UUID:0BC4C48F-7EE3-40A4-85AB-44B85DE4EC65
TCGA-JX-A3Q8-01A-PR Redacted

[redacted]

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓

Case is (circle): QUALIFIED / DISQUALIFIED
Reviewer Initials RB Date Reviewed: 2/17/12

Surgical Pathology Report

Final

SURGICAL PATHOLOGY REPORT
FINAL WITH ADDENDUM

Patient Name: [redacted]
Address: [redacted]
Service: [redacted]
Accession #: [redacted]
Taken:

Gender: F
DOB: [redacted]
MRN: [redacted]
Hospital #:
Patient Type:
Received:
Accessioned:
Reported:

Physician(s): [redacted]

DIAGNOSIS:

A. RIGHT EXTERNAL ILIAC LYMPH NODES, EXCISION
- TWO LYMPH NODES, NEGATIVE FOR TUMOR (0/2)

B. RIGHT OBTURATOR LYMPH NODES, EXCISION
- TWO LYMPH NODES, NEGATIVE FOR TUMOR (0/2)

C. LEFT EXTERNAL ILIAC LYMPH NODES, EXCISION
- THREE LYMPH NODES, NEGATIVE FOR TUMOR (0/3)

D. LEFT OBTURATOR LYMPH NODES, EXCISION
- THREE LYMPH NODES, NEGATIVE FOR TUMOR (0/3)

ICD-O-3
adenocarcinoma, endocervical type
8384/3
Site: cervix, NOS
C53.9
2/28/12 RD

E. UTERUS, CERVIX WITH BILATERAL TUBES AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:

CERVIX:
- INVASIVE POORLY-DIFFERENTIATED ADENOCARCINOMA OF THE ENDOCERVIX
- THE MAXIMUM LATERAL EXTENSION OF THE TUMOR IS 3.3 CM
- TUMOR INVADES TO A DEPTH OF 0.6 CM WERE THE MAXIMUM CERVICAL THICKNESS IS 1.1 CM (THE TUMOR IS LARGELY EXOPHYTIC)
- NO LYMPHOVASCULAR SPACE INVASION IS IDENTIFIED
- TUMOR DOES NOT INVOLVE THE ECTOCERVIX OR THE VAGINA
- BILATERAL PARAMETRIAL FREE OF TUMOR

VAGINA:
- NEGATIVE FOR TUMOR

UTERINE BODY:
- PROLIFERATIVE ENDOMETRIUM
- HISTOLOGICALLY UNREMARKABLE MYOMETRIUM
- NEGATIVE FOR TUMOR

BILATERAL FALLOPIAN TUBES AND OVARIES:
- NEGATIVE FOR TUMOR

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[redacted] **SURGICAL PATHOLOGY REPORT** [redacted]

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides(and/or other material indicated in the diagnosis).

***Report Electronically Reviewe... ...ed Out By

Intraoperative Consultation:

Intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'hysterectomy and bilateral salpingo-oophorectomy specimen with vaginal cuff.' The specimen weighs 130.8 gm. The cervix measures 4.2 x 3.5 cm and has a fungating mass from 6 to 12 o'clock position (right sided). It measures 2.9 x 1.8 x 1.1 cm, and is 0.6 cm from the vaginal cuff margin. It superficially invades the cervix, approaching the serosal margin to approximately 1.1 cm. The uterus measures 8 x 4.5 x 4 cm with attached vaginal cuff that measures 0.7 cm (right sided) 1.4 cm (left sided) 1.7 cm and (posterior), and 1.4 cm (anterior). A portion of tumor and normal tissue are submitted for tissue bank. Right serosal margin is inked black, left serosal margin is inked blue," by .

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

History:

The patient is a year old woman with cervical carcinoma. Operative procedure: Radical hysterectomy and lymph node dissection.

Specimen(s) Received:

A: LYMPH NODES, RIGHT EXTERNAL ILIAC
B: LYMPH NODE, RIGHT OBTURATOR
C: LYMPH NODE, LEFT EXTERNAL ILIAC
D: LYMPH NODE, LEFT OBTURATOR
E: HYSTERECTOMY, RADICAL WITH UPPER VAGINA

Gross Description:

The specimens are received in five formalin-filled containers, each labeled [redacted]." The first container is labeled "right external iliac lymph node" and it holds multiple pieces of fibrofatty tissue measuring, in aggregate, 6 x 3.5 x 1.8 cm, from which two enlarged lymph nodes are dissected measuring 2 and 2.7 cm in maximum dimension. Labeled A1 and A2 - single node bisected and put in two cassettes; A3 - single node bisected and submitted in a single cassette. Jar 1.

The second container is labeled "right obturator lymph nodes" and it holds multiple pieces of fibrofatty tissue measuring, in aggregate, 4.5 x 3.5 x 2.5 cm, from which two lymph nodes are dissected, varying from 1 cm to 3.4 cm in maximum dimension. Labeled B1 and B2 - single node bisected and submitted in two cassettes; B3 - single bisected node. Jar 1.

The third container is labeled "left external iliac lymph node." It holds multiple pieces of fibrofatty tissue measuring, in aggregate, 6.5 x 6 x 2 cm, from which three lymph nodes, varying in size from 0.7 to 3 cm in maximum dimension are bisected. Labeled C1 and C2 - single node bisected and submitted in two cassettes; C3 - two bisected nodes. Jar 1.

