

SPEC #: Obtained:
STATUS: Received:

Subm Dr:

CLINICAL HISTORY:
CERVICAL CANCER

OSCE ICD-O-3
Adenocarcinoma, endocervical
type. 8384/3

SPECIMEN/PROCEDURE:

1. UTERUS - RADICAL HYSTERECTOMY WITH LEFT TUBE AND OVARY
2. RIGHT OVARY - AND TUBE
3. LYMPH NODE, PELVIC - RIGHT
4. LYMPH NODE, PELVIC - LEFT
5. VAGINA - LEFT MARGIN
6. LYMPH NODE, PARAORTIC - RIGHT
7. LYMPH NODE, PARAORTIC - LEFT

path
Adenocarcinoma, mucinous
endocervical type. 8480/3
(8384/3) Code to highest 8480/3

Site Cervix NOS C53.9
9/18/13

IMPRESSION:

- 1) UTERUS, LEFT FALLOPIAN TUBE AND OVARY, RADICAL HYSTERECTOMY, UNILATERAL SALPINGO-OOPHORECTOMY:

- . CERVIX:
 - . Adenocarcinoma, endocervical type, well differentiated, circumferential, 3.6 cm in greatest dimension.
 - . Maximal depth of invasion 7 mm
 - . Parametrial/vaginal resection margins negative for malignancy.
 - . Squamous mucosa with no dysplasia or malignancy identified.
- . ENDOMETRIUM:
 - . Inactive pattern.
- . MYOMETRIUM:
 - . Benign fibromuscular stroma with no evidence of malignancy.
- . LEFT FALLOPIAN TUBE AND OVARY:
 - . Fallopian tube with no histopathologic abnormalities.
 - . Normal ovarian parenchyma with physiologic change.
 - . No evidence of malignancy.

- 2) OVARY AND FALLOPIAN TUBE, RIGHT, SALPINGO-OOPHORECTOMY:

- . Fallopian tube with no histopathologic abnormalities.
- . Normal ovarian parenchyma with physiologic change.
- . No evidence of malignancy.

- 3) LYMPH NODES, RIGHT PELVIC, EXCISION:

- . Ten lymph nodes negative for malignancy (0/10).

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TCGA-Q1-A73P-01A-PR Redacted

- 4) LYMPH NODES, LEFT PELVIC, EXCISION:

- . Five lymph nodes negative for malignancy (0/5).

- 5) SOFT TISSUE, VAGINA, LEFT MARGIN, PARTIAL VAGINECTOMY:

- . Squamous mucosa and fibromuscular tissue, negative for malignancy.

- 6) LYMPH NODE, RIGHT PARA-AORTIC, EXCISION:

- . One lymph node negative for malignancy (0/1).

IMPRESSION: (continued)

7) LYMPH NODES, LEFT PARA-AORTIC, EXCISION:
One lymph node negative for malignancy (0/1).

UTERINE CERVIX: TRACHELECTOMY, HYSTERECTOMY, PELVIC EXENTERATION CASE SUMMARY

SPECIMEN

Cervix
Uterus corpus
Right ovary
Left ovary
Right fallopian tube
Left fallopian tube

PROCEDURE

Radical hysterectomy

TUMOR SIZE

Greatest dimension: 1.2 cm
Additional dimensions: 1.0 x 0.7 cm

TUMOR SITE

Other (specify): Circumferential

HISTOLOGIC TYPE

Adenocarcinoma
Mucinous
Endocervical type

HISTOLOGIC GRADE

G1: Well differentiated

MARGINS

Resection Margin

Margins uninvolved by invasive carcinoma
Distance of invasive carcinoma from margin: 15 mm
Specify location, if possible: Posterior cervical/parametrial margin

LYMPH-VASCULAR INVASION

Not identified

PATHOLOGIC STAGING (pTNM [FIGO])

PRIMARY TUMOR (pT)

pT1b1[IB1]: Clinically visible lesion < 4 cm in greatest dimension

REGIONAL LYMPH NODES (pN)

pN0: No regional lymph node metastasis
Number of lymph nodes examined: 17
Number of lymph nodes involved: 0

DISTANT METASTASIS (pM)

Not applicable

ADDITIONAL PATHOLOGIC FINDINGS

IMPRESSION: (continued)

None identified

Pathologic TNM (AJCC 7th edition): pT1b1 N0 M

Dictated by:

Entered:

GROSS DESCRIPTION:

1. Received fresh labeled with the patient's name and "radical hysterectomy specimen left tube and ovary" is a 209 g uterus, 9.6 x 4.6 x 5.8 cm, and an attached left salpingo-oophorectomy with left fallopian tube, 7.5 in length and 0.9 cm in diameter, and left ovary, 3.9 x 2.5 x 1.7 cm. The uterine serosal surface has a smooth, purple to red-tan appearance and focally ragged around the lower uterine segment to cervix ending in a ring shaped, tan-white portion of vaginal cuff. The cervix is smooth and pink-tan, 3.8 x 3.0 cm, with a slitlike os, 1.6 cm across. An irregular, tan-white to brown, mass is observed protruding from the os opening. Upon opening the specimen the mass, 1.0 x 1.0 x 1.0 cm, grossly appears to involve only the distal portion of the endocervical canal, 3.6 x 1.0 cm, which is pale tan and slightly hemorrhagic with herringbone mucosa, and the central ectocervix around the os. The endometrium is slightly hemorrhagic and averages approximately 0.5 cm in thickness. Upon sectioning the remaining uterus, the myometrium has an average thickness of 2.2 cm.

