# Appendix E Reporting proforma for ovarian, tubal and primary peritoneal

# borderline tumours

Surname: Forenames: Date of birth:

Patient identifier (CHI/NHS no): Hospital: Hospital no:

Date of surgery:…… Date of receipt: Date of reporting:

Report no: Pathologist: Surgeon:

#### **SPECIMEN TYPE†** (Select all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Right ovary | 🞎 | Right ovarian cystectomy | 🞎 | Right fallopian tube | 🞎 |
| Left ovary | 🞎 | Left ovarian cystectomy | 🞎 | Left fallopian tube | 🞎 |
| Uterus | 🞎 | Cervix | 🞎 | Omentum | 🞎 |
| Peritoneal biopsies | 🞎 | Peritoneal washings/ascitic fluid | | | 🞎 |
| Lymph nodes (specify site/s) ……..……................……..……................……..…….................. | | | | | 🞎 |
| Other e.g. bowel, bladder, appendix (specify) ……..……................……..……......................... | | | | | 🞎 |

**SPECIMEN INTEGRITY** *(Required only if ovary[ies]/fallopian tubes are submitted)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Right ovary**† |  | **Left ovary**† |  |
| Ovarian capsule intact | 🞎 | Ovarian capsule intact | 🞎 |
| Ovarian capsule ruptured | 🞎 | Ovarian capsule ruptured | 🞎 |
| Tumour on surface | 🞎 | Tumour on surface | 🞎 |
| Fragmented specimen | 🞎 | Fragmented specimen | 🞎 |
| Other ……………………………………… | 🞎 | Other ………………………………………. | 🞎 |
| **Right fallopian tube** |  | **Left fallopian tube** |  |
| Serosa intact | 🞎 | Serosa intact | 🞎 |
| Serosa ruptured | 🞎 | Serosa ruptured | 🞎 |
| Tumour on serosal surface | 🞎 | Tumour on serosal surface | 🞎 |
| Fragmented specimen | 🞎 | Fragmented specimen | 🞎 |
| Other………………………………………. | 🞎 | Other………………………………………. | 🞎 |

**MACROSCOPIC TUMOUR SITE** *(Select all that apply)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Right ovary | 🞎 | Right fallopian tube | 🞎 | Left fallopian tube | 🞎 |
| Left ovary | 🞎 | Fimbrial | 🞎 | Fimbrial | 🞎 |
| Peritoneum | 🞎 | Non-fimbrial | 🞎 | Non-fimbrial | 🞎 |
| Omentum | 🞎 |  |  |  | 🞎 |
| Other (specify) | 🞎 |  | | | |
| Indeterminate | 🞎 |  |  |  |  |

**MACROSCOPIC DESCRIPTION OF OMENTUM** *(Required only if omentum submitted)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Omentum dimensions | …… | | mm x | …… | mm x | | …… | | mm |
| Omental involvement |  | Involved | | | | ⭘ | | Not involved | | | ⭘ |
| Maximum dimension of largest deposit | | | | …… | mm | |  | |  |

**HISTOLOGICAL TUMOUR TYPE AND GRADE**†

*(Note: If chemotherapy has been administered the grading may need to be based on the pre-chemotherapy biopsy)*

|  |  |  |  |
| --- | --- | --- | --- |
| Serous | ⭘ | Mucinous | ⭘ |
| Serous micropapillary variant | ⭘ | Endometrioid | ⭘ |
|  |  | Clear cell | ⭘ |
| Mixed epithelial types | ⭘ | Other | ⭘ |
| Specify (if Other or Mixed epithelial types) | ⭘ |  | |

**IMPLANTS FOR SEROUS & SEROMUCINOUS BORDERLINE TUMOUR**

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-invasive implants** |  | Not identified  Present, Epithelial  Present, Desmoplastic  If present, Pelvic 🞎 Abdominal 🞎 | ⭘ ⭘ ⭘ |
| **Invasive implants/Extra-ovarian low-grade serous carcinoma** |  | Not identified  Present If present, Pelvic 🞎 Abdominal 🞎 | ⭘ ⭘ |
|  |  |  |  |
| **Indeterminate** |  | Not identified  Present If present, Pelvic 🞎 Abdominal 🞎 | ⭘ ⭘ |

**HISTOLOGICAL SITES OF TUMOUR INVOLVEMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Right ovary**† | | |  |  | | |  |
| Not involved | | | ⭘ | Cannot be assessed | | | ⭘ |
| Involved | | | ⭘ | Not applicable | | | ⭘ |
| **Left ovary**† | | |  |  | | |  |
| Not involved | | | ⭘ | Cannot be assessed | | | ⭘ |
| Involved | | | ⭘ | Not applicable | | | ⭘ |
| **Right ovarian capsule/surface**† | | |  |  | | |  |
| Not involved | | | ⭘ | Cannot be assessed | | | ⭘ |
| Involved | | | ⭘ | Not applicable | | | ⭘ |
| **Left ovarian capsule/surface**† | | |  |  | | |  |
| Not involved | | | ⭘ | Cannot be assessed | | | ⭘ |
| Involved | | | ⭘ | Not applicable | | | ⭘ |
| **Right fallopian tube**† | | |  |  | | |  |
| Not involved | | | ⭘ | Cannot be assessed | | | ⭘ |
| Involved | | | ⭘ | Not applicable | | | ⭘ |
| **Left fallopian tube**† | | |  |  | | |  |
| Not involved | | | ⭘ | Cannot be assessed | | | ⭘ |
| Involved | | | ⭘ | Not applicable | | | ⭘ |
| **Uterus** | | |  |  | | |  |
| Not involved | | | ⭘ | Cannot be assessed | | | ⭘ |
| Involved | | | ⭘ | Not applicable | | | ⭘ |
| Site(s): | | |  |  | | |  |
| Myometrium | 🞎 | Endometrium | | | 🞎 | Cervix | 🞎 |
| **Omentum**† | | |  |  | | |  |
| Not involved | | | ⭘ | Cannot be assessed | | | ⭘ |
| Involved | | | ⭘ | Not applicable | | | ⭘ |
| Level of involvement: | | |  |  | | |  |
| Macroscopic | | | ⭘ | Microscopic | | | ⭘ |
| **Peritoneum (including uterine serosa)**† | | |  |  | | |  |
| Not involved | | | ⭘ | Cannot be assessed | | | ⭘ |
| Involved | | | ⭘ | Not applicable | | | ⭘ |
| Site(s): | | |  |  | | |  |
| Pelvis (specify site/s) | | | 🞎 |  | | | |
| Abdomen (specify site/s) | | | 🞎 |  | | | |
| **Other involved organ(s)/site(s) (specify)** | | | |  | | |  |
|  | | | | | | | |

**PERITONEAL CYTOLOGY**†

|  |  |  |  |
| --- | --- | --- | --- |
| Negative | ⭘ | Indeterminate | ⭘ |
| Positive | ⭘ | Not received | ⭘ |

**LYMPH NODE STATUS**†

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not submitted | ⭘ | Not involved | | | ⭘ | Involved | ⭘ |
| **Regional** | | |  |  | | |  |
| **Left pelvic** | | |  |  | | |  |
| Number of lymph nodes examined\*\* | | | |  | | |  |
| Number of positive lymph nodes\*\* | | | |  | | |  |
| **Right pelvic** | | |  |  | | |  |
| Number of lymph nodes examined\*\* | | | |  | | |  |
| Number of positive lymph nodes\*\* | | | |  | | |  |
| **Para-aortic** | | |  |  | | |  |
| Number of lymph nodes examined\*\* | | | |  | | |  |
| Number of positive lymph nodes\*\* | | | |  | | |  |
| **Non-regional** | | |  |  | | |  |
| **Site 1** | | |  |  | | |  |
| Number of lymph nodes examined\*\* | | | |  | | |  |
| Number of positive lymph nodes\*\* | | | |  | | |  |
| **Site 2** | | |  |  | | |  |
| Number of lymph nodes examined\*\* | | | |  | | |  |
| Number of positive lymph nodes\*\* | | | |  | | |  |

*Note:*

\*\*In some cases, it may not be possible to record the actual number of nodes owing to fragmentation of the specimen.

**Site of tumour**†

|  |  |  |  |
| --- | --- | --- | --- |
| Primary tumour, ovary | ⭘ | Primary tumour, peritoneum | ⭘ |
| Primary tumour, fallopian tube | ⭘ | Undesignated: site of primary tumour cannot be assessed | ⭘ |

**Comments:**

**Provisional FIGO stage**† **………………** *(may change following MDTM discussion)*

**SNOMED codes**†**: T………....… M………..…...**

**Pathologist: ....................……………………… Date: ……......../………….../…………..**

*Note:*  
†Data items that are currently part of the Cancer Outcomes and Services Dataset (COSD) version 8.