TROPHOBLASTIC NEOPLASM

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. [Uterine corpus]
   b. [Uterine cervix]
   c. [Other, <SPECIFY>]
   d. [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>]
    b. [Indicate the anatomic site of the positive lymph node(s)]

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>]
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