Ink code: Anterior parametrium and lower uterine segment resection margin-blue
Posterior parametrium and lower uterine segment resection margin-black

CASSETTE SUMMARY:

CASSETTE 1A-1B:	Anterior parametrium and cervix with tumor
CASSETTE 1C-1D:	Anterior parametrium and cervix with tumor, complete extent, bisected
CASSETTE 1E-1H:	Posterior parametrium and cervix with tumor
CASSETTE 1J-1K:	Anterior endomyometrium
CASSETTE 1L-1M:	Posterior endomyometrium
CASSETTE 1N:	1 parametrial lymph node
CASSETTE 1P:	Left fallopian tube
CASSETTE 1Q:	Left ovary

2. Received fresh labeled with the patient's name and "right tube and ovary" is one 32 g right salpingo-oophorectomy specimen with right fallopian tube, 10.0 cm in length and 1.0 cm in diameter, and right ovary, 3.5 x 2.2 x 1.6 cm. The ovary has a cut surface which is yellow tan and homogenous with grossly visible corpora lutea. The fallopian tube is patent, pink-tan, and has a fimbriated end. The specimen is representatively sampled and submitted in cassettes 2A and 2B.

3. Received in formalin labeled with the patient's name and right pelvic lymph nodes. Received is a 6 x 3.5 x 2 cm aggregate of slightly hemorrhagic yellow gold fibroadipose tissue. The specimen is dissected for possible lymph nodes, 9 possible lymph nodes are identified ranging from 1-2.1 cm in greatest dimension. The specimens is submitted as follows:

CASSETTE 3A: 2 possible lymph nodes

** CONTINUED ON NEXT PAGE **

GROSS DESCRIPTION: (continued)

CASSETTE 3B: 3 possible lymph nodes
CASSETTE 3C: 2 possible lymph nodes
CASSETTE 3D: One lymph node bisected
CASSETTE 3E: One lymph node bisected

4. Received in formalin labeled with the patient's name and left pelvic lymph nodes. Received is a 6 x 3.5 x 1.7 cm portion of slightly hemorrhagic yellow gold fibroadipose tissue. The specimen is dissected for possible lymph nodes, 5 possible lymph nodes are identified ranging from 0.5-5 cm in greatest dimension. The specimens is submitted as follows:

CASSETTE 4A: 3 possible lymph nodes
CASSETTE 4B-4C: One lymph node bisected
CASSETTE 4D-4E: One lymph node serially sectioned

5. Received in formalin labeled with the patient's name and left vaginal margin. Received are 2 pale pink to pale tan irregular tissue fragments ranging from 3.5-5 cm in greatest dimension. The specimens are serially sectioned and entirely submitted in cassettes 5A through 5C.

Received in formalin labeled with the patient's name and right para-aortic lymph nodes. Received is a 2 x 0.9 x 0.5 cm portion of slightly hemorrhagic yellow gold fibroadipose tissue. The specimen is dissected for possible lymph nodes, one lymph node is grossly identified that is 2 x 0.5 x 0.5 cm. The specimens is submitted as follows:

CASSETTE 6A: One lymph node bisected

7. Received in formalin labeled with the patient's name and left para-aortic nodes. Received is a 1.6 x 0.7 x 0.3 cm portion of slightly hemorrhagic yellow gold fibroadipose tissue. The specimen is dissected for possible lymph nodes, no lymph nodes are grossly identifiable. The specimens is submitted as follows:

CASSETTE 7A: Specimen entirely submitted

Dictated by:

Entered:

COPIES TO:

CPT Codes:

LYMPH NODE, REGIONAL RESECT/88307/2, OVARY W/WO TUBE, BENIGN/88305,
UTERUS W/WO ADNEXAE, TUMOR-88309, SOFT TISSUE MASS; EXCLUDING LPM/88307,
LYMPH NODE BIOPSY/88305/2

ICD9 Codes:

180.0

Resident Physician:

I have personally reviewed the material
(specimen/slide) and approve this final report.

Electronically Signed by: _____

** END OF REPORT **

lw 7/24/13

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIPAA Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior Malignancy History	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dual/Synchronous Primary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer initials	BTD	Date Reviewed: 7/24/13