

**OVARY, FALLOPIAN TUBE, or PRIMARY PERITONEAL NEOPLASM**

1. **Specimen(s):** *list all specimens removed during case*
2. **Procedure(s):** *select all that apply separated by semicolons*
  - a. [Total abdominal hysterectomy]
  - b. [Radical hysterectomy]
  - c. [Supracervical hysterectomy]
  - d. [Bilateral salpingo-oophorectomy]
  - e. [Bilateral oophorectomy]
  - f. [Bilateral salpingectomy]
  - g. [Right salpingo-oophorectomy]
  - h. [Right oophorectomy]
  - i. [Right salpingectomy]
  - j. [Left salpingo-oophorectomy]
  - k. [Left oophorectomy]
  - l. [Left salpingectomy]
  - m. [Omentectomy]
  - n. [Peritoneal biopsies]
  - o. [Peritoneal washings]
  - p. [Other, <SPECIFY>]
3. **Regional Lymph Node Sampling:** *select whether or not regional, non-sentinel lymph nodes were removed*
  - a. [Performed]
  - b. [Not performed]
  - c. [Not applicable]
  - d. [Cannot be determined]
4. **Specimen Integrity:** *document whether intact or received fragmented. This absolutely requires correlation with the operative report*
5. **Primary Tumor Site:** *select all that apply*
  - a. [Right fallopian tube]
  - b. [Left fallopian tube]
  - c. [Bilateral fallopian tubes]
  - d. [Right ovary]
  - e. [Left ovary]
  - f. [Bilateral ovaries]
  - g. [Primary peritoneal]
  - h. [Cannot be determined]
6. **Tumor Size:** *provide greatest dimension and total dimensions, if both ovaries equally involved, list separately*

- a. [Greatest dimension: <SPECIFY>]
- b. [Total dimensions: <SPECIFY>]
- c. [Cannot be determined]

7. **Histologic Type:** *select appropriate tumor type*

- a. [Atypical proliferative/borderline serous tumor]
- b. [Atypical proliferative/borderline serous tumor with micropapillary features]
- c. [Atypical proliferative/borderline serous tumor with cribriform features]
- d. [Atypical proliferative /borderline seromucinous tumor (“mixed epithelial tumor”, “endocervical type mucinous tumor”)]
- e. [Atypical proliferative/borderline mucinous tumor, gastrointestinal type]
- f. [Atypical proliferative/borderline endometrioid tumor]
- g. [Atypical proliferative/borderline clear cell tumor]
- h. [Atypical proliferative/borderline Brenner tumor]
- i. [Low-grade serous carcinoma]
- j. [High-grade serous carcinoma] (use of the term “papillary” is not recommended)
- k. [Mucinous carcinoma, gastrointestinal type]
- l. [Endometrioid carcinoma]
- m. [Clear cell carcinoma]
- n. [Malignant Brenner tumor]
- o. [Transitional carcinoma]
- p. [Undifferentiated carcinoma]
- q. [Carcinosarcoma (malignant mixed Mullerian tumor, MMMT)]
- r. [Small cell carcinoma, hypercalcemic-type (“malignant rhabdoid tumor of the ovary”)]
- s. [Mixed carcinoma <SPECIFY TYPES AND APPROXIMATE PERCENTAGES>]
- t. [Adult-type granulosa cell tumor]
- u. [Juvenile granulosa cell tumor]
- v. [Sertoli-Leydig cell tumor]
- w. [Sex cord tumor with annular tubules (SCTAT)]
- x. [Steroid cell tumor, not-otherwise-specified]
- y. [Other sex cord-stromal tumor <SPECIFY>]
- z. [Dysgerminoma]
- aa. [Embryonal carcinoma]
- bb. [Yolk sac tumor]
- cc. [Choriocarcinoma]
- dd. [Immature teratoma]
- ee. [Carcinoma ex teratoma]
- ff. [Malignant mixed germ cell tumor <SPECIFY TYPES AND APPROXIMATE PERCENTAGES>]
- gg. [Other, <SPECIFY>]

8. **Histologic Grade:** *provide the grade of the primary tumor*
- a. The following tumors are NOT graded:
    - i. Clear cell carcinoma
    - ii. Dysgerminoma
    - iii. Yolk sac tumor
    - iv. Choriocarcinoma
    - v. Embryonal carcinoma
    - vi. Malignant mixed germ cell tumors
    - vii. Adult granulosa cell tumor
    - viii. Juvenile granulosa cell tumor
    - ix. Sex-cord stromal tumors other than Sertoli or Sertoli-Leydig cell tumor
  - b. The following tumors are graded using the WHO three-tiered grading system (well-differentiated G1; moderately-differentiated G2; poorly-differentiated G3):
    - i. Endometrioid carcinoma
    - ii. Mucinous carcinoma
    - iii. Seromucinous or mixed carcinomas that do not have a clear cell component
  - c. If the primary tumor is serous, then state whether it is “high grade” or “low grade”
  - d. If the tumor is a borderline neoplasm, then the grade is “low grade”
  - e. If the tumor is a Sertoli or Sertoli-Leydig cell tumor, use the three-tiered grading system depending on the degree of differentiation of the Sertoli cell component (well-differentiated; intermediate-differentiated; poorly-differentiated)
9. **Lymph-Vascular Space Invasion:** *state whether LVI is present*
- a. [Absent]
  - b. [Present]
  - c. [Suspicious]
  - d. [Cannot be determined]
10. **Ovarian Stromal Invasion:** *include only if the tumor is an ovarian primary:*
- a. [Absent]
  - b. [Present; microinvasion (< 0.5 cm)] (for use in borderline tumors)
  - c. [Present; > 0.5 cm] (for use in borderline tumors)
  - d. [Present] (for use in high-grade tumors where amount of stromal invasion doesn't matter)
11. **Serosal Surface Involvement:** *specify whether tumor involves fallopian tube and/or ovarian serosa*
- a. [Absent]
  - b. [Present, <SPECIFY FALLOPIAN TUBE AND/OR OVARIAN>]
12. **Other Sites Involved:** *state whether there is disease outside the primary*

