

**SURGICAL PATHOLOGY REPORT**

Patient Name: [REDACTED]

Address: [REDACTED]

Service: Gynecology

Accession #: [REDACTED]

Gender: F

Location: [REDACTED]

Taken:

DOB: [REDACTED]

MRN: [REDACTED]

Received:

Hospital #: [REDACTED]

Patient Type: SDSA

Physician(s): [REDACTED]

[REDACTED].

DIAGNOSIS:

UTERUS, CERVIX, RADICAL HYSTERECTOMY

- INVASIVE POORLY DIFFERENTIATED SQUAMOUS CELL CARCINOMA (SEE COMMENT AND SYNOPTIC)

LYMPH NODES, PARACERVICAL, RADICAL HYSTERECTOMY

- METASTATIC POORLY DIFFERENTIATED CARCINOMA IN ONE OF SEVEN LYMPH NODES (1/7)

UTERUS, ENDOMETRIUM, RADICAL HYSTERECTOMY

- NO EVIDENCE OF MALIGNANCY
- SECRETORY ENDOMETRIUM (DAY 24/25)

ICD-O-3

carcinoma, squamous cell

8070/3

UTERUS, MYOMETRIUM, RADICAL HYSTERECTOMY

- NO EVIDENCE OF MALIGNANCY
- ADENOMYOSIS, FOCAL
- LEIOMYOMAS (2.5 CM IN MAXIMUM DIMENSION)

Site: cervix, nos C53.9

JW

8/18/11

UTERUS, SEROSAL SURFACE, RADICAL HYSTERECTOMY

- NO EVIDENCE OF MALIGNANCY

VAGINA, ANTERIOR AND POSTERIOR CUFF SHAVE MARGIN, RADICAL HYSTERECTOMY

- NO EVIDENCE OF MALIGNANCY
- CHRONIC INFLAMMATION

SOFT TISSUE, RIGHT PARAMETRIUM, BIOPSY

- NO EVIDENCE OF MALIGNANCY

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Yes		X
Case Is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials:	MS	8/18/11
Date Reviewed:		

LYMPH NODES, RIGHT PERIAORTIC, DISSECTION,

- NO EVIDENCE OF MALIGNANCY IN TWO LYMPH NODES (0/2)

LYMPH NODES, LEFT PERIAORTIC, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN TWO LYMPH NODES (0/2)

LYMPH NODES, RIGHT EXTERNAL ILIAC, DISSECTION

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- NO EVIDENCE OF MALIGNANCY IN TWENTY LYMPH NODES (0/20)

LYMPH NODES, LEFT EXTERNAL ILIAC, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN FOUR LYMPH NODES (0/4)

LYMPH NODES, LEFT OBTURATOR, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN TWELVE LYMPH NODES (0/12)

LYMPH NODES, RIGHT OBTURATOR, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN ONE LYMPH NODE (0/1)

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).

M.D.

***Report Electronically Reviewed and Signed Out By

M.D.***

Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to Operating Room to pick-up 'radical hysterectomy specimen' consists of a radical hysterectomy specimen, including 270 gram, 13 cm (fundus to external os), x 5 cm (cornu to cornu) x 5 cm (anterior to posterior) uterus with attached 1.5 to 3.0 cm wide vaginal cuff and bilateral parametrial tissue. Resection margin inked black. A 3 x 3 x 1 cm polypoid mass is present in the left lateral cervix. Bivalved to show a 4 cm wide x 5.5 cm long unremarkable endometrial cavity. Multiple intramural and subserosal white, firm, well circumscribed nodules, measuring 0.5 cm to 2.5 cm in greatest dimension, consistent with multiple leiomyomas. Portion of mass and normal-appearing tissue taken for [redacted] and Tumor Bank. Rest for permanents," by

Microscopic Description and Comment:

Sections of the cervix show a poorly differentiated squamous cell carcinoma with maximum depth of invasion 9 out of 20 mm (slide A17) in the left lateral cervix. No tumor is noted in the endometrium, the pericervical/parametrial soft tissue and in the anterior and posterior vaginal cuff. Metastatic poorly differentiated carcinoma is noted in one of seven paracervical lymph nodes (A19). Additional 47 lymph nodes do not show evidence of metastatic disease.

History:

The patient is a 50 year old woman with squamous cell carcinoma of the cervix. Operative procedure: Examination under anesthesia, radical hysterectomy, bilateral oophorectomy, suprapubic catheter placement, and lymph node dissections.

