## **Sample Review**

Subject ID		
Centralized Pathology Review (CPR) Form Version:	O4/14/2022	
Batch [batch_number] CECS Sample ID: [cecs_sample_id] Originating Facility Block ID: [hospital_block_id] Path Report Number (Date): [from_path_num] ([from_path_date Specimen(s) Received: # Blocks # H&E's # Unstained Slides # [num_blocks] [num_h_and_e] [num_uns_slides] [num_oth_slides]	e]) Other Slides s]	
Batch:		
CECS Sample ID:		
Originating Facility Block ID:		
From Path Report		
From Path Date		
# Blocks:		
# H & E's:		
# Unstained Slides:		
# Other Slides:		
Is this sample being reviewed by pathologist?	○ Yes ○ No	
Primary evaluation performed by: Date of primary evaluation:		
Is a secondary pathologist evaluation being performed for this sample?	○ Yes ○ No	

Secondary evaluation performed by: Date of secondary evaluation: Secondary evaluation: Secondary evaluation comment:
Tissue Type? Requested Tissue Type(s): [subj_req_tiss_type]
Source of Reviewed H&E? Source of Reviewed H&E Comment:

## **Primary Tumor (Top H&E)**

Histologic type of carcinoma?

\* Histology is not ideal for clin use in pt care, as it describes an unspecified or outdated diagnosis. Data collectors may use this code only if there is not enough info in the med record to document a more specific diagnosis.

	<ul><li>8575* Metaplastic carcinoma, NOS</li><li>8951 Mesodermal mixed tumor</li><li>9111 Mesonephric-like adenocarcinoma</li></ul>
Gelected Histology: cpr_histology]	

Histology (mixed)	☐ 8380 Endometrioid adenocarcinoma, NOS / Endometrioid carcinoma, NOS / Endometrioid cystadenocarcinoma
	☐ 8570 Adenocarcinoma with squamous metaplasia / Adenoacanthoma / Endometrioid carcinoma, squamous differentiation (NAACCR: Endometrioid carcinoma w/
	squamous diff - C54, C55.9)  8560* Adenosquamous carcinoma / Mixed adenocarcinoma and epidermoid carcinoma / Mixed adenocarcinoma and squamous cell carcinoma
	☐ 8263 Endometrioid carcinoma, villoglandular / Papillotubular adenocarcinoma / Tubulopapillary adenocarcinoma
	□ 8382 Endometrioid adenocarcinoma, secretory variant □ 8480 Mucinous adenocarcinoma / Colloid adenocarcinoma / Colloid carcinoma / Mucinous carcinoma / Mucoid adenocarcinoma / Mucoid carcinoma / Mucous adenocarcinoma / Mucous carcinoma
	☐ 8441 Serous carcinoma, NOS / Serous cystadenocarcinoma, NOS / Serous adenocarcinoma, NOS / Serous papillary adenocarcinoma, NOS / Papillary serous cystadenocarcinoma / Serous surface papillary carcinoma / Papillary serous adenocarcinoma (NAACCR: Serous endometrial
	intraepithelial carcinoma - C54, C55.9)  3441/2 Serous endometrial intraepithelial carcinoma (Only "In-situ" histology)
	<ul><li>☐ 8980 Carcinosarcoma, NOS</li><li>☐ 8950* Müllerian mixed tumor</li></ul>
	<ul> <li>□ 8310 Clear cell adenocarcinoma, NOS / Clear cell carcinoma / Clear cell adenocarcinoma, mesonephroid</li> <li>□ 8013 Large cell neuroendocrine carcinoma</li> <li>□ 8020 Carcinoma, undifferentiated, NOS</li> <li>□ 8041 Small cell carcinoma, NOS / Small cell neuroendocrine carcinoma (NAACCR: High-grade</li> </ul>
	neuroendocrine carcinoma - C54, C55.9)  8010* Carcinoma, NOS / Epithelial tumor, malignant  8140* Adenocarcinoma, NOS  8050 Papillary carcinoma, NOS  8022 Pleomorphic carcinoma, NOS  8460 Papillary serous adenocarcinoma
	☐ 8000* Neoplasm, malignant / Tumor, malignant, NOS / Cancer / Malignancy / Unclassified tumor, malignant
	8575* Metaplastic carcinoma, NOS   8951 Mesodermal mixed tumor   9111 Mesonephric-like adenocarcinoma   Other1:   Other2:   Other3:   Other3:
Histology Comment	
Grade (SEER)? Grade (SEER) Comment:	

Grade (SEER): non-endometrioid histologies with missing grade coded as grade 3 New variable per 2023-08-18 request from Hazel Nichols: "[create a] derived variable (e.g. grade_derived) that inputs 3 for non-endometrioid histologies with missing grade"		
Recommended Sectioning Protocol		
Recommended sectioning protocol? (Tumor Tissue) (Lab Tech will attempt, not guaranteed)  Full Schema (23 add'l slides can be cut) Limited Schema (13 add'l slides can be cut) *Max allowed for Core Biopsies Received unstained slides (see count above) H&E Only (no add'l slides)		
Recommended sectioning protocol? (Normal Tissue) (Lab Tech will attempt, not guaranteed)  Full Schema (10 add'l slides can be cut) Limited Schema (5 add'l slides can be cut) *Max allowed for Core Biopsies Received unstained slides (see count above) H&E Only (no add'l slides)		
Recommended Sectioning Protocol Comment		
Review of H&E Sections		
Top H&E appropriate for molecular analysis? (Note: Only requirement for Tumor is >0% Tumor)	<ul><li>Yes</li><li>No, QNS</li></ul>	
Top H&E has ≥ 20% tumor nuclei?	○ Yes ○ No	
Next Steps:		
Return Top H&Es to PSC w/ preferred sectioning noted Perform digital annotation of Top H&E tumor tissue slides once notified by PSC of image availability Await return of Bottom H&E tumor tissue slides for final review steps		
Please circle the tumor component on the Bottom H&E with a permanent marker in preparation for macrodissection. Has the tumor component been circled on the Bottom H&E?	○ Yes ○ No	
Bottom H&E: Approximate tumor nuclei percentage?		
	(Enter percentage as integer between 0-100)	
Bottom H&E sufficient for molecular analysis? (Note: Only requirement for Tumor is >0% Tumor)	○ Yes ○ No, QNS	
Has pathologist completed digital annotation of slides?	○ Yes ○ No	

Additional review comments / Notable tissue characteristics: