

Ordering Physician: _____ Phone #: _____ Collection date: _____ Received date: _____		Specimen Number: [REDACTED]
	Date of Birth: [REDACTED]	Age: [REDACTED]
	Gender: [REDACTED]	Patient location: _____

SURGICAL PATHOLOGY

UUID:13EE4EE8-9C51-4EBC-9562-7233A1488108
TCGA-R2-A69V-01A-PR

Redacted

ADDENDUM REPORT



The cervical lesion is an unusual one since it is predominantly exophytic with some thinning of the underlying normal cervix. The 0.5 cm is the exocervical resection margin from the tumor. The invasion is one-third or less of the thickness of the cervix. The case was discussed with _____ on _____

ADDENDUM DIAGNOSIS:

UTERUS, HYSTERECTOMY CERVIX

- Invasive moderately to poorly differentiated nonkeratinizing squamous cell carcinoma invading into the endocervix.
- 5.2 cm in greatest dimension.
- pT1b2, pN0, invasion into the cervical stroma of less than **one-third** of the cervical thickness.
- Margins are not involved.
- Focal lymph-vascular invasion present.

(Electronically signed by)
Verified:

ICD-O-3
Carcinoma, squamous
cell, non keratinizing 8072/3
Site Cervix NOS C53.9
JW 6/12/13

SPECIMEN

- A. LYMPH NODE(S) - 1. Right obturator lymph nodes F/S
- B. LYMPH NODE(S) - 2. Right external iliac artery lymph nodes
- C. LYMPH NODE(S) - 3. Right periaortic lymph nodes F/S
- D. LYMPH NODE(S) - 4. Right common iliac artery lymph nodes
- E. LYMPH NODE(S) - 5. Left periaortic lymph nodes
- F. LYMPH NODE(S) - 6. Left common iliac lymph nodes

- G. LYMPH NODE(S) - 7. Left external iliac lymph nodes
H. LYMPH NODE(S) - 8. Left obturator lymph nodes F/S
I. LYMPH NODE(S) - 9. Left obturator lymph nodes
J. UTERUS - 10. Uterus, bilateral tubes, bilateral ovaries, cervix (fresh)

CLINICAL INFORMATION

Stage 1B-2 squamous cell carcinoma of the cervix.

COPY TO:

GROSS DESCRIPTION

The case is received in 10 parts, all labeled with the patient's name

Part A is received in formalin labeled "right obturator lymph nodes - F/S" is a 4.5 x 2.5 x 1 cm aggregate of yellow-tan fibroadipose tissue containing 4 lymph nodes, measuring 3.5 x 1.5 x 0.8 cm, 3 x 1 x 0.7 cm, 0.9 x 0.6 x 0.4 cm, and 1 x 0.5 x 0.3 cm, respectively. Touch preparations on the two smaller nodes are performed and part of the largest node and part of the medium node are touch prepped and frozen as FSA1 and FSA2. The frozen section residuals are submitted in cassettes (A1) and (A2). The remainder of the nodes are submitted in cassettes (A3) and (A4).

Frozen section diagnosis: by

FSA1 - Right obturator node (largest node) - "Negative."

FSA2 - Right obturator node (medium node) - "Negative."

Touch prep cytology:

FSA3 - Right obturator node (two small ones) - "Negative on cytology."

Examined by

Part B is received in formalin labeled "right external iliac artery lymph nodes" and consists of a 3 x 2.5 x 1.5 cm aggregate of yellow-tan fibroadipose tissue, containing a single 4 x 1 x 0.3 cm serpiginous lymph node that is bisected and submitted entirely in cassettes (B1) and (B2).

Part C is received fresh in the frozen section room labeled "right peri-aortic lymph nodes (F/S)" and consists of a 1.8 x 1.6 x 0.6 cm aggregate of fibroadipose tissue containing 3 lymph nodes, measuring 1.6 cm, 1.2 cm, and 0.8 cm in maximal dimension. Half of the nodes are frozen as FSC1 and touch preparations are performed. The frozen section residual is submitted in cassette (C1). The remainder of the nodes are submitted in cassette (C2).

Frozen section diagnosis:

FSC1 - Right peri-aortic lymph nodes, 3 - "Negative for carcinoma."

