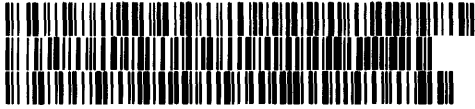


UUID:E5FA90F3-A611-4348-8D0F-16A6897E83FA
TCGA-ZJ-AAX4-01A-PR

Redacted



ACCT#: [REDACTED] DOB:
LOC:

Specimen #: _____ Date Received: _____ Date Printed: _____
Date Obtained: _____

CLINICAL HISTORY:
CLINICAL HISTORY NOT SUBMITTED

ICD O-3
Carcinoma, squamous cell,
non-keratinizing NOS 8072/3
Cervix NOS 853.9
4/26/14

SPECIMEN/PROCEDURE:

1. SIGMOID COLON - COLECTOMY
2. UTERUS - WITH TUBES/BILAT.OVARIES; ABD.HYST/BSO/TUMOR DEBULKING
3. LYMPH NODE - LEFT PARA-AORTIC
4. LYMPH NODE - RIGHT EXTERNAL ILIAC/RIGHT OBTURATOR
5. LYMPH NODE - LEFT EXTERNAL ILIAC
6. LYMPH NODE - LEFT OBTURATOR
7. LYMPH NODE - RIGHT COMMON ILIAC
8. LYMPH NODE - RIGHT PARA-AORTIC
9. LYMPH NODE - LEFT COMMON ILIAC

IMPRESSION:

- 1) SIGMOID COLON, SIGMOIDECTOMY:
 - . Invasive adenocarcinoma of sigmoid colon, low grade; see checklist and comment.
 - . Adenocarcinoma invades smooth muscle of muscularis propria.
 - . One benign regional lymph nodes (0/1).
- 2) UTERUS WITH CERVIX, FALLOPIAN TUBES, AND OVARIES; ABDOMINAL HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY;
CERVIX AND VAGINAL CUFF:
 - . Invasive squamous carcinoma of cervix, nonkeratinizing, poorly differentiated; see checklist and comment.
 - . Squamous carcinoma invades 10 mm of 11 mm total cervical stromal thickness (91%).
 - . Squamous carcinoma in situ with endocervical gland extension.
 - . Lymphovascular invasion is identified.
 - . Invasive squamous carcinoma (extensive) with lymphovascular invasion is present at or near the anterior and posterior vaginal cuff margins of resection; cervical radial margin free of tumor.PARAMETRIUM, BILATERAL:
 - . Benign fibroadipose and vascular tissue.
 - . Four benign lymph nodes (0/4; 0/4 right; 0/0 left).ENDOMETRIUM:
 - . Inactive to atrophic endometrium.MYOMETRIUM:
 - . Adenomyosis.SEROSA:

Patient: [REDACTED]	Age/Sex: /F	Acct#: [REDACTED]	Unit#: [REDACTED]
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Specimen #:

DOB:
Obtained:

(Continued) Page: 2

IMPRESSION: (continued)

. No significant histopathologic abnormality.

- 3) LYMPH NODES, LEFT PARA-AORTIC, REGIONAL DISSECTION:
. Two benign lymph nodes (0/2).
- 4) LYMPH NODES, RIGHT EXTERNAL ILIAC AND RIGHT OBTURATOR, REGIONAL DISSECTION:
. Six benign lymph nodes (0/6).
- 5) LYMPH NODES, LEFT EXTERNAL ILIAC, REGIONAL DISSECTION:
. Two benign lymph nodes (0/2).
- 6) LYMPH NODES, RIGHT OBTURATOR, REGIONAL DISSECTION:
. Five benign lymph nodes (0/5).
- 7) LYMPH NODES, RIGHT COMMON ILIAC, REGIONAL DISSECTION:
. Two benign lymph nodes (0/2).
- 8) LYMPH NODES, RIGHT PARA-AORTIC, REGIONAL DISSECTION:
. Two benign lymph nodes (0/2).
- 9) LYMPH NODES, LEFT COMMON ILIAC, REGIONAL DISSECTION:
. Three benign lymph nodes (0/3).

