



Patient [REDACTED]

Requested By [REDACTED]
Ordered By [REDACTED]

ICD-O-3
Carcinoma, keratinizing
8071/3

Site: Cervix Uteri;
Cervix NOS
C53.9

JD 19/13

Surg Path Case - STATUS: Final

**SEE NOTE

Collect/Perform.

Ordered Date:

Department: PATH

Physician Who Performed Procedure:

Requesting Physician:

SURGICAL PATHOLOGY, [REDACTED]

Attending Pathologist

*****MODIFIED REPORT/ADDITIONAL
RESULTS*****

This report is issued to include Part 6, which was omitted at the time of
the original submission.

Part 6 should be read as follows:

6. Portion of cervical tumor, excision:

- Fragment of squamous cell carcinoma.

DIAGNOSIS:

1. Lymph node, LEFT common iliac, biopsy:

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

2. Lymph nodes, RIGHT common iliac, biopsy:

- Three lymph nodes, negative for carcinoma (0/3).

3. Uterus, cervix, ovaries, fallopian tubes, and vagina, robotic
hysterectomy / bilateral salpingo-oophorectomy:

- Invasive squamous cell carcinoma, well differentiated, measuring 5.0 cm

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in greatest dimension, limited to the cervix.

- The margins are negative, however, tumor is present 0.1cm from the

anterior cervical margin at 12 o'clock and 1 o'clock.

- Lymphovascular invasion is identified.

- Bilateral ovaries and fallopian tubes with no significant histopathologic findings.

- Left paratubal cyst.

- Uterus with inactive endometrium.

- See synoptic report for complete details.

4. Lymph node, LEFT pelvic, biopsy:

- Twenty lymph nodes, negative for carcinoma (0/20).

5. Lymph node, RIGHT pelvic, biopsy:

- Fifteen lymph nodes, negative for carcinoma (0/15).

1-5. Cervix, ovaries, fallopian tubes, and upper vagina, robotic hysterectomy / bilateral salpingo-oophorectomy:

Final Diagnosis:

- Histologic Type: Keratinizing squamous cell carcinoma with papillary architecture.

- Histologic Grade: G1 (well differentiated)

- Tumor Size:

Greatest dimension: 5.0 cm; other two dimensions: 3.0 x 2.7 cm

- Tumor Site: Tumor involves the 9 - 4 o' clock position.

- Margins: Negative

Distance of invasive carcinoma from closest margin: 0.1 from anterior cervical margin at
12-1 o'clock.

Distance of invasive carcinoma from distal/vaginal cuffs margin: 1.0 cm

- Lymph-vascular Invasion: Present

- Tumor Extension: Invasive tumor confined to cervix

- Cervical Wall Invasion (% maximum depth of invasion/thickness of cervical wall): 90%

Parametrial Involvement: Absent

Distance from parametrial margins: > 1.0 cm from the parametrial margins.

- Other Organs Present: Right ovary, left ovary, right fallopian tube, left fallopian tube, uterine corpus, upper vagina

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- Regional Lymph Node Metastasis (number of positive/number examined): 0/39
- Distant Metastasis: Cannot be determined
- Additional Pathologic Findings: Bilateral ovaries with no significant histopathologic findings.

Bilateral fallopian tubes with no significant histopathologic findings.

Left paratubal cyst. Uterus

with inactive endometrium.

- AJCC Pathologic Staging: pT2a2 NO M (not applicable) FIGO: IIA2
(see COMMENT)

COMMENT: The pathologic staging may differ from the clinical staging as cervical carcinomas are staged clinically.

CLINICAL INFORMATION:

Cervical cancer.

GROSS DESCRIPTION:

1. The specimen is received fresh and labeled "left common iliac lymph node". It consists of a tan-red fatty node, measuring 2.2 x 1.5 x 0.3 cm. The specimen was performed for frozen and submitted in one cassette labeled

INTRAOPERATIVE CONSULT: One node negative for tumor. Reported to

2. The specimen is received fresh for intraoperative consultation and labeled "right common iliac lymph nodes". It consists of three tan-red lymph nodes, measuring from 0.2 cm up to 1.1 cm in greatest dimension. The three nodes were performed for frozen and submitted in one cassette labeled

INTRAOPERATIVE CONSULT: Three lymph nodes negative for tumor. Reported to

3. The specimen is received fresh and labeled "uterus, cervix, tubes and upper vagina, ovaries". It consists of a hysterectomy specimen with attached bilateral ovaries and fallopian tubes and the upper portion of the vagina. The specimen weighs 129 g and has following measurements: 8.0 cm from the fundus to ectocervix; 3.5 cm from the cornu to cornu and 2.7 cm