- a. *Serous or seromucinous tumor implants that were formerly classified as “invasive implants” are now classified as metastasis (i.e. “low-grade serous carcinoma”)*
- b. [Negative]
- c. [Positive: <LIST OTHER ORGANS INVOLVED> ; <PROVIDE SIZE OF LARGEST METASTATIC FOCUS>] (high-grade tumors)
- d. [Non-invasive implants: <LIST NON-INVASIVE IMPLANT SITES>] (only if a borderline or low-grade serous or seromucinous tumor)
- e. [Metastatic carcinoma (formerly “invasive implants”): <LIST SITES INVOLVED> ; <PROVIDE SIZE OF LARGEST METASTATIC FOCUS>]
- f. [Cannot be determined]

**13. Treatment Effect:** *state whether there is treatment response*

- a. *If the primary tumor is high-grade serous carcinoma:*
  - i. *Use the Chemotherapy Response Score (CRS)*
    - 1. *Three-tiered scoring system based on assessment of the OMENTUM that shows the LEAST response to chemotherapy.*
      - a. *CRS 1 = “no or minimal tumor response”*
        - i. *“Mainly viable tumor with no or minimal regression-associated fibro-inflammatory changes” (such as foamy histiocytes)*
      - b. *CRS 2 = “appreciable tumor response amidst viable tumor, both readily identifiable and tumor regularly distributed”*
        - i. *“ranging from multifocal or diffuse regression associated fibro-inflammatory changes, with viable tumor in sheets, streaks, or nodules, to extensive regression associated fibro-inflammatory changes with multifocal residual tumor which is easily identifiable”*
      - c. *CRS 3 = “complete or near-complete response with no residual tumor OR minimal irregularly scattered tumor foci seen as individual cells, cell groups, or nodules up to 0.2 cm in maximum size”*
        - i. *“Mainly regression-associated fibro-inflammatory changes or, in rare cases, no/very little residual tumor in complete absence of any inflammatory response.*
        - ii. *Make sure it is clear whether there is “no residual tumor” or “microscopic residual tumor present”*
- b. *If the primary tumor is something other than high-grade serous carcinoma:*
  - i. *There is no validated scoring system, so you will have to be descriptive. Also, which part of the tumor (i.e. omentum versus the primary) should be assessed.*

1. For example, you can say that there is “extensive residual tumor with no definitive treatment effect (then give size)” or “scattered, microscopic tumor nests each measuring less than 0.1 cm in greatest dimension”.

**14. Regional Lymph Node Status:** *provide lymph node status*

- a. [Not performed]
- b. If all lymph nodes are negative: [Negative: 0 / <PROVIDE TOTAL LYMPH NODES>]
- c. If there are lymph nodes with carcinoma:
  - i. [Total number of lymph nodes with metastasis greater than 1.0 cm]
  - ii. [Total number of lymph nodes with metastasis less than or equal to 1.0 cm but bigger than 0.02 cm (bigger than ITCs)]
  - iii. [Total number of lymph nodes with isolated tumor cells (ITCs; single cells or small clusters of cells not more than 0.02 cm in greatest dimension)]
  - iv. [State the anatomic site of the positive lymph node(s)]
  - v. [State whether there is extranodal extension]
  - vi. [Provide total number of lymph nodes]

**15. Cytology:** *state whether or not cytology was performed and results, include accession number*

- a. [Not performed]
- b. [Performed]:
  - i. [Positive, <PROVIDE ACCESSION NUMBER IF AVAILABLE>]
  - ii. [Negative, <PROVIDE ACCESSION NUMBER IF AVAILABLE>]

**16. Hormone Receptor Expression (by immunohistochemistry):** *provide ER and PR expression if applicable*

- a. [PENDING]
- b. [ER: POSITIVE; <PROVIDE PERCENTAGE OF TUMOR CELLS STAINING AND STRENGTH OF STAINING>]
- c. [ER: NEGATIVE]
- d. [PR: POSITIVE; <PROVIDE PERCENTAGE OF TUMOR CELLS STAINING AND STRENGTH OF STAINING>]
- e. [PR: NEGATIVE]

**17. Mismatch Repair (MMR) Protein Expression (by immunohistochemistry):** *provide MMR status if performed*

- a. This should only be done for non-serous neoplasms:
  - a. Mucinous carcinoma
  - b. Endometrioid carcinoma
  - c. Clear cell carcinoma
- b. [Not performed]
- c. [<INPUT WHETHER STAINS ARE INTACT OR THERE IS LOSS OF EXPRESSION HOWEVER YOU WANT>]

**18. Pathologic Staging:** *use AJCC and/or FIGO; refer to 2018 staging manual*