Specimen(s) Received:

- A: UTERUS AND CERVIX WITH FROZEN.
- B: SOFT TISSUE, RIGHT PARAMETRIUM
- C: SOFT TISSUE, LEFT PARAMETRIUM
- D: LYMPH NODE, RIGHT PERIAORTIC
- E: LYMPH NODE, LEFT PERIAORTIC
- F: LYMPH NODE, RIGHT EXTERNAL ILIAC
- G: LYMPH NODE, LEFT EXTERNAL ILIAC
- H: LYMPH NODE, LEFT OBTURATOR
- I: LYMPH NODE, RIGHT OBTURATOR

Gross Description

The specimens are received in nine formalin-filled containers, each labeled with the patient's name:

The first container is labeled "radical hysterectomy specimen (uterus, cervix)" and contains a uterus with cervix but without adnexae. The uterus measures 13 cm fundus to external os, 5 cm cornu to cornu, 5 cm anterior-posteriorly. There is a 1.5 x 3.0 cm wide vaginal cuff noted. Smooth, glistening, unremarkable serosal surface does not show any adhesions. There is a well circumscribed subserosal gray-white nodule present, measuring 1.2 x 0.7 cm, located at the anterior portion of the uterus, consistent with a leiomyoma. The uterus is bivalved to show a 3 x 3 x 1 cm polypoid

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mass at the left lateral portion of the cervix. The mass shows focal central ulceration. Its distance to the vaginal cuff is 1.8 cm. There is no evidence of extension of the mass into the paracervical soft tissue. The endocervical canal is partly occluded by the mass. The remaining visible portion of the endocervical canal measures 1.2 cm in length x 3.3 cm in greatest diameter and is lined by a smooth glistening gray-white 0.2 cm thick endocervical mucosa. The unaffected portion of ectocervix measures 3 x 1.6 cm. The cervical os cannot be evaluated due to the presence of the mass. The unremarkable endometrial cavity measures 4 cm (wide) x 5.5 cm (long). It is lined by a smooth, glistening, unremarkable 0.2 cm thick endometrium. The thickness of the myometrium varies from 1.0 to 2.3 cm. There are several gray-white well circumscribed firm nodules, measuring up to 2.5 cm in greatest dimension consistent with leiomyomas. The paracervical/parametrial soft tissue on the right lateral portion of the uterus measures up to 6 cm in length x 2.0 cm in greatest diameter. The paracervical/parametrial adipose tissue on the left lateral portion of the uterus measures 3.0 cm in length x 1.0 x 0.4 cm in greatest diameter. Labeled A1 - shaved posterior vaginal cuff; A2 - shaved anterior vaginal cuff;

- A3 to A8 - consecutive sections of anterior ecto- and endocervix in direction of fundus;
A9 to A14 - consecutive sections of posterior ecto- and endocervix in direction of fundus;
A15 to A17 - tumor in direction of left paracervical soft tissue;
A18 to A20 - endocervical canal in direction of right paracervical soft tissue (no tumor visible);
A21, A22 - left posterior paracervical adipose tissue (entirely submitted);
A23 to A26 - right posterior paracervical soft tissue (entirely submitted);
A27, A28 - tumor in direction of left anterior paracervical soft tissue;
A29 - remainder of left anterior paracervical soft tissue;
A30, A31 - tumor in direction of right anterior paracervical soft tissue;
A32 - remainder of right anterior paracervical soft tissue;
A33 - subserosal leiomyoma;
A34, A35 - additional leiomyomas. Jar 3.



The second container is labeled "right parametrium." It contains two pieces of adipose tissue, each measuring 2.0 x 1.5 x 0.6 cm. Labeled B. Jar 0.

The third container is labeled "left parametrium." It contains a portion of adipose tissue, measuring 2.8 x 0.4 x 0.4 cm. Labeled C. Jar 0.

The fourth container is labeled "right periaortic lymph node." It contains a piece of yellow adipose tissue, measuring 3.2 x 1.5 x 0.4 cm. Two lymph nodes are dissected from the adipose tissue, ranging up to 1.5 x 1.0 x 0.4 cm. They were dissected to show no abnormalities. Labeled D1, D2 - one lymph node each (both halves submitted). Jar 0.

The fifth container is labeled "left periaortic lymph node." It contains a portion of adipose tissue, measuring 3 cm in length x 0.9 x 0.4 cm. Two lymph nodes are dissected from the adipose tissue, measuring 0.1 x 0.1 x 0.1 cm and 1.2 x 0.8 x 0.5 cm. The larger one is dissected to show no abnormality. Labeled E1 - largest lymph node (both halves); E2 - additional lymph node. Jar 0.