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from anterior to posterior. The right ovary and fallopian tube measure 2.0 x 1.1 x 0.7 cm and 8.0 x 0.5 x 0.5 cm respectively. The left ovary and fallopian tube measure 2.1 x 1.2 x 0.7 cm and 8.3 x 0.5 x 0.5 cm respectively. The upper vagina measures from 1.0 cm up to 2.0 cm in length (vaginal margin is inked). The right parametrial margin measures 3.0 x 2.0 x 1.0 cm and left parametrium margin measures 4.5 x 2.0 x 1.0 cm. The specimen is opened to reveal the endocervical canal measuring 4.0 cm in length and 0.5cm in diameter. The endometrial cavity measures 3.0 cm in length and 1.5 cm from the cornu to cornu and the myometrium measures up to 1.3 cm in average thickness. The outer surface of the anterior cervix is inked in blue and the posterior cervix is inked in black. The specimen is opened to reveal a 5.0 x 3.0 x 2.7 cm tan-white, firm and poorly circumscribed tumor located at the cervix from nine o'clock to four o'clock position. This tumor is 1.0 cm from the vaginal margin and is 0.2 cm from anterior outer surface cervical margin which is inked in blue. This tumor is at the endocervical junction, grossly. The endometrium is tan-brown, smooth and measures up to 0.1 cm in thickness. The myometrium shows tan brown trabecular appearance. The both ovaries have tan white smooth surface with grossly unremarkable cut surface. Both fallopian tubes have tan-red smooth surface with grossly identified pinpoint lumen.

Representative sections are submitted as follows:

- A: Shaved vaginal margin from 12 to 3 o'clock
- B: Shaved vaginal margin from 3 to 6 o'clock
- C: Shaved vaginal margin from 6 to 9 o'clock
- D: Shaved vaginal margin from 9 to 12 o'clock
- E-G: Entire right parametrial margin
- H-K: Entire left parametrial margin
- L-M: Tumor with deepest invasion at 9 o'clock
- N-O: Tumor with deepest invasion at 12 o'clock
- P-Q: Tumor with deepest invasion at 1 o'clock
- R-S: Tumor with deepest invasion at 3 o'clock
- T: Tumor with deepest invasion at 4 o'clock
- U: Cervix at 5 o'clock
- V: Cervix at 6 o'clock
- W: Cervix at 8 o'clock
- X: Lower anterior endometrium and myometrium (endocervical area is inked in blue)
- Y: Upper anterior endometrium and myometrium
- Z: Lower posterior endometrium and myometrium (endocervical area is inked in black)
- AA: Upper posterior endometrium and myometrium
- AB: Right ovary and fallopian tube
- AC: Left ovary and fallopian tube

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[REDACTED]

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4. The specimen is received fresh and labeled "left pelvic lymph node". It consists of a piece of tan-red soft tissue, measuring 4.0 x 3.5 x 2.5 cm. The specimen is serially sectioned and multiple possible lymph nodes identified, measuring up to 1.4 cm in greatest dimension. The specimen is entirely submitted in seven cassettes labeled a-G.

5. The specimen is received fresh and labeled "right pelvic lymph node". It consists of a piece of tan-red soft tissue, measuring 3.7 x 3.5 x 3.0 cm. The specimen is serially sectioned and multiple possible lymph nodes identified, measuring up to 1.6 cm in greatest dimension. The specimen is entirely submitted in eight cassettes labeled A-G.

6. The specimen is received fresh and labeled "portion of cervical tumor". It consists of a piece of tan red to white tissue that measures 3.3 cm in greatest dimension, entirely, submitted in one cassette labeled 6.

** Electronic Signature **

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the final diagnosis(es).

Note: The histology, immunochemistry and in situ hybridization components for this case were performed at

The Attending Pathologist reviewed this case and made the diagnosis.

Where applicable, immunohistochemistry and in situ hybridization tests were developed and the performance characteristics determined by the Immunohistochemistry Laboratory. These tests have not been cleared or approved by the US Food and Drug Administration and the results should be correlated with other clinical and laboratory data. Appropriate controls were performed for all immunohistochemistry, in situ hybridization and histochemical tests.

Criteria	11/21/12	Yes	No
Diagnosis Discrepancy			✓
Primary Tumor Site Discrepancy			✓
HIPAA Discrepancy			✓
Prior Malignancy History			✓
Dual/Synchronous Primary Noted			
Case is (circle):	QUALIFIED	/	DISQUALIFIED
Reviewer Initials	AN	Date Reviewed:	11/21/12

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