KEMENTERIAN KESIHATAN MALAYSIA
PERKHIDMATAN PATOLOGI

HOSPITAL .....

REPORTING PROFORMA FOR LOOP EXCISION/ LLETZ

NAME :
HPE NO :
NRIC :
AGE :

CLINICAL INFORMATION:

Symptoms and clinical findings (colposcopy findings, etc)
Relevant previous history/ cytology/ biopsy

1.0 MACROSCOPIC DESCRIPTION:

Specimen labelled as: LLETZ specimen/ cold knife cone/ other, specify_____.
Orientation marker is absent/ present, specify_____.

1.1. Number of pieces:

1.2. Measurement: (anteroposterior x lateral x thickness/ depth)

(If multiple fragments are submitted, the number of pieces is noted and all pieces are measured in three dimensions unless very small when the maximum dimension is sufficient)

1.3. Cervical os: Complete/ Incomplete

1.4. Macroscopically visible lesion: Absent/ Present, describe and measure the lesion

The specimen is serially sliced from ___ o'clock to ___ o'clock and entirely submitted in _____ blocks.

2.0 MICROSCOPIC DESCRIPTION:

2.1. Transformation zone : Present/ Absent

2.2. Squamous intraepithelial lesion (SIL) : Present/ Absent

2.3. SIL lesion subtype :

- □ Low-grade squamous intraepithelial lesion (CIN1)
- □ High-grade squamous intraepithelial lesion (CIN2)
- □ High-grade squamous intraepithelial lesion (CIN3)
- □ Not applicable (if absent)

2.4. Extension into crypts : Present/ Absent

2.5. Adenocarcinoma in situ : Present/ Absent

2.6. Stratified mucin producing intraepithelial lesion (SMILE) : Present/ Absent

2.7. Tissue artefact: Absent/ Present – Thermal/ Non-thermal artefact present, specify__

If present – thermal:

- □ Minimal
- □ Moderate
- □ Extensive, imparting margin assessment
- □ Extensive, imparting diagnostic assessment
- □ Extensive, imparting both margin and diagnostic assessment

Note:
Minimal: Thin rim of thermal artefact only with no significant interference with histological assessment
Moderate: Thermal artefact focal or partially hinders histological assessment
Extensive: Thermal artefact significantly interferes with histological assessment; specify whether thermal artefact interferes with:
- margin assessment: if known the specific margin(s) affected should be documented. Whilst caution is advised in interpretation in tissue affected by artefact, when there is significant thermal artefact at margin, p16 IHC may assist in clarifying margin assessment.

- diagnostic assessment: for example grading of SIL, inability to exclude invasion, diagnostic certainty of AIS

2.8. Degree of epithelial loss

□ Minimal
□ Moderate
□ Extensive, imparting margin assessment
□ Extensive, imparting diagnostic assessment
□ Extensive, imparting both margin and diagnostic assessment

Note:
Minimal: There is no significant epithelial loss (<10%)
Moderate: Focal or partial epithelial loss that hinder histological assessment (10-30%)
Extensive: Significant epithelial loss that is likely to hinder histological assessment (>30%); specify as to whether epithelial loss influences:
- margin assessment: if known, specific margin(s) affected should be documented, however generally significant epithelial loss results in the possibility of a missed diagnosis that is unable to be further qualified.
- diagnostic assessment: if there is a specific known diagnostic issue this should be documented, however generally significant epithelial loss results in the possibility of a missed diagnosis that is unable to be further qualified.

2.9. Margin status :

□ Ectocervical margin : Involved/ Not involved/ Cannot be assessed, specify

Distance of non-invasive lesion from margin: ____ mm

□ Endocervical margin : Involved/ Not involved/ Cannot be assessed, specify

Distance of non-invasive lesion from margin: ____mm

□ Deep radial margin : Involved/ Not involved/ Cannot be assessed, specify

Distance of non-invasive lesion from margin: ____mm

□ Unspecified margin *(if it is not possible to say whether the margin is endocervical or ectocervical)*

Distance of non-invasive lesion from margin: ____mm

2.10. Stromal invasion: Absent/ Present (*if present use cervical cancer reporting proforma)*

2.11. Other comment or relevant pathology: Absent/ Present: Chronic cervicitis/ Tuboendometrioid metaplasia/ Endometriosis/ Microglandular hyperplasia/ Other, specify

2.12. Ancillary studies: Performed/ Not performed

- □ HPV testing: _____
- □ Immunohistochemistry: _____
- □ Other, specify: _____

INTERPRETATION:

(Type of specimen and diagnosis, margin status – if relevant)

References:

1. International Collaboration on Cancer Reporting (ICCR), version 5.0, 2023.
2. Tissue pathways for Gynaecological Pathology, The Royal College of Pathologist. February 2023.
3. Cervix excisions including LLETZ and cone biopsies, The Royal College of Pathologists of Australasia.
4. Guidebook for cervical cancer screening, Ministry of Health Malaysia 2019.
5. PH Carlos et al. Endocervical adenocarcinoma, gross examination and processing, including intraoperative evaluation: Recommendations from the International Society of Gynaecological Pathologists. Int J Gynaecol Pathol 2021;40:S24-S47.

6. The BAGP Document – Interpretation of p16 Immunohistochemistry in Lower Anogenital Tract Neoplasia Version 1 August 2018.