The fourth container is labeled "left obturator lymph nodes" and it holds multiple pieces of fibrofatty tissue measuring,

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[redacted] **SURGICAL PATHOLOGY REPORT** [redacted]

in aggregate, 5.5 x 2.5 x 2 cm, from which three lymph nodes varying from 0.5 to 2.2 cm in maximum dimension are dissected. Labeled D1 and D2 - single node bisected and submitted in two cassettes; D3 to D5 - single node trisected and submitted in three cassettes; D6 - single small node entirely submitted. Jar 1.

The fifth container is labeled "radical hysterectomy with upper vagina." It holds an already opened and pinned specimen of uterus, cervix with bilateral tubes and ovaries and the upper portion of vagina. The specimen weighs 123 gm. The attached cervix measures 3.5 x 3.5 x 3 cm, the vaginal cuff measures 0.7 cm on the right, 1.4 cm on the left, and 1.7 cm posteriorly, and 1.4 cm anteriorly. The right parametrial soft tissue measures 1.5 x 1 x 1 cm and the left measures 1.5 x 1 x 1 cm. The 3 cm in length x 5 cm in diameter ectocervix is distorted by a 3.3 x 2.5 x 1.3 cm firm, white, centrally ulcerated, fungating tumor mass involving bone the anterior and the posterior cervical lips on the right side and invading to a maximum depth of 1.4 cm where the total cervical thickness is 2.1 cm. The tumor lies 0.6 cm from the nearest vaginal cuff margin (right anterior). The vaginal cuff is smooth, shiny, tan and grossly free of tumor. Endocervical canal measures 1.5 cm in length, is gray-tan and is free of tumor. The 4 x 1.5 cm endometrial cavity is lined by unremarkable gray-tan endometrium which is 0.1 cm in thickness. The myometrium is uniform with an average thickness of 2 cm. The parametrial soft tissue appears grossly unremarkable. The serosal surface is smooth and shiny without adhesions. The 2.8 x 1.5 x 0.8 cm right ovary has a convoluted surface and on sectioning shows multiple hemorrhagic cysts. The right fallopian tube measures 6.3 x 0.7 cm, and shows multiple Walthard's rests, and on sectioning shows an unremarkable pinpoint lumen. A 3.5 x 2 x 1 cm left ovary shows a convoluted outer surface and on sectioning, shows a single hemorrhagic cyst that measures 2 cm in maximum dimension. The left tube measures 5.5 x 0.7 cm and shows a single paratubal cyst measuring 1.3 cm in maximum dimension. On sectioning, it shows an unremarkable pinpoint lumen. Labeled E1 and E2 - anterior vaginal cuff shave margin; E3 and E4 - posterior vaginal cuff shave margin; E5 to E8 - anterior cervical tumor; E9 to A12 - posterior cervical tumor; E13 - right parametrial soft tissue; E14 - left parametrial soft tissue; E15 - anterior endocervix; E16 - posterior endocervix; E17 - anterior endomyometrium; E18 - posterior endomyometrium; E19 - right ovary with hemorrhagic corpus luteum cyst; E20 - right tube; E21 - left ovary; E22 - left tube with paratubal cyst. Jar 3.

SYNOPTIC REPORTING FORM FOR UTERINE CERVICAL NEOPLASMS

HISTOPATHOLOGIC TYPE
Adenocarcinoma, not otherwise specified

TUMOR SIZE
The maximum depth of the tumor invasion is 0.6 cm
The breadth (maximum horizontal dimension) of the tumor is 3.3 cm
The total thickness of the cervix is 1.1 cm

LYMPHATIC INVASION
Lymphatic invasion by tumor is not identified

HISTOPATHOLOGIC GRADE
The histologic grade is poorly differentiated (G3)

TUMOR INVASION
The tumor does not invade through the entire thickness of the cervix to involve contiguous parametrial tissues.

VAGINAL INVOLVEMENT
The tumor does not involve the vagina

TUMOR METASTASIS
Metastasis of tumor to regional lymph nodes is absent
The total number of metastatically-involved lymph nodes is 0
The total number of lymph nodes examined is 10
Extracapsular extension of metastatic tumor through the lymph node capsule is not applicable; no metastasis seen

PRIMARY TUMOR (T)
Clinically visible lesion 4.0 cm or less in greatest dimension (T1b1/IB1)

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[redacted] **SURGICAL PATHOLOGY REPORT** [redacted]

REGIONAL LYMPH NODES
No regional lymph node metastasis (N0)

DISTANT METASTASIS
Can not be assessed (Mx)

STAGE GROUPING
The final stage of the tumor is pT1b1/N0/MX

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

Addenda/Procedures

Addendum Ordered: **Status:** Signed Out
Addendum Complete: **By:**
Addendum Signed Out:

Addendum Comment
The endocervical adenocarcinoma tumor cells are diffusely positive for p16 by immunohistochemical stain.

Surgical Pathology report is available on-line on

The performance characteristics of some immunohistochemical stains, fluorescence in-situ hybridization tests and immunophenotyping by flow cytometry cited in this report (if any) were determined by the [redacted] program and in compliance with federally mandated regulations under the Clinical Laboratory Improvement Act of 1988 (CLIA '88). Some of these tests rely on the use of "analyte specific reagents" and [redacted] tests may only be performed in a facility that is certified by the Department of Health and Human Services as a high complexity laboratory under CLIA '88. The FDA has determined that such clearances or approvals are not necessary. [redacted] is registered as Investigational or for research. Nonetheless, Federal rules concerning the modified use of analyte specific reagents require that the following disclaimer be attached to it: [redacted]
This test was developed and its performance characteristics determined by the Surgical Pathology Department of [redacted]. It has not been cleared or approved by the U.S. Food and Drug Administration.

END OF REPORT