

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIIPA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (-) Irrele:	QUALIFIED	DISQUALIFIED
Reviewer Initials: <b>RB</b>	Date Reviewed: <b>7/8/11</b>	

UID:973889C8-DC63-43F2-9DF4-CA67AFADFA87

TCGA-EK-A2IP-01A-PR

Redacted



RUN DATE  
RUN TIME:  
BY:

PATIENT:	ACCT #:	LOC:	U#:
REG DR:	AGE/SX: F	RM/BED:	REG:
	STATUS:	TLOC:	DIS:

SPEC #:	Obtained:	Subm Dr:
STATUS:	Received:	

CLINICAL HISTORY:  
CERVICAL CANCER;

**SPECIMEN/PROCEDURE:**

1. LYMPH NODE - RT.EXTERNAL ILIAC-NOT HOT
2. LYMPH NODE - RT.EXTERNAL ILIAC-BLUE/HOT/
3. LYMPH NODE - RT.OBTURATOR BLUE/HOT/
4. UTERUS - WITH CERVIX
5. LYMPH NODE - RT.COMMON ILIAC-BLUE/HOT/
6. LYMPH NODE - LT.EXTERNAL ILIAC-NOT HOT/NOT BLUE
7. LYMPH NODE - LT.EXTERNAL ILIAC-HOT/BLUE
8. LYMPH NODE - LT.OBTURATOR-HOT/BLUE
9. LYMPH NODE - RT.PARA-AORTIC-HOT/BLUE/
10. LYMPH NODE - LT.OBTURATOR-HOT/BLUE-
11. LYMPH NODE - LT.PARA-AORTIC-HOT/BLUE/

100-0-3  
carcinoma, squamous cell,  
non-keratinizing 8072/3  
Site: cervix, NOS c53.9  
pw 7/24/11

**IMPRESSION:**

- 1) LYMPH NODE, RIGHT EXTERNAL ILIAC - NOT HOT, DISSECTION:  
. One lymph node, negative for malignancy (0/1).
- 2) LYMPH NODE, RIGHT EXTERNAL ILIAC - BLUE/HOT, DISSECTION:  
. Four lymph nodes, negative for malignancy (0/4).
- 3) LYMPH NODE, RIGHT OBTURATOR - BLUE/HOT, DISSECTION:  
. Two lymph nodes, negative for malignancy (0/2).
- 4) UTERUS AND LEFT FALLOPIAN TUBE, HYSTERECTOMY AND LEFT SALPINGECTOMY:  
. CERVIX:  
. Invasive squamous cell carcinoma, non-keratinizing, moderately differentiated (see comment) (see checklist).  
. Maximum depth of invasion, 12 mm of 15 mm, 80%.  
. Greatest dimension, 40 mm (inferior to superior).  
. Lymphovascular space invasion, present.  
. Parametrial margins, negative for malignancy.  
. Vaginal cuff margins, negative for malignancy.  
. Remaining surgical margins, negative for malignancy.  
. Focal cervical intraepithelial neoplasia-III (CIN III, severe dysplasia).  
. ENDOMETRIUM:  
. Negative for malignancy.  
. Basalis-type endometrium  
. MYOMETRIUM:  
. Negative for malignancy.  
. FALLOPIAN TUBE, LEFT:

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## IMPRESSION: (continued)

. Full-thickness section of benign fallopian tube.

- 5) LYMPH NODE, RIGHT COMMON ILIAC - BLUE/HOT, DISSECTION:  
. Two lymph nodes, negative for malignancy (0/2).
- 6) LYMPH NODE, LEFT EXTERNAL ILIAC - NOT HOT, DISSECTION:  
. One lymph node, negative for malignancy (0/1).
- 7) LYMPH NODE, LEFT EXTERNAL ILIAC - HOT/BLUE, DISSECTION:  
. One lymph node, negative for malignancy (0/1).
- 8) LYMPH NODE, LEFT OBTURATOR - HOT/BLUE, DISSECTION:  
. Two lymph nodes, negative for malignancy (0/2).
- 9) LYMPH NODE, RIGHT PARA-AORTIC - HOT/BLUE, DISSECTION:  
. One lymph node, negative for malignancy (0/1).
- 10) LYMPH NODE, LEFT OBTURATOR - HOT/BLUE, DISSECTION:  
. Two lymph nodes, negative for malignancy (0/2).
- 11) LYMPH NODE, LEFT PARA-AORTIC - HOT/BLUE, DISSECTION:  
. Two lymph nodes, negative for malignancy (0/2).

