left: 20px;"><input type="checkbox"/> Heterologous</p> <p><input type="checkbox"/> <b>Carcinofibroma</b></p> <p><i>Miscellaneous</i></p> <p><input type="checkbox"/> Sex cord-like tumors</p> <p><input type="checkbox"/> Germ cell neoplasms</p> <p><input type="checkbox"/> Neuroectodermal tumors</p> <p><input type="checkbox"/> Lymphoma</p> <p><input type="checkbox"/> Other:</p>	<p><b>Grading Endometrial Carcinoma</b></p> <p><b>Grade 1</b> - less than or equal to 5% of solid growth pattern (morules or squamous growth are not considered solid pattern)</p> <p><b>Grade 2</b> - 6-50% of solid growth pattern</p> <p><b>Grade 3</b> - &gt; 50% of solid growth pattern</p> <p>a) Nuclear morphology inappropriately atypical for architectural grade raises carcinoma grade by one.</p> <p>b) Adenocarcinoma with squamous differentiation is graded according to architectural grade of the glandular component.</p> <p>c) Serous carcinoma, pure clear cell, and pure squamous cell as yet do not have a clear system for grading identified, though they are generally considered to be high grade (grade 3) based on behavior.</p> <p><b>Notes:</b></p> <p>1) Serous carcinoma and clear cell carcinoma should comprise more than 50% of a tumor before being designated in those categories when there are mixed components.</p> <p>2) An epithelial subtype must be at least 10% of the total volume to designate the tumor mixed.</p> <p>3) Low grade stromal sarcomas are cytologically and architecturally bland with evidence of infiltrative behavior. Classically &lt;10 mitoses/10 hpf, but not a strict criterion.</p> <p>High grade stromal sarcomas are cytologically poorly differentiated with infiltrative behavior, necrosis, and atypical mitoses, classically &gt;10/10 hpf.</p> <p>5) To consider a tumor a primary squamous cell carcinoma or mucinous carcinoma of endometrium, concurrent cervical carcinoma of the same cell type must be absent.</p> <p>6) Adenosarcoma with high grade stromal overgrowth should be specifically noted due to its poor prognosis.</p>
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Tumor size:	_____	x	_____	x	cm		
Overall (FIGO) grade:	1		2			3	N/A
Myoinvasive:	Yes		No			N/A	
Depth of invasion/total uterine thickness:			cm/			cm	N/A
Cervix involved:	Yes		No		N/A		
Number of positive lymph nodes/the total number found:						/	
Vascular space involvement:			Yes		No		
Other metastatic sites:	Yes		specify site:				Unknown
Resection margins involved:			Yes		No		