Person with cancer—depth of myometrial invasion, total millimetres N[N]
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# Person with cancer—depth of myometrial invasion, total millimetres N[N]

# Identifying and definitional attributes

Metadata item type: Data Element

Short name: Depth of myometrial invasion

Synonymous names: Depth of myometrial involvement

METEOR identifier: 545243

Registration status: Health!, Standard 08/05/2014

**Definition:** The depth of tumour invasion into the myometrium for a person with endometrial

cancer, expressed in millimetres.

Data Element Concept: Person with cancer—depth of myometrial invasion

Value Domain: <u>Total millimetres N[N]</u>

# Value domain attributes

# Representational attributes

Representation class:TotalData type:NumberFormat:N[N]

Maximum character length: 2

Value Meaning

**Supplementary values:** 97 Not applicable

98 Unknown

99 Not stated/inadequately described

Unit of measure: Millimetre (mm)

# Collection and usage attributes

**Guide for use:** Size in millimetres with valid values from 1 to 96.

#### Source and reference attributes

**Submitting organisation:** Cancer Australia

### Data element attributes

# Collection and usage attributes

Guide for use:

Record the depth of myometrial invasion in millimetres (mm).

The depth of myometrial invasion is assessed on microscopic examination and is measured from the normal endometrium-myometrium interface (not the surface of the intracavity or exophytic tumour) to the deepest tumour infiltrative focus. The depth of myometrial invasion cannot exceed the myometrial thickness. Myometrial thickness ranges from 2 to 40 mm. A myometrial thickness of 5 mm or less is considered to be normal.

Depth of myometrial invasion is a prognostic factor for endometrial cancer. The fractional myometrial invasion by tumour cells, i.e. the ratio of myometrial invasive depth to total normal myometrial thickness, is predictive of lymph node metastases in high risk endometrial cancers.

### Source and reference attributes

**Submitting organisation:** Cancer Australia

Reference documents: Hauth EA, Jaeger HJ, Libera H, Lange S, Forsting M 2007. MR imaging of the

uterus and cervix in healthy women: determination of normal values. European

Radiology 17:734

O'Connell LO, Fries MH, Zeringue E, Brehm W 1998. Triage of Abnormal Postmenopausal Bleeding: A comparison of endometrial biopsy and transvaginal sonohysterography versus fractional curettage with hysteroscopy. American Journal

of Obstetrics & Gynecology 178:956-61

RCPA 2011. Endometrial Cancer Structured Reporting Protocol (1st Edition

2011). Sydney: Royal College of Pathologists of Australasia

Weber AM, Belinson JL, Bradlev LD, Piedmonte MR 1997, Vaginal ultrasonography versus endometrial biopsy in women with postmenopausal bleeding. American Journal of Obstetrics & Gynecology 177:924-9

#### Relational attributes

Related metadata references:

See also Person with cancer—myometrial thickness, total millimetres N[N]

Health!, Standard 08/05/2014

Implementation in Data Set Gynaecological cancer (clinical) DSS **Specifications:** 

Health!, Superseded 14/05/2015

Conditional obligation: This data element is only to be recorded for patients with endometrial cancer, as indicated by Person with cancer—primary site of cancer, topography code (ICD-O-3) ANN.N.

Gynaecological cancer (clinical) NBPDS

Health!, Standard 14/05/2015

Conditional obligation:

This data element is only to be recorded for patients with endometrial cancer, as indicated by Person with cancer—primary site of cancer, topography code (ICD-O-3) ANN.N.