COLON AND RECTUM: RESECTION

MACROSCOPIC

SPECIMEN TYPE

Sigmoidectomy
Length: 14.0 cm

TUMOR SITE

Sigmoid colon

TUMOR CONFIGURATION

Ulcerating

TUMOR SIZE

Greatest dimension: 3.1 cm
Additional dimensions: 2.1 x 0.5 cm

MESORECTUM

Intactness of
Not applicable

MICROSCOPIC

HISTOLOGIC TYPE

Adenocarcinoma

HISTOLOGIC GRADE

Patient: _____

Age/Sex: /F

Unit: _____

IMPRESSION: (continued)

Low-grade (well to moderately differentiated)

EXTENT OF INVASION

PRIMARY TUMOR (pT)

pT2: Tumor invades muscularis propria

REGIONAL LYMPH NODES (pN)

pN0: No regional lymph node metastasis (See Comment)

DISTANT METASTASES (pM)

pMx: Cannot be assessed

PROXIMAL MARGIN

Uninvolved by invasive carcinoma

Distance of invasive carcinoma from proximal margin: 9.7 cm

Carcinoma in situ/adenoma absent at proximal margin

DISTAL MARGIN

Uninvolved by invasive carcinoma

Distance of invasive carcinoma from distal margin: 2.5 cm

Carcinoma in situ absent at distal margin

CIRCUMFERENTIAL (RADIAL) MARGIN

Uninvolved by invasive carcinoma: Closest margin: 1.3 cm

MESENTERIC MARGIN

Not applicable

LYMPHATIC (SMALL VESSEL) INVASION (L)

Absent

VENOUS (LARGE VESSEL) INVASION (V)

Absent

PERINEURAL INVASION

Absent

TUMOR BORDER CONFIGURATION

Infiltrating

INTRATUMORAL/PERITUMORAL LYMPHOCYTIC RESPONSE

Mild to moderate

ADDITIONAL PATHOLOGIC FINDINGS

Diverticulosis

Pathologic TNM (AJCC 6th Edition): pT2 N0 Mx; (See Comment).

CERVICAL CARCINOMA CHECKLIST

Patient: Age/Sex: /F Acct# Uni

Specimen #: _____ DOB: _____
Obtained: _____ (Continued) Page: 4

IMPRESSION: (continued)

MACROSCOPIC

SPECIMEN TYPE

Radical hysterectomy

TUMOR SITE

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

TUMOR SIZE

Greatest dimension: 1.5 cm
Additional dimensions: 0.9 x 0.9 cm

OTHER ORGANS PRESENT

Right ovary
Left ovary
Right fallopian tube
Left fallopian tube
Uterine corpus
Vaginal cuff

MICROSCOPIC

HISTOLOGIC TYPE

Squamous cell carcinoma
Nonkeratinizing

HISTOLOGIC GRADE

G3: Poorly differentiated

EXTENT OF INVASION

PRIMARY TUMOR (pT)

TNM (FIGO)

pT2: Tumor invades beyond the uterus but not to pelvic wall or to lower third of vagina.

REGIONAL LYMPH NODES (pN)

pN0: No regional lymph node metastasis
Number examined: 26

DISTANT METASTASIS (pM)

pMx: Cannot be assessed

MARGINS

Margin(s) involved by invasive carcinoma; invasive carcinoma present at or near the anterior and posterior vaginal margins.

DEPTH OF INVASION

The maximal thickness of the cervical stromal invasion is 10 mm.

Patient: _____ Age/Sex: _____ /F Acct# _____ Unit# _____

Specimen #: DOB: (Continued) Page: 5
Obtained:

IMPRESSION: (continued)

The thickness of the cervix in the area of maximal tumor invasion is .11 mm.
The percentage of cervical stromal invasion is 91%.

Parametrial involvement

No parametrial involvement.

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

Present

ADDITIONAL PATHOLOGIC FINDINGS

Carcinoma in situ and high grade (moderate) squamous dysplasia

Pathologic TNM (AJCC 6th Edition): pT2 N0 MX

Dictated by: [REDACTED]

Entered: [REDACTED]

COMMENT:

Per conversation with [REDACTED] (General Surgery) the sigmoid colon resection was palliative. Thorough gross and microscopic evaluation discloses only one benign pericorectal (regional) lymph node (0/1).

Representative sections of colon (#1) and cervix (#2) reviewed

Entered: [REDACTED]

GROSS DESCRIPTION:

- 1) Received in formalin, labeled with the patient's name and "sigmoid colon (tattoo near distal margin), is a 14.0 cm segment of sigmoid colon (measuring 3.5 cm in proximal circumference, 3.5 cm in mid and 4.5 cm in distal circumference): Attached to the colon is yellow-gold segment of mesocolon (5.5 cm in length and 1.9 cm in thickness). Upon opening the colon, there is a pink-tan, centrally ulcerated tumor with serpentine borders (3.1 x 2.1 x 0.5 cm) that involves approximately 30% of the circumference. The tumor is 2.5 cm from the distal margin and 9.7 cm from the proximal resection margin. The remaining mucosal surface is pink-tan and grossly unremarkable. One possible diverticulum is identified in the mid portion of the bowel segment (0.9 x 0.4 cm). No polyps, ulcerations or perforations are identified. Thorough search for possible lymph nodes reveals no nodes grossly suspicious for metastatic tumor. Representative sections of the specimen are submitted as follows:

CASSETTE SUMMARY:

Cassette 1A:	Distal resection margin, en face.
Cassette 1B:	Proximal resection margin, on face.
Cassette 1C-1G:	Tumor with deep margin, full thickness sections, each section bisected, submitted in two cassettes.
Cassette 1H:	Additional section of tumor.
Cassette 1J, 1K:	Complete cross section of tumor, bisected, submitted in two cassettes.
Cassette 1L:	Tumor with adjacent uninvolved mucosa.
Cassette 1M, 1N:	Tumor with deep margin, one full thickness section, bisected.
Cassette 1P:	Four possible lymph nodes.
Cassette 1Q:	Two possible lymph nodes.

Patient: Age/Sex: /F Acct# [REDACTED] Unit# [REDACTED]

Specimen #:

DOB:
Obtained:

(Continued) Page: 6

GROSS DESCRIPTION: (continued)

Cassette 1R: Four possible lymph nodes.
Cassette 1S: Five possible lymph nodes.
Cassette 1T: Three possible lymph nodes.
Cassette 1U: Possible diverticulum.

- 2) Received fresh, labeled with the patient's name and "uterus, bilateral tubes and ovaries", is a 102-gram radical hysterectomy specimen including an unopened uterus (6.5 x 4.5 x 4.5 cm), with attached cervix and vaginal cuff (1.2 cm in length), right fallopian tube (4.5 cm in length and 0.3 cm in diameter), right ovary (2.1 x 0.9 x 0.6 cm), left fallopian tube (4.3 cm in length and 0.4 cm in diameter), and left ovary (2.2 x 1.6 x 0.6 cm). There is a white-tan, firm mass (1.5 x 0.9 x 0.9 cm) located on the anterior surface of the exocervix (3.0 x 2.5 cm) that grossly extends to the posterior cervix. The mass appears to invade to a depth of 0.7 cm and is grossly 1.2 cm from the vaginal cuff margin. The external os is slightly distorted by the mass and measures 0.3 cm in diameter. The endocervical canal (2.9 cm in length) has a tan herringbone mucosa. The endometrial cavity (4.5 cm from cornu to cornu, 4.5 cm in length) has a tan-pink hemorrhagic endometrium (0.2 cm in average thickness). The myometrium measures 1.1 cm in maximum thickness. The serosa is glistening and no adhesions are identified. The fallopian tubes are patent and have fimbriated ends. The right and left ovaries each have smooth white outer surfaces and multiple corpora albicantia on cut surface. The right and left parametrial soft tissue is pale pink to yellow-tan, lobulated and grossly unremarkable. The anterior surface of the uterus is inked blue, the posterior surface black. Representative sections of the specimen are submitted as follows:

CASSETTE SUMMARY:

Cassette 2A: Vaginal cuff, 12:00-3:00.
Cassette 2B: Vaginal cuff, 3:00-6:00.
Cassette 2C: Vaginal cuff, 6:00-9:00.
Cassette 2D: Vaginal cuff, 9:00-12:00.
Cassette 2E-2H: Anterior cervix to anterior lower uterine segment, 12:00, one longitudinal section, trisected, submitted in three cassettes. Trisected and inked yellow and green.
Cassette 2J-2L: Posterior cervix to posterior lower uterine segment, 6:00, one longitudinal section, trisected, trisected ends inked yellow and green, submitted in three cassettes.
Cassette 2M: Cervix, 2:00.
Cassette 2N: Cervix, 3:00.
Cassette 2P: Cervix, 5:00.
Cassette 2Q: Cervix, 7:00.
Cassette 2R: Anterior endomyometrium.
Cassette 2S: Posterior endomyometrium.
Cassette 2T: Right ovary, right fallopian tube.
Cassette 2U: Left ovary, left fallopian tube.
Cassette 2V-2GG: Right parametrium, entirely submitted.
Cassette 2HH-2PP: Left parametrium, entirely submitted.

