

**Results****SURGICAL PATHOLOGY****Entry Date****Component Results**

Component

**Surgical Pathology**

(note)

Hospital Number [REDACTED]

Location:

**SURGICAL PATHOLOGY**

Accession #:

Collected:

Received:

ICD-O-3  
Carcinoma, squamous cell,  
keratinizing 807113  
Site Cervix NOS C53.9  
X 24/11/14

**PATHOLOGIC DIAGNOSIS****A. UTERUS, RADICAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:**

- INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY TO POORLY DIFFERENTIATED
- TUMOR INVADES TO A DEPTH OF 0.6 CM OUT OF A WALL THICKNESS OF 1.5 CM
- TUMOR MEASURES 1.9 CM IN LENGTH
- BILATERAL PARAMETRIUM WITH NO EVIDENCE OF TUMOR
- VAGINAL CUFF SURGICAL RESECTION MARGIN WITH NO EVIDENCE OF TUMOR
- EARLY SECRETORY ENDOMETRIUM
- LEIOMYOMAS
- BILATERAL OVARIES WITH HEMORRHAGIC LUTEINIZED CYST, CORPORA ALBICANTIA AND BENIGN CYSTIC FOLLICLES
- RIGHT OVARY WITH FOREIGN BODY GIANT CELL REACTION
- BILATERAL FALLOPIAN TUBES WITH PARATUBAL CYST
- SEE COMMENT

**B. LYMPH NODE, RIGHT PELVIC, DISSECTION:**

- NINETEEN LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/19)

**C. LYMPH NODE, LEFT PELVIC, DISSECTION:**

- TEN LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/10)

**D. VAGINA, ANTERIOR MARGIN, BIOPSY:**

- SQUAMOUS MUCOSA WITH NO EVIDENCE OF MALIGNANCY

"I have personally reviewed the resident's preliminary interpretation and all specimen preparations and have personally issued this report."

**Comment**

CAP PROTOCOL FOR CERVICAL CANCER FROM UTERUS

**Specimen:**

- Cervix
- Uterine corpus
- Right ovary
- Left ovary
- Right fallopian tube

- Left fallopian tube
- Vagina, cuff

Procedure:

- Radical hysterectomy

Tumor Size

Greatest dimension: 2.0 cm

Tumor Site:

- Right superior quadrant (12 to 3 o'clock)
- Right inferior quadrant (3 to 6 o'clock)
- Left inferior quadrant (6 to 9 o'clock)
- Left superior quadrant (9 to 12 o'clock)

Histologic Type:

- Squamous cell carcinoma
- Keratinizing

Margins (select all that apply):

- Margins uninvolved by invasive carcinoma
- Specify margin(s), if possible: Vaginal cuff

Lymph-Vascular Invasion

Not identified

\* Pathologic Staging (pTNM [FIGO]):

Primary Tumor (pT)

pT1b1 [IB1]: Clinically visible lesion <4.0 cm in greatest dimension

Regional Lymph Nodes (pN)

pN0: No regional lymph node metastasis

- Number of Lymph Nodes Examined: 29
- Number of Lymph Nodes Involved: 0 (zero)

Distant Metastasis (pM)

- Not applicable

Pertinent Clinical Information

Goes to for

Specimen Material: (A) Radical hysterectomy, (Procedure: bilateral salpingo-oophorectomy); (B) Right pelvic lymph nodes; (C) Left pelvic lymph nodes; (D) Anterior vaginal margin. (Procedure: Laparoscopic hysterectomy, bilateral salpingo-oophorectomy pelvic LND, (radical))

Gross Description

Part A: The specimen is received in formalin, labeled with the patient's name, medical record number and "RADICAL HYSTERECTOMY, BSO", and consists of a radical hysterectomy and bilateral salpingooophorectomy. The specimen includes a uterus (90.0 grams, 8.0 cm in length x 4.5 cm cornu to cornu, 3.0 cm anterior to posterior), with a attached cervix (3.5 x 3 cm) and bilateral adnexa. The right fallopian tube (5.0 cm in length x 0.4 cm in circumference) is attached to a right ovary (2.5 x 1.7 x 0.3 cm). The left fallopian tube (6.5 cm in length x 0.4 cm in circumference) is attached to a left ovary (2.5 x 1.5 x 0.4 cm). Additionally, the specimen has a right parametrium measuring 2.5 x 0.7 x 0.5 and 3.5 x 1.5 x 0.5 cm, respectively.

The vagina cuff is surrounding the cervix and measures 1.5 cm in length.

The serosa is tan-pink, smooth and glistening with focal areas of adhesions mostly at the lower posterior aspect. The anterior aspect is distorted by the presence of an intramural nodule (2.0 x 1.8 cm). The cervix has an eroded surface (3.5 x 3.5 cm) with areas of hemorrhage predominantly between 3 and 6 o'clock. Peripherally to this area the cervix is partially covered by a tan-pink, smooth and glistening mucosa extending into the vaginal cuff.

The cervical os (0.8 cm in greatest dimension) is irregular and is surrounded by hemorrhagic irregular surface. The cervical canal (3.0 in length x 0.8 cm circumference) has a tan-pink herringbone mucosa and a focal area of irregularity with papillary like projection closest to the cervical os which is extending into the cervical canal up to 2.0 cm. The endometrial cavity (3.2 x 0.5 cm) is covered by a tan-pink, hemorrhagic endometrial mucosa (0.1 cm in thickness). The fundic area has a polypoid lesion (1.0 x 0.3 x 0.2 cm). The myometrium (1.5 to 1.2 cm in thickness) is red-brown, with fine tan-white fibrous septation. There is a tan-white nodular mass with a whorling cut appearance in the fundic area. No other discrete lesions are grossly identified.

