

RUN DATE:
RUN TIME:
BY:

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:	LW	Date Reviewed: 9/8/11

PAGE:1

Specimen Inquiry

PATIENT: [REDACTED]

ACCT #:

LOC:

U#:

REG DR:

AGE/SX: /F
STATUS:RM/BED:
TLOC:REG:
DIS:SPEC #:
STATUS:Obtained:
Received:

Subm Dr:

MD

CLINICAL HISTORY:
CERVICAL CANCER

ICD-0-3

carcinoma, squamous cell, large cell,
non-keratinizing 8072/3

Site: cervix, nos C53.9

lw
9/8/11

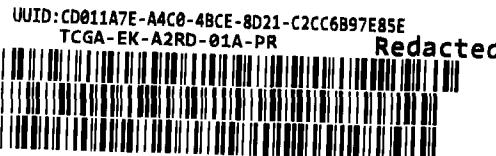
SPECIMEN/PROCEDURE:

1. SOFT TISSUES OF ABDOMEN - CORNU ADHESION
2. LYMPH - LEFT COMMON ILIAC NODE
3. LYMPH - LEFT OBTURATOR
4. SOFT TISSUES OF ABDOMEN - UTERINE SEROSA
5. LYMPH - RIGHT PELVIC NODES
6. LYMPH - LEFT PELVIC NODES
7. LYMPH - RIGHT PELVIC NODES
8. UTERUS - W/ CERVIX AND TUBES

IMPRESSION:

- 1) SOFT TISSUE OF ABDOMEN, CORNU ADHESION, BIOPSY:
 - Detached squamous cell carcinoma.
 - One fragment of benign fibrous tissue.
- 2) LYMPH NODE, LEFT COMMON ILIAC, DISSECTION:
 - One lymph node negative for metastasis (0/1).
- 3) LYMPH NODES, LEFT OBTURATOR, DISSECTION:
 - Two lymph nodes negative for metastasis (0/2).
- 4) SOFT TISSUE OF ABDOMEN, UTERINE SEROSA, BIOPSY:
 - Benign fibroadipose tissue, negative for malignancy.
- 5) LYMPH NODES, RIGHT PELVIC, DISSECTION:
 - Three lymph nodes negative for metastasis (0/3).
- 6) LYMPH NODE, LEFT PELVIC, DISSECTION:
 - One lymph node negative for metastasis (0/1).
- 7) LYMPH NODES, RIGHT PELVIC, DISSECTION:
 - Three lymph nodes negative for metastasis (0/3).
- 8) UTERUS WITH CERVIX, RADICAL HYSTERECTOMY:
 - CERVIX:

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IMPRESSION: (continued)

- Invasive squamous cell carcinoma, large cell nonkeratinizing, moderately differentiated with depth of invasion of about 67% (1.0/1.5 cm).
- Vagina cuff, no tumor involvement.
- Parametrium, no tumor involvement.
- The tumor is about 0.5 cm away from the cervical radial soft tissue resection margins.
- No lymphovascular invasion identified.
- ENDOMETRIUM:
 - Weakly proliferative endometrium.
- MYOMETRIUM:
 - Extensive adenomyosis.
- SEROSA:
 - Endometriosis.

CERVICAL CARCINOMA CHECKLIST**MACROSCOPIC****SPECIMEN TYPE**

Radical hysterectomy

TUMOR SITE

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

TUMOR SIZE

Greatest dimension: 1.2 cm (grossly)

OTHER ORGANS PRESENT

Uterine corpus
Vagina

MICROSCOPIC**HISTOLOGIC TYPE**

Squamous cell carcinoma
Nonkeratinizing

HISTOLOGIC GRADE

G2: Moderately differentiated

EXTENT OF INVASION**PRIMARY TUMOR (pT)**

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IMPRESSION: (continued)

TNM (FIGO)

pT1 (I): Cervical carcinoma confined to uterus (extension to corpus should be disregarded)

pT1b (IB): Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a2/IA2

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

REGIONAL LYMPH NODES (pN)

pNO: No regional lymph node metastasis

Number examined: 10

DISTANT METASTASIS (pM)

pMX: Cannot be assessed

MARGINS

Margins uninvolved by invasive carcinoma

Distance of tumor from closest margin: 5 mm

Specify margin (if possible): Radial cervical soft tissue resection margin 6-7 O'clock

DEPTH OF INVASION

The maximal thickness of the cervical stromal invasion is 1.0 cm.

