

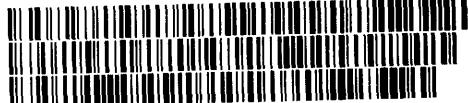
FINAL DIAGNOSIS:

PART 1: OVARY AND FALLOPIAN TUBE, LEFT SALPINGO-OOPHORECTOMY –

- A. OVARY WITH EPITHELIAL INCLUSIONS, NO TUMOR SEEN.
- B. FALLOPIAN TUBE, NO TUMOR SEEN.

PART 2: LYMPH NODES, LEFT PELVIC, BIOPSY –
TWO LYMPH NODES, FREE OF TUMOR (0/2).

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PART 3: LYMPH NODES, LEFT OBTURATOR, BIOPSY –
THIRTEEN LYMPH NODES, FREE OF TUMOR (0/13).

PART 4: LYMPH NODES, RIGHT PELVIC, BIOPSY –
TWO LYMPH NODES, FREE OF TUMOR (0/2).

ICD - 0 - 3

Carcinoma, Squamous cell 8070/3

Site: cervix, nos C53.9

11/27/11

PART 5: LYMPH NODE, RIGHT OBTURATOR, BIOPSY –
ONE LYMPH NODE, FREE OF TUMOR (0/1).

PART 6: BROAD LIGAMENT, RIGHT, BIOPSY –
FIBROVASCULAR ADIPOSE TISSUE, NO TUMOR SEEN.

PART 7: LYMPH NODES, LEFT PERIAORTIC, BIOPSY –
TEN LYMPH NODES, FREE OF TUMOR (0/10).

PART 8: LYMPH NODES, RIGHT PERIAORTIC, BIOPSY –
THREE LYMPH NODES, FREE OF TUMOR (0/3).

PART 9: LYMPH NODES, RIGHT COMMON, BIOPSY –
TWO LYMPH NODES, FREE OF TUMOR (0/2).

PART 10: UTERUS WITH BOTH PERIMETRIA, RADICAL HYSTERECTOMY (92 GRAMS) –

- A. UTERINE CERVIX WITH INVASIVE SQUAMOUS CELL CARCINOMA (10A-10E, 10G AND 10P), HIGH NUCLEAR GRADE (3/3), WITH LYMPHOVASCULAR PERMEATION. 2.5 X 1.8 X 1.5 CM. THE TUMOR ARISES IN A BACKGROUND OF CERVICAL INTRAEPITHELIAL NEOPLASIA 3, EXTENDS FROM 3 O'CLOCK TO 9 O'CLOCK AND INVOLVES THE POSTERIOR CERVIX. THE TUMOR COMES TO WITHIN 1.5 MM FROM THE NEAREST POSTERIOR RESECTION MARGIN (AT THE 6 O'CLOCK POSITION -10A).
- B. CHRONIC CYSTIC CERVICITIS.
- C. CHANGES CONSISTENT WITH PREVIOUS BIOPSY SITE, SEE PRIOR [REDACTED]
- D. PROLIFERATIVE PATTERN ENDOMETRIUM WITH CYSTIC CHANGES.
- E. ENDOMETRIAL POLYP WITH CYSTIC CHANGES.
- F. LEIOMYOMA, UP TO 0.5 CM.
- G. LEFT PERIMETRIA WITH MICROMETASTATIC SQUAMOUS CELL CARCINOMA, INVOLVING ONE (1 / 7) LYMPH NODES (10K) (see comment).
- H. RIGHT PERIMETRIA INVOLVED BY METASTATIC SQUAMOUS CELL CARCINOMA (10P) AND TWO REACTIVE LYMPH NODES (0/2) (see comment).
- I. VAGINAL CUFF, FREE OF TUMOR.
- J. PORTION OF LEFT FALLOPIAN TUBE, FREE OF TUMOR.

COMMENT:

The left perimetrial lymph node is involved with tumor which measures up to 0.3 mm on the slide (10K). This lymph node is present in the outer third of the perimetrium. The metastatic tumor in the right perimetrium is present in the outer third of the perimetrium.

Criteria	Yes	No
Diagnosis Discrepancy		✗
Primary Tumor Site Discrepancy		✗
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Lesion	QUALIFIED	DISQUALIFIED
Case is (circle):	✓	✗
Reviewer Initials	11/27/11	
Date Reviewed	11/27/11	

PATIENT HISTORY:

Not given. Date of last menstrual period: Not given.

PRE OP DIAGNOSIS: Cervical cancer.

POST OP DIAGNOSIS: Same.

PROCEDURE: Radical hysterectomy, left salpingo-oophorectomy and lymph node biopsies.

CASE SYNOPSIS:**SYNOPTIC - PRIMARY UTERINE CERVIX TUMORS: HYSTERECTOMY AND CONIZATION****TUMOR TYPE:**

Squamous cell carcinoma

Squamous intraepithelial lesion (SIL)

Poorly differentiated

High grade squamous intraepithelial lesion (HSIL)

Maximum dimension: 2.5 cm

Endocervix

2/3 of cervical thickness

Tumor thickness: 15 mm

Horizontal Spread: 2.5 cm.

Parametrium

Leiomyoma

Vaginal margin is negative for tumor

Parametrium margin is positive for tumor

Mitotic rate: 100 / 10 HPF

MITOTIC RATE:**ANGIOLYMPHATIC INVASION:**

Angiolymphatic invasion present

LYMPH NODES POSITIVE:

Number of lymph nodes positive: 1

LYMPH NODES EXAMINED:

Total number of lymph nodes examined: 42

LYMPH NODE GROUPS INVOLVED:

Parametrial lymph nodes, Left

No

EXTRANODAL EXTENSION:

pT2b

T STAGE, PATHOLOGIC:

pN1

N STAGE, PATHOLOGIC:

pMX

M STAGE, PATHOLOGIC:

IIB

FIGO STAGE:

Rx

RESIDUAL TUMOR:

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HPA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	/ DISQUALIFIED
Reviewer Initials	Date Reviewed:	/