

Sex: Female
D.O.B.:
MRN #:
Ref Physician:

Collected:
Received:
Reported:

SPECIMEN INFO

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

A. Right ovary and fallopian tube, excision:

Ovary and fallopian tube without significant pathologic abnormality.

B. Left ovary and fallopian tube, excision:

Fallopian tube paratubal cysts.
Ovarian cystic follicles.

C. Radical hysterectomy:

Tumor Characteristics:

1. Histologic type: Squamous cell carcinoma.
2. Histologic grade: Moderately differentiated, Grade II.
3. Tumor site: Cervix.
4. Tumor size: 6.5 x 5.0 x 2.0 cm.
5. Stromal invasion/depth/horizontal extent: Tumor extends 2.0 cm into a 2.3 cm thick endocervical canal wall.
6. Lymphovascular space invasion: Not identified.

Surgical Margin Status:

1. Vaginal margin: Negative for tumor.
2. Deep margin: Negative for tumor.

Lymph Node Status:

1. See parts E-J.

Other:

1. Other significant findings: Benign endometrium with adenomyosis of myometrium, as well as a subserosal leiomyoma.
2. pTNM stage: pT2a2N0 (FIGO IIa2).

D. Vagina, biopsy:

Negative for malignancy.

E. Right external iliac lymph nodes, excision:

Ten lymph nodes, negative for metastatic disease.

F. Right obturator and right common iliac lymph nodes, excision:

Ten lymph nodes, negative for metastatic disease.

G. Right common and lower aortic lymph nodes, excision:

Nine lymph nodes, negative for metastatic disease.

H. Left external iliac lymph nodes, excision:

Six lymph nodes, negative for metastatic disease.

I. Left obturator lymph nodes, excision:

Six lymph nodes, negative for metastatic disease.

J. Left common iliac lymph nodes, excision:

Two lymph nodes, negative for metastatic disease.

ICD-O-3
Carcinoma, squamous cell, NOS
8070/3

Site: cervix, NOS
C53.9

5-1-12
120

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
IPAA Discrepancy		X
Other Malignancy History		X
Dual/Synchronous Primary Nodes		X
Asses (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials:	W4130	4/25/12

Electronic Signature:

UUID: 20136CDC-19AA-480A-B19C-B4EE219D8903

TCGA-FU-A3WB-01A-PR

Redacted

CLINICAL INFORMATION

CLINICAL HISTORY:

Preoperative Diagnosis: Cervical cancer

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Right tube and ovary
- B. Left tube and ovary
- C. Uterus cervix (radical hysterectomy)
- D. Vagina
- E. Right external iliac lymph node
- F. Right obturator lymph node right common iliac lymph node
- G. Right common lower aortic
- H. Left external iliac lymph node
- I. Left obturator lymph node
- J. Left common iliac lymph node

SPECIMEN DATA

GROSS DESCRIPTION:

The specimen is received in ten formalin filled containers labeled with the patient's name |

A. Additionally labeled right tube and ovary and contains a 3.2 x 2.3 x 1.0 cm yellow-tan lobulated ovary received with attached para-ovarian soft tissue and segment of fimbriated fallopian tube. The fallopian tube is 4.0 cm in length and ranges from 0.7 to 0.8 cm in diameter and features multiple uniloculated paratubal cysts up to 0.3 cm in greatest dimension. These cysts feature smooth inner linings and contain yellow-tan fluid. The ovary is sectioned to reveal a yellow-tan fibrous cut surface with multiple gray-white corpora albicantia and two uniloculated subcortical cysts 0.5 and 0.20 cm in greatest dimension. These cysts feature smooth inner linings and contain clear, watery fluid. Representative sections are submitted in cassettes A1-3 labeled to include cross sections of fallopian tube in cassette A1.

B. Additionally labeled left tube and ovary and contains a 3.0 x 2.8 x 1.4 cm yellow-tan lobulated ovary received with attached para-ovarian soft tissue and segment of fimbriated fallopian tube. The fallopian tube is 3.5 cm in length and ranges from 0.7 to 1.0 cm in diameter. It features multiple uniloculated paratubal cysts ranging from 0.1 up to 2.0 cm in greatest dimension. The largest is pedunculated. The cysts feature smooth inner linings and contain yellow-tan serous fluid. Sections through the ovary reveal a yellow-tan fibrous cut surface with a hemorrhagic corpus luteum, gray-white corpora albicantia and two uniloculated subcortical cysts 0.5 and 1.2 cm in greatest dimension. These cysts feature smooth inner linings and contain clear, watery fluid. Representative sections are submitted in cassettes B1-3 labeled designated as follows: B1—cross sections of fallopian tube; B2 and 3—ovary.

C. Additionally labeled uterus and cervix and contains a 268.5 gram radical hysterectomy specimen comprised of uterine corpus (7.5 x 6.5 x 5.3 cm), uterine cervix (3.5 cm in length by 4.0 x 4.0 cm), vaginal cuff (ranging from 0.7 up to 1.9 cm in length), right paracervical soft tissue (3.5 x 2.5 x 2.0 cm), and left paracervical soft tissue (5.0 x 3.2 x 1.8 cm). The uterine corpus is pink-tan wrinkled and glistening with a 2.4 x 1.5 cm shaggy, irregular through the wall defect located on the anterior aspect. Also present, 1.0 cm from this defect is a 0.6 cm subserosal nodule. On section, this nodule features a gray-white whorled and bulging cut surface with no evidence of hemorrhage or necrosis. The soft tissue margins are inked. On section and palpation, no lymph nodes are palpated within the paracervical soft tissues. The vaginal mucosa is pink-tan wrinkled and glistening with no discrete lesions. The ectocervix is partially surfaced by pink-tan and glistening ectocervical mucosa and features a central 1.2 cm patent os. Surrounding the os is a pink-tan friable mass that extends into the endocervical canal. This mass has overall dimensions of 6.5 x 5.0 x 2.0 cm and extends 2.0 cm into a 2.3 cm thick endocervical canal. Additionally, this mass approaches to within 1.0 cm of the vaginal margin. The triangular endometrium is pink-tan and glistening with an average thickness of 0.1 cm. The surrounding myometrium is pink-tan fibrous and trabeculated and ranges from 2.0 up to 3.4 cm in thickness. Additional myometrial nodules or lesions are not identified. Representative sections are submitted in cassettes C1-16 labeled designated as follows: C1—subserosal nodule; C2—anterior vaginal cuff margin, en face; C3—posterior vaginal cuff margin, en face; C4—right paracervical soft tissue, perpendicular; 5—left paracervical soft tissue, perpendicular; 6-7—anterior endo ectocervix to include tumor and inked soft tissue margin; 8-9—full thickness posterior endo ectocervix to include mass to deep aspect and portion of inked soft tissue margin, perpendicular; C10—anterior lower uterine segment; C11—posterior lower uterine segment; C12 and 13—full thickness anterior endomyometrium to include anterior serosal defect, bisected (notched ends adjoin); C14—additional anterior endometrium; C15—full thickness posterior endomyometrium; C16—additional posterior endometrium. Three cassettes are submitted for research each labeled

D. Additionally labeled vagina and consists of a 1.2 x 0.8 x 0.5 cm pink-tan wrinkled, glistening soft tissue consistent with vaginal mucosa. The deep margin is inked. The specimen is bisected and entirely submitted in cassette D labeled

E. Additionally labeled right external iliac lymph node and contains a 7.0 x 6.8 x 2.5 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, multiple firm fatty possible lymph nodes are identified ranging from 0.3 up to 2.0 cm in greatest dimension. They are entirely submitted in cassettes E1-6 labeled designated as follows: E1—three whole possible lymph nodes; E2 and 3—two whole possible bisected lymph nodes in each cassette (one inked); E4-6—one whole possible bisected lymph node in each cassette.

F. Additionally labeled right obturator lymph node right common iliac and contains a 6.4 x 5.8 x 2.3 cm yellow-tan fibrofatty soft tissue. On palpation, multiple firm fatty possible lymph nodes are identified ranging from 0.3 up to 3.8 cm in greatest dimension. They are entirely submitted in cassettes F1-4