- 3) Received labeled with the patient's name and "left para-aortic". Received are two portions of yellow gold lobulated adipose tissue, ranging from 1.4 to 2 cm in greatest dimension. The specimens are dissected for possible lymph nodes. Two possible lymph nodes identified, ranging from 0.4 to 1.3 cm in greatest dimension. Submitted as follows:

Patient:	Age/Sex:	/F	Acct#	Unit#
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GROSS DESCRIPTION: (continued)

CASSETTE SUMMARY:

Cassette 3: Two possible lymph nodes.

- 4) Received labeled with the patient's name and "right external iliac, right obturator". Received is a 6.6 x 5.4 x 1.9 cm portion of yellow gold lobulated adipose tissue. Dissected for possible lymph nodes. Six possible lymph nodes identified, ranging from 0.8 to 3.3 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 4A: Three possible lymph nodes.

Cassette 4B: One lymph node bisected.

Cassettes 4C-4D: One lymph node bisected.

Cassettes 4E-4J: One lymph node serially sectioned, entirely submitted.

- 5) Received labeled with the patient's name and "left external iliac". Received is a 3.5 x 3 x 1.2 cm aggregate of yellow gold lobulated adipose tissue. Dissected for possible lymph nodes. Two possible lymph nodes identified, ranging from 1.2 to 2.4 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 5A: One lymph node bisected.

Cassettes 5B-5C: One lymph node bisected, entirely submitted.

- 6) Received labeled with the patient's name and "right obturator". Received is a 5.4 x 3.5 x 1.7 cm aggregate of yellow gold lobulated adipose tissue. Dissected for possible lymph nodes. Five possible lymph nodes identified, ranging from 0.6 to 5.4 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 6A: Three possible lymph nodes.

Cassettes 6B-6C: One lymph node bisected.

Cassettes 6D-6G: One lymph node serially sectioned entirely submitted.

- 7) Received labeled with the patient's name and "right common iliac". Received is a 2.4 x 1.5 x 0.8 cm portion of yellow gold fibroadipose tissue. Dissected for possible lymph nodes. Two possible lymph nodes identified, ranging from 0.7 to 0.8 cm in greatest dimension. Entirely submitted in cassette 7A.

- 8) Received labeled with the patient's name and "right para-aortic". Received is a 4.7 x 2.5 x 1.2 cm portion of yellow gold lobulated adipose tissue. Dissected for possible lymph nodes. Two possible lymph nodes identified, ranging from 0.9 to 3.5 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 8A: One possible lymph node.

Cassettes 8B-8C: One lymph node bisected.

- 9) Received labeled with the patient's name and "left common iliac". Received is a 3 x 3.2 x 1.5 cm aggregate of yellow gold lobulated adipose tissue. Dissected for possible lymph nodes. Three lymph nodes identified, ranging from 1 to 2 cm in greatest dimension. Submitted as follows:

Patient:	Age/Sex: /F	Acct#	Unit#
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Specimen #: [REDACTED]

DOB: [REDACTED]
Obtained: [REDACTED]

(Continued) Page: 8

GROSS DESCRIPTION: (continued)

CASSETTE SUMMARY:

Cassette 9A: One possible lymph node.
Cassette 9B: One lymph node bisected.
Cassette 9C: One lymph node trisected.

Dictated by:
Entered:

COPIES TO:

CPT Codes:

COLON SEG RESECT TUMOR/88309, LYMPH NODE, REGIONAL RESECT/88307/7,
UTERUS W/VO ADNEXAE, TUMOR-88309

ICD9 Codes:

153.9, 180.9, 198.82

Resident Physician: [REDACTED]

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

Electronically Signed by: [REDACTED]

Patient: [REDACTED]

Age/Sex: /F

Acct: [REDACTED]

Unit: [REDACTED]

ACCT#: [REDACTED] DOB:
ID:

Specimen #: Dr:
Date Obtained: Date Received: Date Printed:

CLINICAL HISTORY:
ICD-9: 233.1

SPECIMEN/PROCEDURE:
1. CERVIX - BIOPSY

IMPRESSION:
CERVIX, 11 O'CLOCK, BIOPSY:
Invasive squamous cell carcinoma, large cell non-keratinizing type, poorly differentiated.

Dictated by:
Entered: [REDACTED]

GROSS DESCRIPTION:
Received labeled with the patient's name and " ", is a pink to pale tan tissue fragment that is 0.7 x 0.4 x 0.2 cm. Entirely submitted in one cassette.

Dictated by: [REDACTED]
Entered:

CPT Codes:
CERVICAL BIOPSY (1)/88305

ICD9 Codes:
180.9

Electronically Signed by: [REDACTED]

Patient: [REDACTED] Age/Sex: /F Acct# Unit#

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted	COGN	✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initial	3/14/14	Date Reviewed