# 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 identifiedPresent, EpithelialPresent, DesmoplasticIf present, Pelvic 🞎 Abdominal 🞎 | ⭘⭘⭘ |
| **Invasive implants/Extra-ovarian low-grade serous carcinoma** |  | Not identifiedPresentIf present, Pelvic 🞎 Abdominal 🞎 | ⭘⭘ |
|  |  |  |  |
| **Indeterminate** |  | Not identifiedPresentIf 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.