Manchester Cancer: Gynaecology Pathway Board
Management of Gynaecological Cancers: Histopathology Guidelines

The general principal for all cases of gynaecological tumours is that where patients are being referred for consideration of surgical intervention in one of the two cancer centres then the relevant pathological material should be forwarded for central review.

Where central review of Pathology is not clearly indicated by the following guidelines this should be triggered at the time of the MDT Meetings.

Occasional cases do represent cross referrals clinically where patients from the South are treated at MRI and vice versa. If a central review has been performed at one or other of the two centre Histopathology departments then double reviews are not anticipated except in more complex cases.

Peritoneal Biopsies

It is recommended that the initial local assessment of these biopsies would include:

H&E and immuno sections with typing and grading of the tumour as far as possible, together with 6 unstained sections (in order for there to be material available for any further subsequent immunohistochemistry)

The recommended initial immunohistochemistry panel is for:
Cytokeratin 7
Cytokeratin 20
CDX2 – where felt appropriate
PAX-8 – desirable
Oestrogen receptor
p53
WT1
MIB-1/Ki-67 – for serous tumours to facilitate the differentiation of low and high grade tumours

Where the biopsy shows features in keeping with a tumour of gynaecological origin this should be sent for central review at the earliest opportunity in order to streamline the process.

Endometrial Tumours

It is desirable that all endometrial tumours with high nuclear morphology should be sent for central pathological review. This would include all carcinomas and carcinosarcomas.

Where there is any doubt on the initial pathological assessment early, proactive central review is encouraged.

Cervical Tumours

As stated in the National guidelines all invasive cervical carcinomas should be sent for central pathological review.

As for the other Gynaecological tumours proactive early referral of cases for central review is encouraged.

Vulval Tumours

All cases where patients are being referred for further treatment at Cancer Centres should have their pathology forwarded for central review.

Suspected Gynaecological sarcomas

This would include all potential sarcomas eg low grade endometrial stromal sarcomas and should be sent for central review at the earliest opportunity in order to streamline the process.

At the initial assessment of small biopsies where this diagnosis is suspected 12 unstained sections should be cut to facilitate subsequent immunohistochemistry.

General recommendations

The National Cancer Peer Review have published: ***"Manual for cancer services, Gynaecology specific measures (version 1.0, January 2014)"*** and the Royal College of Pathologists has a document entitled: "***The role of the lead pathologist and attending pathologists in the MDT (March 2014***)".

The manual recommends that the lead pathologist in each hospital should participate in a specialist EQA. *The Network guidelines therefore recommend that all leads for the Gynaecological cancer MDTs should participate in the National Gynaecological Pathology EQA scheme.*

The RCPath document on the role of pathologists states the following:

It is advised that central slide review should occur:

Where there has been a significant discrepancy between histological findings and clinical or imaging features. In accordance with this these cases will be identified at the time of the MDT.

In areas where published audits have indicated an area of acknowledged diagnostic difficulty leading to frequent revision of diagnosis. This is addressed by following the guidelines detailed above.

A lower threshold should be considered where primary reporting has been done by a pathologist who does not meet criteria and characteristics specified for definition of a specialist pathologist in the area

being reported. This particularly requires participation in the National Gynaecological Pathology EQA scheme.

For uncommon conditions seen within the spectrum of practice of the MDT, as a means of maintaining skills amongst the group of pathologists supporting the diagnostic area. This is supported by implementation of the above guidelines and by the maintenance of good communication between the local and central reviewing Pathologists.