The thickness of the cervix in the area of maximal tumor invasion is 1.5 cm.

The percentage of cervical stromal invasion is 67%.

Parametrial involvement

No parametrial involvement.

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

Absent

ADDITIONAL PATHOLOGIC FINDINGS

Adenomyosis

Endometriosis

Pathologic TNM (AJCC 6th Edition): pT1b1 NO MX

Dictated

Entered:

COMMENT:

Partial part 1 specimen is actually from cervix. There is one fragment of fibrous tissue representing true adhesion per

Entered:

SPECIAL STAINS/PROCEDURES:

Five initial frozen section (1F, 2AF, 3AF, 4F, 5AF)
Three additional frozen sections (2BF, 3BF, 5BF)

Dictated by:

GROSS DESCRIPTION:

1. Received fresh labeled with the patient's name, number and "right cornu adhesion," are four pieces of red to pink soft tissue together measuring 0.5 x 0.5 x 0.5 cm. Entirely submitted for frozen section.

FROZEN SECTION DIAGNOSIS: High-grade dysplastic squamous mucosa, cannot rule out invasion.

The frozen section remnant is entirely submitted for permanent section in cassette 1F.

2. Received fresh labeled with the patient's name, number and "left common iliac lymph node," is a 3.5 x 0.9 x 0.8 cm, elongated piece of soft tissue with one embedded and elongated lymph node. The lymph node is quadrisectioned and entirely submitted in two cassettes for frozen section.

FROZEN SECTION DIAGNOSIS: One lymph node negative for malignancy.

The frozen section remnant are submitted in cassettes 2AF and 2BF.

3. Received fresh labeled with the patient's name, number and "left obturator," are two pieces of yellow tan lobulated soft tissue measuring 1.5 x 0.9 x 1.0 cm and 2.0 x 1.5 x 0.8 cm. Upon further dissection two lymph nodes are identified and entirely submitted for frozen section.

FROZEN SECTION DIAGNOSIS: Two lymph nodes, negative for malignancy.

The identified lymph nodes and remaining soft tissue are entirely submitted for permanent sections as follows:

CASSETTE SUMMARY

CASSETTE 3AF: One lymph node, bisected.

CASSETTE 3BF: One lymph node, bisected.

CASSETTE 3C: Remaining tissue, entirely submitted.

4. Received fresh, labeled with the patient's name, number and "uterine serosa nodule," is a 0.5 x 0.3 x 0.3 cm red to pink soft tissue. Entirely submitted for frozen section.

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GROSS DESCRIPTION: (continued)**FROZEN SECTION DIAGNOSIS:** Benign uterine serosal tissue.

The frozen section remnant is entirely submitted for permanent section in cassette 4F.

5. Received fresh, labeled with the patient's name, number and "right pelvic lymph nodes," are two pieces of yellow tan lobulated tissue containing one lymph node each, and measuring 3.0 x 0.5 x 0.5 cm each. The identified lymph nodes are entirely submitted for frozen section.

FROZEN SECTION DIAGNOSIS: One lymph node, negative for malignancy submitted in cassette 5AF. Two lymph nodes, negative for malignancy submitted in cassette 5BF.

The frozen section remnants are submitted as per cassette summary for permanent section. The remaining specimen is entirely submitted for permanent section as per cassette summary.

CASSETTE SUMMARY

CASSETTE 5AF: One lymph node bisected.

CASSETTE 5BF: One lymph node bisected, and additional one tiny lymph node identified on frozen section.

CASSETTE 5C: Remaining tissue submitted for permanent section.

6. Received in formalin labeled with the patient's name and left pelvic lymph nodes. Received is a 2.4 x 1.5 x 0.9 cm aggregate of slightly hemorrhagic yellow gold fibroadipose tissue. The specimen is dissected for possible lymph nodes, no possible lymph nodes are grossly identified. Specimens is submitted as follows:

CASSETTE 6A: Entire specimen

7. Received in formalin labeled with the patient's name and right pelvic lymph nodes. Received is a 3.7 x 2.5 x 0.9 cm aggregate of slightly hemorrhagic yellow gold fibroadipose tissue. The specimen is dissected for possible lymph nodes, 3 possible lymph nodes are identified ranging from 0.7-1.4 cm in greatest dimension. Specimens is submitted as follows:

CASSETTE 7A: 2 possible lymph nodes

CASSETTE 7B: One lymph node bisected

8. Received fresh labeled with the patient's name, number and "uterus and cervix", is a hysterectomy specimen (7.0 x 4.0 x 2.0 cm), with attached vaginal cuff measuring 0.9 cm anteriorly and 1.8 cm posteriorly. There is also yellow-tan and congested parametrial tissue attached, measuring 2.9 x 2.0 x 1.8 cm on the right and 2.0 x 2.0 x 0.9 cm on the left side. The external surface of the uterus is brown-tan, congested and irregular, however no gross lesions or tumor involvement is appreciated. It is inked black posterior and blue anteriorly. The ectocervix is red to brown, hemorrhagic and irregular, consistent

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GROSS DESCRIPTION: (continued)

with previous surgical intervention. The external cervical os is irregular and measures 1.5 x 1.0 cm. Upon opening the endocervical canal is 2.0 x 0.5 cm, pink-tan and focally hemorrhagic. The endometrial cavity is 3.2 x 1.5 cm, pink to red and focally congested. The myometrium is pale pink, soft to firm and measures 1.5 cm in maximum dimension. No gross lesions are identified in endometrial or endocervical canal. The ectocervix is distorted, red-tan, hemorrhagic and friable with possible tumor involving all four quadrants, measuring 1.1 cm in greatest dimension. The lower uterine segment appears uninvolved. The vaginal cuff margin is inked black posteriorly and blue anteriorly, and is grossly unininvolved by tumor. The specimen is representatively submitted for sections as follows:

Cassette 8A:	Anterior vaginal resection margin.
Cassette 8B:	Posterior vaginal resection margin.
Cassette 8C-8M:	Right parametrial tissue, entirely submitted.
Cassette 8N-8S:	Left parametrial tissue, entirely submitted.
Cassette 8T:	Cervix and lower uterine segment, 12:00-1:00.
Cassette 8U:	Cervix and lower uterine segment, 1:00-2:00.
Cassette 8V:	Cervix and lower uterine segment, 2:00-3:00.
Cassette 8W:	Cervix and lower uterine segment, 3:00-4:00.
Cassette 8X:	Cervix and lower uterine segment, 4:00-5:00.
Cassette 8Y,8Z:	Cervix and lower uterine segment, 5:00-6:00.
Cassette 8AA:	Cervix and lower uterine segment, 6:00-7:00.
Cassette 8BB,8CC:	Cervix and lower uterine segment, 7:00-8:00.
Cassette 8DD:	Cervix and lower uterine segment, 8:00-9:00.
Cassette 8EE:	Cervix and lower uterine segment, 9:00-10:00.
Cassette 8GG:	Cervix and lower uterine segment, 10:00-11:00.
Cassette 8HH:	Cervix and lower uterine segment, 11:00-12:00.
Cassette 8JJ,8KK:	Anterior endomyometrium, full thickness.
Cassette 8LL,8MM:	Posterior endomyometrium, full thickness.
Cassette 8RN:	Posterior endomyometrium, normal tissue submitted for research.

Dictated

Entered:

COPIES TO:

No Primary or Family Physician

SPEC #:

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COPIES TO: (Continued)

CPT Codes:

FS INITIAL-88331/5, FS ADDITIONAL-88332/3, LYMPH NODE, REGIONAL RESECT/88307/3,
UTERUS W/WO ADNEXAE, TUMOR-88309, LYMPH NODE BIOPSY/88305/2, SOFT TISSUE BIOPSY/88305/2

ICD9 Codes:

180.9

Resident Physician:

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

Electronically Signed by: _____

** END OF REPORT **