TROPHOBLASTIC NEOPLASM

EXAMPLE OF A TROPHOBLASTIC NEOPLASM USING PROPOSED TEMPLATE
- Case: Choriocarcinoma after miscarriage
  - Total abdominal hysterectomy, previously opened in OR
  - Tumor measures 4.0 x 1.0 x 0.9 cm
  - Tumor confined to the endometrium
  - Positive ALI
  - Negative cytology
  - Cytogenetics not performed
  - Hormone receptors not performed

GESTATIONAL TROPHOBLASTIC NEOPLASM
1. Specimens: Uterus, cervix
2. Procedures: Total abdominal hysterectomy
3. Regional Lymph Node Sampling: Not performed
4. Specimen Integrity: Received opened
5. Primary Tumor Site: Endometrium
6. Tumor Size:
   a. Greatest dimension: 4.0 cm
   b. Total dimensions: 4.0 x 1.0 x 0.9 cm
7. Histologic Type: Choriocarcinoma
8. Tumor Extension: Tumor confined to uterus
9. Lymph-Vascular Space Invasion: Present
10. Other Sites/Organs Involved: Cannot be determined
11. Regional Lymph Nodes: Not performed
12. Cytology: Not performed
13. Ancillary Molecular Genetic or Cytogenetic Studies: Not performed
14. Surgical Margins: Negative
15. Pathologic Staging: AJCC [pT1]; FIGO [I]

TROPHOBLASTIC NEOPLASM (specific details to be added into SOFT)
1. Specimen(s): list all specimens removed during case
2. Procedure(s): select all that apply
   a. [Curettage]
   b. [Total abdominal hysterectomy]
   c. [Radical hysterectomy]
   d. [Supracervical hysterectomy]
   e. [Bilateral salpingo-oophorectomy]
   f. [Bilateral oophorectomy]
   g. [Bilateral salpingectomy]
   h. [Right salpingo-oophorectomy]
i. [Right oophorectomy]

j. [Right salpingectomy]

k. [Left salpingo-oophorectomy]

l. [Left oophorectomy]

m. [Left salpingectomy]

n. [Omentectomy]

o. [Peritoneal biopsies]

p. [Peritoneal washings]

q. [Other, <SPECIFY>]

3. **Regional Lymph Node Sampling:** select whether or not 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

5. **Primary Tumor Site:** select all that apply  
   a. [Anterior endometrium]
   b. [Posterior endometrium]
   c. [Fundus]
   d. [Lower uterine segment]
   e. [Multicentric, <SPECIFY>]
   f. [Other, <SPECIFY>]
   g. [Cannot be determined]

6. **Tumor Size:** provide greatest dimension and total dimensions  
   a. [Greatest dimension: <SPECIFY>]
   b. [Total dimensions: <SPECIFY>]
   c. [Cannot be determined]

7. **Histologic Type:** select appropriate tumor type  
   a. [Complete hydatidiform mole]
   b. [Partial hydatidiform mole]
   c. [Invasive hydatidiform mole]
   d. [Choriocarcinoma]
   e. [Placental site trophoblastic tumor]
   f. [Epithelioid trophoblastic tumor]
   g. [Other, <SPECIFY>]

8. **Tumor Extension:** select appropriate microscopic tumor involvement  
   a. [Tumor confined to uterus]
b. [Tumor extends outside of the uterus but is limited to genital structures; <SPECIFY WHETHER FALLOPIAN TUBE, OVARY, BROAD LIGAMENT, VAGINA, OR CERVIX ARE INVOLVED]

c. [Tumor extends to non-genital organs and/or structures; <SPECIFY>]

d. [Cannot be determined]

9. **Lymph-Vascular Space Invasion:** *state whether LVI is present*
   a. [Absent]
   b. [Present]
   c. [Suspicious]
   d. [Cannot be determined]

10. **Other Sites/Organs Involved:** *state whether there is disease outside the uterus*
    a. [Negative]
    b. [Positive: <LIST OTHER ORGANS INVOLVED> ; <PROVIDE SIZE OF LARGEST METASTATIC FOCUS>]

11. **Regional Lymph Nodes:** *provide lymph node status*
    a. [Not performed]
    b. [Negative: 0 / <PROVIDE TOTAL LYMPH NODES>]
    a. [Positive: <PROVIDE TOTAL NUMBER OF POSITIVE LYMPH NODES> / <PROVIDE TOTAL LYMPH NODES> ; <LIST SIZE OF LARGEST LYMPH NODE METASTASIS AND IF THERE IS EXTRANODAL EXTENSION>]

12. **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>]

13. **Ancillary Molecular Genetic or Cytogenetic Studies:** *state whether or not ancillary genetic/cytogenetic studies were performed*
    a. [Not performed]
    b. [Performed: <PROVIDE BRIEF SUMMARY OF RESULTS AND CITE REPORT ACCESSION NUMBER>]
    c. [Unknown]

14. **Surgical Margins:** *provide margin status*
    a. [Negative] (can specify if close)
    b. [Positive] (specify)

15. **Pathologic Staging:** *may use AJCC and/or FIGO; refer to staging manuals*