CERVICAL CARCINOMA CHECKLIST

## MACROSCOPIC

## SPECIMEN TYPE

Radical hysterectomy

## TUMOR SITE (see comment)

Right superior quadrant  
Right inferior quadrant  
Left superior quadrant  
Left inferior quadrant

## TUMOR SIZE

Greatest dimension: 4 x 1.8 x 1.6 cm

## OTHER ORGANS PRESENT

Left fallopian tube

## MICROSCOPIC

## HISTOLOGIC TYPE

Squamous cell carcinoma  
Nonkeratinizing

## HISTOLOGIC GRADE

G2: Moderately differentiated

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SPEC #:

PATIENT:

Page: 3  
(Continued)

**IMPRESSION: (continued)**

**EXTENT OF INVASION**

**PRIMARY TUMOR (pT)**

**TNM (FIGO)**

pT1b1 (IB1): Clinically visible lesion 4.0 cm or less in greatest dimension

**REGIONAL LYMPH NODES (pN)**

pN0: No regional lymph node metastasis  
Number examined: 18

**DISTANT METASTASIS (pM)**

pMx: Cannot be assessed

**MARGINS**

Margins uninvolved by invasive carcinoma

Distance of tumor from closest margin: 6 mm

**DEPTH OF INVASION**

The maximal thickness of the cervical stromal invasion is 12 mm.

The thickness of the cervix in the area of maximal tumor invasion is 15.

The percentage of cervical stromal invasion is 80%.

**Parametrial involvement**

No parametrial involvement.

**VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)**

Present

**ADDITIONAL PATHOLOGIC FINDINGS**

Intraepithelial neoplasia

(specify type and grade): CIN-III (severe dysplasia)

Dictated

Entered:

**COMMENT:**

The tumor predominately occupies the right superior and inferior quadrants with minimal involvement of the left superior and inferior quadrants.

Entered:

**SPECIAL STAINS/PROCEDURES:**

Recuts, x3 block 4M.

Dictated by:

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**GROSS DESCRIPTION:**

- 1) Received in formalin, labeled "right external iliac lymph node, not hot" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 4.5 x 3.5 x 1.5 cm. The specimen is dissected for lymph nodes, there is one pink-tan ovoid lymph node, 2.5 x 1.7 x 0.7 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 1A,1B: One large lymph node, bivalved.

- 2) Received in formalin, labeled "right external iliac lymph node, blue and hot" and with the patient's name, is one irregular portion of yellow-tan lobulated adipose tissue, 3.0 x 2.0 x 0.7 cm. The specimen is dissected for lymph nodes, there are four red-tan ovoid lymph nodes identified, ranging from 0.9 x 0.6 x 0.3 cm to 1.5 x 0.9 x 0.3 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 2A: Two lymph nodes.

Cassette 2B: Two lymph nodes.

- 3) Received in formalin, labeled "right obturator lymph nodes, blue and hot", and with the patient's name, is an irregular portion of yellow-tan lobulated adipose tissue, 4.0 x 2.5 x 1.5 cm. The specimen is dissected for lymph nodes, there are two yellow-tan to tan ovoid lymph nodes identified, 2.3 x 1.5 x 0.6 cm and 5.0 x 1.0 x 0.5 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 3A: One lymph node, bivalved.

Cassette 3B,3C: One large lymph node, bivalved and bisected.

- 4) Received fresh, labeled with the patient's name and "uterus and cervix", is a 100 gram radical hysterectomy specimen including uterus (8.7 x 5.6 x 3.5 cm), left fallopian tube (1.4 cm in length and 0.4 cm in diameter), vaginal cuff (ranging from 0.6 cm anteriorly and 1.8 cm posteriorly). Exocervix is 3.5 x 3.2 cm, contains firm, superficially ulcerated pink to brown lesion (2.1 x 1.8 cm). The lesion is located predominantly on the anterior and right side of cervix, 1.1 cm away from the closest resection margin. The external os is 0.8 cm in diameter, distorted. The endocervical canal is filled by firm pink-tan to gray-tan exophytic lesion (4.0 x 1.8 x 1.6 cm). The lesion appears to extend into the parametrium and is located 0.6 cm away from the resection margin. The endocervical canal is 3.9 cm in length, uninvolved mucosa is herringbone, pink-tan. The endometrial cavity is 4.0 cm in length and 1.8 cm from cornu to cornu, covered by pink-tan unremarkable mucosa. The myometrium measures 1.7 cm in maximum thickness. There is a perforated lesion identified in the fundus of the uterus (1.4 x 1.0 cm) with irregular slightly hemorrhagic borders. No lymph nodes are identified in the parametrial tissue. The left side of specimen is inked black and right side of specimen is inked blue.

**CASSETTE SUMMARY:**

Cassette 4A-4C: Left parametrium.

Cassette 4D-4E: Right parametrium.

Cassette 4G-4J: Posterior vaginal cuff submitted entirely from left to right.

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SPEC #:

PATIENT

age: 5  
(continued)**GROSS DESCRIPTION: (continued)**

Cassette 4K-4L: Anterior vaginal cuff, perpendicular, entirely submitted from left to right.  
Cassette 4M-4N: Anterior cervix (12 o'clock position).  
Cassette 4P: Posterior cervix (6 o'clock position).  
Cassette 4Q: Cervix (9 o'clock position).  
Cassette 4R: Anterior lower uterine segment.  
Cassette 4S: Posterior lower uterine segment.  
Cassette 4T: Full thickness section of anterior uterine wall.  
Cassette 4U: Full thickness section of posterior uterine wall.  
Cassette 4V: Fundus area of perforation.  
Cassette 4W: Representative sections of left fallopian tube.

- 5) Received in formalin, labeled "right common iliac lymph node, blue and hot", and with the patient's name, is one irregular portion of yellow-tan lobulated adipose tissue, 2.5 x 1.2 x 0.7 cm. The specimen is dissected for lymph nodes, there are two red-tan to pink-tan ovoid lymph nodes identified, 1.1 x 0.7 x 0.5 cm and 1.2 x 0.8 x 0.5 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 5A: One lymph node, bivalved.  
Cassette 5B: One lymph node, bivalved.

- 6) Received in formalin, labeled "left external iliac lymph nodes, not hot, not blue" and with the patient's name, is an irregular portion of yellow-tan lobulated adipose tissue, 5.2 x 2.0 x 0.8 cm. The specimen is dissected for lymph nodes, there is one yellow-tan to pink-tan ovoid lymph node identified, 5.0 x 1.7 x 0.8 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 6A,6B: One large lymph node, bivalved and bisected.

- 7) Received in formalin, labeled "left external iliac lymph nodes, hot and blue" and with the patient's name, is one irregular portion of yellow-tan lobulated adipose tissue, 3.0 x 1.5 x 0.5 cm. The specimen is dissected for lymph nodes, there is one pink-tan ovoid lymph node identified, 2.0 x 0.9 x 0.6 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 7: One lymph node, bivalved.

- 8) Received in formalin, labeled "left obturator lymph node, hot and blue" and with the patient's name, is one irregular portion of yellow-tan lobulated adipose tissue, 5.5 x 2.1 x 1.0 cm. The specimen is dissected for lymph nodes, there are no obvious lymph nodes identified. The specimen is entirely submitted in four cassettes.

- 9) Received in formalin, labeled "right para-aortic lymph node, hot and blue" and with the patient's name, are two irregular portions of yellow-tan lobulated adipose tissue, 1.5 x 0.7 x 0.4 cm and 1.5 x 1.1 x 1.0 cm. The specimen is dissected for lymph nodes, there is one pink-tan ovoid lymph node identified, 2.0 x 1.0 x 0.3 cm. All lymph nodes identified are submitted as follows:

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**GROSS DESCRIPTION: (continued)****CASSETTE SUMMARY:**

Cassette 9: One lymph node.

- 10) Received in formalin, labeled "left obturator lymph node, hot and blue" and with the patient's name, are two irregular portions of yellow-tan lobulated adipose tissue, 1.5 x 0.9 x 0.5 cm and 2.0 x 1.5 x 0.7 cm. The specimen is dissected for lymph nodes, there are two red-tan ovoid lymph nodes identified, 1.1 x 0.6 x 0.5 cm and 1.5 x 0.6 x 0.5 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 10A: One lymph node, bivalved.

Cassette 10B: One lymph node, bivalved.

- 11) Received in formalin, labeled "left para-aortic lymph node, hot and blue" and with the patient's name, are two irregular portions of yellow-tan lobulated adipose tissue, 2.5 x 1.5 x 0.7 cm and 2.2 x 1.0 x 0.5 cm. The specimen is dissected for lymph nodes, there are two pink-tan ovoid lymph nodes identified, 1.2 x 0.6 x 0.5 cm and 1.5 x 0.8 x 0.5 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 11A: One lymph node, bivalved.

Cassette 11B: One lymph node, bivalved.

(Specimens 1-3 and 5-11 dictated by GDP).

Dictated

Entered:

COPIES TO:

**CPT Codes:**

UTERUS W/WO ADNEXAE, TUMOR-

, LYMPH NODE, SENTINEL-

**ICD9 Codes:**

180.9, 233.1

Electronically Signed by: \_\_\_\_\_

\*\* END OF REPORT \*\*