Examined by

Part D is received in formalin labeled "right common iliac artery lymph nodes" and consists of a 4 x 2.5 x 1 cm aggregate of yellow-tan fibroadipose tissue containing 3 lymph nodes, ranging from 0.8 - 4.5 cm in greatest dimension. The following sections are submitted:

SLIDE KEY

D1 – two lymph nodes (one bisected)

D2 – one lymph node

Part E is received in formalin labeled "left peri-aortic lymph nodes" and consists of a single 1.7 x 0.9 x 0.5 cm lymph node that is bisected and submitted entirely in cassette (E1).

Part F is received in formalin labeled "left common iliac lymph nodes" and consists of a single 1.6 x 0.7 x 0.6 cm lymph node that is bisected and submitted entirely in cassette (F1).

Part G is received in formalin labeled "external iliac artery lymph nodes" and consists of a 4 x 2 x 1 cm aggregate of yellow-tan fibroadipose tissue containing 2 lymph nodes, ranging from 0.5 – 3 cm in greatest dimension. The first node is submitted entirely in cassette (G1). The second node is bisected and submitted in cassette (G2).

Part H is received fresh in the frozen section room labeled "left obturator lymph nodes (F/S)" and consists of a 3 x 2.5 x 0.6 cm aggregate of yellow-tan fibroadipose tissue containing 2 lymph nodes, measuring 2 x 0.7 x 0.6 cm and 1.5 x 0.8 x 0.6 cm, respectively. The nodes are bisected and half are frozen as FSH1 and FSH2 for frozen section interpretation. The frozen section residuals are submitted in cassettes (H1) and (H2). No residual lymph nodes are identified.

Frozen section diagnosis:

FSH1 and FSH2 – Right obturator lymph nodes, 2 – "Negative for carcinoma."

Examined by

Part I is received in formalin labeled "left obturator lymph nodes" and consists of a 4 x 1 x 0.7 cm cylindrical lymph node that is sectioned and submitted entirely in cassettes (I1) and (I2).

Part J is received in formalin labeled "uterus, bilateral tubes, ovaries and cervix (Genome fresh)" is a 203 gm, 10.5 cm from cervix to fundus by 7 cm in width by 5.1 cm from anterior to posterior radical hysterectomy specimen with a 5.2 x 4.1 x 2 cm tan granular, fungating mass protruding from the cervical os. The tumor is 8.5 cm from the top of the endometrial cavity. Grossly, the tumor is limited to the cervix and does not appear to invade into the lower uterine segment. The uterine serosa is purple-tan and smooth with multifocal thin fibrous adhesions. Adjacent to the fungating mass, the cervical mucosa is pink-white, smooth and glistening. The endometrium is red-tan and glistening. There is a 1.1 cm diameter white whorled nodule within the anterior myometrium. A portion of the tumor is submitted for TCGA-Genome analysis. The following sections are submitted:

SLIDE KEY

J1 – anterior endometrium

J2 – posterior endometrium

J3 – myometrial nodule

J4 – anterior cervix

J5 – posterior cervix

J6-J10 – full-thickness section from cervix to fundus

J11 – anterior paracervical soft tissue
J12 – posterior paracervical soft tissue
J13 – posterior serosa

The 5 gm, 3 x 1.5 x 1.5 cm multicystic right ovary is purple-tan and cerebriform. The cut surface demonstrates multiple cysts ranging up to 1.5 cm in diameter that are variously filled with clear mucoid material to hemorrhage. The previously ligated 6.5 cm in length by 0.5 cm in diameter fimbriated fallopian tube is lined by purple-tan, smooth and glistening serosa.

The 4 gm, 3.2 x 1.9 x 1.2 cm pink-tan cerebriform left ovary is multicystic and demonstrates a 1 cm diameter clear fluid-filled cyst and a 0.7 cm in greatest dimension white corpus albicantia. There is a 6 cm in length by 0.6 cm in diameter previously ligated fimbriated left fallopian tube surfaced by purple-tan, smooth and glistening serosa. The following additional sections are submitted:

SLIDE KEY

J14 – right ovary
J15 – right fallopian tube
J16 – right parametrium
J17 – left ovary
J18 – left fallopian tube
J19 – left parametrium

MICROSCOPIC DESCRIPTION

The frozen section diagnosis is confirmed. Four right obturator lymph nodes are negative for metastatic carcinoma.

One right external iliac artery lymph node is negative for metastatic carcinoma.

The frozen section diagnosis is confirmed. Three right periaortic lymph nodes are negative for metastatic adenocarcinoma.

Three right common iliac artery lymph nodes are negative for metastatic carcinoma.

One left periaortic lymph node is negative for metastatic carcinoma.

One left common iliac lymph node is negative for metastatic carcinoma.

Two external iliac artery lymph nodes are negative for metastatic carcinoma.

The frozen section diagnosis is confirmed. Two left obturator lymph nodes are negative for metastatic carcinoma.

One left obturator lymph node is negative for metastatic carcinoma.

Sections from the radical hysterectomy demonstrate a moderately to poorly differentiated nonkeratinizing invasive squamous cell carcinoma of the cervix that extends into the endocervix. The tumor is exophytic and is composed of sheets of pleomorphic nuclei with abundant cytoplasm, focal intercellular bridges, and necrosis. The cervical soft tissue margins and lower uterine segment are uninvolved. Lymphovascular invasion is focally identified, slide J4. Sections of the endometrium demonstrate a secretory pattern. A single submucosal leiomyoma is present. The right ovary demonstrates a hemorrhagic corpus luteum and various follicular cysts in varying stages of evolution. The right fallopian tube is unremarkable. The left ovary demonstrates multiple follicular cysts in varying stages of evolution. The left fallopian tube is unremarkable. The left and right parametrium are uninvolved by squamous cell carcinoma.

Surgical Pathology Cancer Case Summary, Cervix

SPECIMEN: Cervix, uterine corpus, right ovary, left ovary, right fallopian tube, left fallopian tube.

PROCEDURE: Radical hysterectomy.

TUMOR SIZE: 5.2 x 4.1 x 2 cm.

TUMOR SITE: Circumferential, exophytic.

HISTOLOGIC TYPE: Squamous cell carcinoma, non-keratinizing.

HISTOLOGIC GRADE: G2-G3: Moderately to poorly differentiated.

MARGINS: Margins uninvolved by invasive carcinoma.

Distance of invasive carcinoma from closest margin: 0.5 cm from exocervical resection.

LYMPH-VASCULAR INVASION: Focally present.

PATHOLOGIC STAGING:

Primary tumor: pT1b2.

Regional lymph nodes: pN0.

Number of total lymph nodes examined: 18.

Number of lymph nodes involved: 0.

ADDITIONAL PATHOLOGIC FINDINGS: Submucosal leiomyoma.

FINAL DIAGNOSIS

LYMPH NODES, RIGHT OBTURATOR, EXCISION

- Negative for metastatic carcinoma (0/4).

LYMPH NODE, RIGHT EXTERNAL ILIAC ARTERY, EXCISION

- Negative for metastatic carcinoma (0/1).

LYMPH NODES, RIGHT PERIAORTIC, EXCISION

- Negative for metastatic carcinoma (0/3).

LYMPH NODES, RIGHT COMMON ILIAC ARTERY, EXCISION

- Negative for metastatic carcinoma (0/3).

LYMPH NODE, LEFT PERIAORTIC, EXCISION

- Negative for metastatic carcinoma (0/1).

LYMPH NODE, LEFT COMMON ILIAC, EXCISION

- Negative for metastatic carcinoma (0/1).

LYMPH NODES, EXTERNAL ILIAC ARTERY, EXCISION

- Negative for metastatic carcinoma (0/2).

LYMPH NODES, LEFT OBTURATOR, EXCISION

- Negative for metastatic carcinoma (0/2).

LYMPH NODE, LEFT OBTURATOR, EXCISION

- Negative for metastatic carcinoma (0/1).

UTERUS, HYSTERECTOMY

CERVIX

- Invasive moderately to poorly differentiated nonkeratinizing squamous cell carcinoma invading into the endocervix.
- 5.2 cm in greatest dimension
- pT1b2 pN0.
- Margins negative.
- Focal lymph-vascular present

ENDOMETRIUM

- Secretory pattern.
- Not involved by squamous cell carcinoma.

MYOMETRIUM

- Submucosal leiomyoma.

SEROSA

- Not involved by squamous cell carcinoma.

RIGHT OVARY, OOPHORECTOMY

- Benign ovary with hemorrhagic corpus luteum and follicular cysts.

FALLOPIAN TUBE, RIGHT, SALPINGECTOMY

- Benign with mild luminal dilatation

LEFT OVARY, OOPHORECTOMY

- Benign ovary with follicular cysts.

FALLOPIAN TUBE, LEFT, SALPINGECTOMY

- Benign with mild luminal dilatation.

CPT CODES: 88309x1, 88331x3, 88332x2, 88333x1, 88307x5, 88305x4

(Electronically signed by) (Final)

Verified:

Criteria	Yes	No
Diagnostic Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 4/5/13	