The sixth container is labeled "right external iliac lymph node." It contains several pieces of adipose tissue, ranging up to 4.0 x 2.0 x 1.0 cm. Several lymph nodes are dissected from the adipose tissue, ranging up to 3.5 x 1.5 x 1.0 cm. They are dissected to show no abnormality. Labeled F1 and F2 - one lymph node each (both halves submitted); F3, F4 - largest lymph node (both halves); F5 to F7 - additional lymph nodes. Jar 1.

The seventh container is labeled "left external iliac lymph node." It contains several pieces of adipose tissue, ranging up to 6.5 x 3.0 x 1.0 cm. Several lymph nodes are dissected from the adipose tissue, ranging up to 2.0 x 1.5 x 0.4 cm. They are dissected to show no abnormality. Labeled G1 to G3 - one lymph node each (both halves submitted); G4 - additional lymph nodes. Jar 1.

The eighth container is labeled "left obturator lymph node." It contains a piece of yellow adipose tissue, measuring 5 cm in length x 2.5 x 1.0 cm. Several lymph nodes are dissected from the adipose tissue, ranging up to 3.2 x 1.0 x 0.4 cm. Labeled H1 and H2 - one lymph node (both halves); H3, H4 - one lymph node each (both halves); H5 - additional possible lymph nodes. Jar 1.

The ninth container is labeled "right obturator lymph node." It contains one lymph node, measuring up to 0.2 x 0.2 x 0.2 cm. They are unremarkable. Labeled I. Jar 0.

Dr. M.D.

Synopsis

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SYNOPTIC REPORTING FORM FOR UTERINE CERVICAL NEOPLASMS

1. A neoplasm is PRESENT.

2. The HISTOLOGIC DIAGNOSIS is:

Squamous cell (epidermoid) carcinoma, invasive type

3. The MAXIMUM DEPTH OF TUMOR INVASION is 9 mm (Slide A17).

4. The BREADTH (MAXIMUM HORIZONTAL DIMENSION) OF THE TUMOR is 30 mm.

5. The TOTAL THICKNESS OF THE CERVIX is 20 mm.

6. Lymphatic invasion by tumor IS NOT identified.

7. The NUCLEAR GRADE of the tumor is:

3 (Poorly-differentiated)

8. The tumor DOES NOT invade through the entire thickness of the cervix to involve contiguous parametrial tissues.

9. The tumor DOES NOT involve the uterine corpus.

10. The tumor DOES NOT involve the vagina.

11. Metastasis to regional lymph nodes is PRESENT (Slide A19).

12. The total number of metastatically-involved nodes is 1 .

13. The total number of regional nodes examined is 49.

14. Extracapsular extension of metastatic tumor through the lymph node capsule is ABSENT.

15. DETAILED STAGING INFORMATION:

A. TUMOR GROWTH: THE PRIMARY NEOPLASM IS CLASSIFIED AS:

<u>TNM SCHEME</u>	<u>FIGO SCHEME</u>	<u>DEFINITION</u>
T1b	IB	Tumor confined to uterus but larger than T1a2/IA2

B. REGIONAL LYMPH NODES are classified as:

N1 (Regional nodes ARE involved by metastasis)

C. DISTANT METASTASES: The status of distant tissues is:

X (Status cannot be assessed)

16. THE FINAL STAGE OF THE TUMOR IS:

<u>AJCC SCHEME</u>		<u>FIGO SCHEME</u>
3b	(T1b/N1/MX)	IIIB

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

This Surgical Pathology report is available on-line

The performance characteristics of all analytes and methods used in this report (if any) are determined by the Diagnostic Immunohistochemistry Laboratory.

Some of these tests are for use of "analytic specific reagents," and are subject to specific testing requirements by the U.S. Food and Drug Administration. Such diagnostic tests may only be performed in a facility that is certified by the Health Care Financing Administration as a high-complexity laboratory under CLIA '88. These tests are not cleared or approved by the FDA prior to their use. Nevertheless, federal rules concerning the medical use of analytic specific reagents require that the following disclaimer be attached to the report.

This test was developed and its performance characteristics determined by the Diagnostic Immunohistochemistry Laboratory of Einstein Jewish Hospital. It has not been cleared or approved by the U.S. Food and Drug Administration.