Both fallopian tubes have a fimbriated end and the serosa is tan-pink, smooth and glistening with paratubal cysts varying in size from 0.1 to 0.3 cm in greatest dimension and filled with a yellow clear serous fluid. Cross sectioning demonstrates tan-pink mucosa with a pinpoint lumen. No discrete lesions are grossly identified.

Both ovaries have a tan-pink to tan-yellow cerebroid-like appearance of the external surface. Arising from both external surfaces, there are cystic lesions measuring on the right side 0.7 x 0.7 cm and on the left 0.7 x 0.5 cm. The cysts are filled with a hemorrhagic serous fluid. Additional cystic lesions are grossly seen in the periphery of both ovaries varying from 0.3 to 0.5 cm in greatest dimension.

Ink Code:

Blue anterior aspect, surgical resection margin

Red posterior aspect, surgical resection margin

Orange- amputated margin (lower uterine segment and upper cervical canal)

Section Code:

A1-A3: right parametrium, sequentially submitted from superior to inferior, perpendicularly cross sectioned and entirely submitted

A4-A6: left parametrium, sequentially submitted from superior to inferior, perpendicularly cross sectioned and entirely submitted

A7-A10: vaginal cuff, submitted in a clockwise fashion, en face (A7- 12 to 3 o'clock, A8- 3 to 6 o'clock, A9- 6 to 9 o'clock, A10- 9 to 12 o'clock).

A11-A14: right ovary and fallopian tube (A14 fimbriated end, entirely submitted)

A15-A18: left ovary and left fallopian tube (A18 fimbriated end, entirely submitted)

A19-A23: cervix, 12 to 3 o'clock

A24-A26: cervix, 3 to 6 o'clock

A27-A29: cervix, 6 to 9 o'clock

A30-A33: cervix, 9 to 12 o'clock

A34-A44: cervix upper portion adjacent to lower uterine segment, perpendicular cross sections from right to left (anterior aspect)

A45-A54: cervix upper portion adjacent to lower uterine segment, perpendicular cross sections from right to left (posterior aspect)

A55-A57: endometrium/myometrium, anterior aspect sequentially submitted from upper to lower portion (A57 including the most lower portion closest to the cervical canal)

A58: intramural leiomyoma

A59-A61: endometrium/myometrium, posterior aspect sequentially submitted from upper to lower portion (A61 including the area closest to the cervical canal).

Part B: The specimen is received in formalin, labeled with the patient's name, medical record number and "RIGHT PELVIC LYMPH NODE" and consists of multiple irregular yellow-brown fragments of fibroadipose tissue measuring in aggregate 5.0 x 3.5 x 1.0 cm. There are four possible lymph nodes varying in size from 0.5 cm in greatest dimension to 3.0 x 0.7 x 0.3 cm. Submitted in toto for permanent sections in cassettes B1-B4.

Part C: The specimen is received in formalin, labeled with the patient's name, medical record number and "LEFT PELVIC LYMPH NODE" and consists of multiple yellow-brown irregular fragments of fibroadipose tissue measuring in aggregate 4.5 x 3.0 x 1.0 cm. Three possible lymph nodes are found varying in size from 1.0 x 0.8 x 0.5 cm to 3.0 x 0.8 x 0.5 cm. The specimen is submitted in toto for permanent sections in cassettes C1- C5.

Part D: The specimen is received in formalin, labeled with the patient's name, medical record number and "ANTERIOR VAGINAL MARGIN" and consists of an irregular fragment of tan-brown tissue (2.2 x 1.4 x 0.3 cm). One surface is partially covered by a tan-brown irregular mucosa. The opposite surface is irregular, red-brown with cautery artifact. Perpendicular cross sections demonstrate a tan-white to tan-pink fibrotic cut surface. The specimen is entirely submitted for permanent section in cassettes D1-D3.

#### Microscopic Description

A-D: Performed.

Pathology Resident

\*\*Electronically Signed Out\*\*

Staff Pathologist

#### Result History

SURGICAL PATHOLOGY (Order ) on - Order Result History Report.

#### Lab Information

Resulting Lab

#### Order Information

Order Date Order Time

#### Result Information

Result Date and Time	Status	Priority
	Final result	Routine

#### Received Date/Time

Received Date Received Time

#### Order Providers

Authorizing Provider Encounter Provider

#### Encounter

[View Encounter](#)

**Order****SURGICAL PATHOLOGY****(Order****Administration Details**

No Administrations  
Recorded

**Order Information**

Order Date/Time      Release Date/Time      Start Date/Time      End Date/Time

**Order Details**

Frequency ONCE	Duration 1 occurrence	Priority Routine	Order Class Normal
-------------------	--------------------------	---------------------	-----------------------

**Quantity**

Ordering Quantity  
1

**Original Order**

Ordered On      Ordered By

**Transfer Service****Collection Information**

Collection Date      Collection Time      Resulting Agency

**Provider Information**

Ordering User      Authorizing Provider

Attending Provider(s)

**Order-Level Documents:**

There are no order-level documents.

**Encounter**

[View Encounter](#)

**Orders Needing Specimen Collection**

\*\* None \*\*

Criteria	1/14/14	Yes	No
Diagnosis Discrepancy			
Primary Tumor Site Discrepancy			
HIPAA Discrepancy			
Prior Malignancy History			
Dual/Synchronous Primary Noted			
Case is (circle):	QUALIFIED	DISQUALIFIED	
Reviewer Initials	JK	Date Reviewed:	01/14/14