



SURGICAL PATHOLOGY REPORT FINAL

Patient Name: [REDACTED]
Address: [REDACTED]
Gender: F
DOB: [REDACTED] (Age: [REDACTED])

Service: Gynecology
Location: [REDACTED]
MRN: [REDACTED]
Hospital #: [REDACTED]
Patient Type: [REDACTED]

Accession #: [REDACTED]
Taken: [REDACTED]
Received: [REDACTED]
Accessioned: [REDACTED]
Reviewed: [REDACTED]

Physician(s): [REDACTED] M.D.

DIAGNOSIS:

UTERUS, CERVIX, RADICAL HYSTERECTOMY

- INVASIVE WELL DIFFERENTIATED ADENOCARCINOMA (SEE COMMENT)
- MARGINS OF EXCISION ARE FREE OF ADENOCARCINOMA

UTERUS, ENDOMETRIUM, RADICAL HYSTERECTOMY

- SECRETORY PHASE WITH BREAKDOWN

UTERUS, MYOMETRIUM, RADICAL HYSTERECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

SOFT TISSUE, PARAMETRIUM, RIGHT & LEFT, RADICAL HYSTERECTOMY

- FOCAL ENDOMETRIOSIS
- ONE INCIDENTAL LYMPH NODE WITH NO HISTOPATHOLOGIC ABNORMALITY

OVARY, LEFT, SALPINGO-OOPHORECTOMY

- HEMORRHAGIC CORPUS LUTEUM

FALLOPIAN TUBE, LEFT, SALPINGO-OOPHORECTOMY

- ACUTE INFLAMMATION

LYMPH NODES, RIGHT PELVIC, EXCISION

- NO EVIDENCE OF MALIGNANCY IN 21 LYMPH NODES

LYMPH NODE, RIGHT COMMON PERIAORTIC, EXCISION

- NO EVIDENCE OF MALIGNANCY IN 1 LYMPH NODE

LYMPH NODES, LEFT PELVIC, EXCISION

- NO EVIDENCE OF MALIGNANCY 18 LYMPH NODES

SOFT TISSUE, LABELED "LYMPH NODE," LEFT COMMON PERIAORTIC, EXCISION

- ADIPOSE TISSUE WITH NO HISTOPATHOLOGIC ABNORMALITY
- ENTIRE SPECIMEN SUBMITTED FOR MICROSCOPIC EXAMINATION

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

100-0-3
adenocarcinoma, endometroid, NOS
Site: cervix, NOS C53.9 8380/3
lw
8/18/11

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).

[Signature] Ph.D.

SURGICAL PATHOLOGY REPORT

***Report Electronically Reviewed and Signed Out By

M.D., Ph.D.

Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pickup 'uterus, cervix, left adnexa,' uterus weighs 203 grams. The uterus measures 13 x 6 x 4.5 cm, the cervix measures 4 x 3 cm, the vaginal cuff measures 1 cm anterior and 2.2 cm posterior. The resected surface is inked black. The endocervix measures 3.5 cm and the endometrial cavity measures 4 x 2.5 cm. A large, tan-friable, circumferential mass is seen within the endocervix that measures 5 x 4.5 x 1 cm. This appears to extend to the lower uterine segment on the posterior cervix, but not the endometrial cavity. Tumor and normal taken for: and tumor bank. Also in the container is an ovary that weighs 20 grams and measures 3 x 1.5 x 1 cm. The fallopian tube measures 7 x 1 cm. The rest for permanents," by

M.D. /

M.D.

Microscopic Description and Comment:

Sections of the cervix show a well-differentiated adenocarcinoma of endometrioid type with focal squamous differentiation. Only rare foci of lymphovascular invasion are noted. The maximum depth of tumor invasion in the cervix is 0.5 cm out of a cervical wall thickness of 1.2 cm. The tumor also extends into the lower uterine segment where the maximum depth of tumor invasion, seen in the anterior half, measures 0.9 cm out of a total myometrial thickness of 1.2 cm. Even though there is extension of tumor into the lower uterine segment, the fact that the bulk of the tumor is within the endocervix is consistent with a cervical rather than an endometrial origin.

L, PhD

History:

The patient is a year old woman with cervical cancer. Operative procedure: Radical hysterectomy.

Specimen(s) Received:

- A: LYMPH NODE, RIGHT PELVIC
- B: LYMPH NODE, RIGHT COMMON PERIAORTIC
- C: LYMPH NODE, LEFT PELVIC
- D: LYMPH NODE, LEFT COMMON PERIAORTIC
- E: UTERUS, CERVIX, AND LEFT ADNEXA

Gross Description:

The specimens are received in five formalin-filled containers, each labeled The first container is labeled "right pelvic lymph nodes." It contains multiple fragments of fibroadipose tissue and multiple lymph nodes that range from 0.4 to 2 cm in greatest dimension. Labeled A1 to A7. Jar 1.

The second container is labeled "right common periaortic lymph nodes." It contains a fragment of fibroadipose tissue that appears unremarkable and measures 1.5 x 3 x 0.3 cm in greatest dimension. Labeled B1. Jar 0.

The third container is labeled "left pelvic lymph node." It contains multiple fragments of unremarkable fibroadipose tissue and tan-brown lymph nodes that range from 0.5 to 2 cm in greatest dimension. Labeled C1 to C5. Jar 1.

The fourth container is labeled "left common periaortic." It contains a fragment of unremarkable fibroadipose tissue that measures 3 x 1 x 0.4 cm in greatest dimension. Labeled D1. Jar 0.

The fifth container is labeled "uterus, cervix, left adnexa." It contains a uterus and detached fallopian tube with attached ovary, consistent with the intraoperative description. Further sectioning of the uterus shows unremarkable myometrium with a maximal thickness of 2 cm. Sectioning the fallopian tube and ovary shows a pinpoint lumen in the fallopian tube and two hemorrhagic cysts lined by a yellow-orange, 0.2 cm thick lining. In addition, there is a simple cyst that is filled with gelatinous fluid and measures 0.3 cm in diameter. Labeled E1, E2 - fallopian tube and ovary; E3 to E7 - left parametrial tissue; E8 to E12 - right parametrial tissue; E13 - posterior vaginal cuff shave margin; E14 - anterior vaginal cuff shave margin; E15 to E21 - posterior cervix, entirely submitted; E22 to E27 - anterior cervix, entirely submitted; E28 - posterior lower uterine segment; E29 - anterior lower uterine segment; E30 - posterior uterine body; E31 - anterior uterine body. Jar 2.

SYNOPTIC REPORTING FORM FOR UTERINE CERVICAL NEOPLASMS**HISTOPATHOLOGIC TYPE**

The histologic diagnosis is adenocarcinoma, invasive endometrioid type

TUMOR SIZE

See comment above

LYMPHATIC INVASION

Lymphatic invasion by tumor is identified but is focal

HISTOPATHOLOGIC TYPE

The histologic grade is well differentiated (G1)

TUMOR INVASION

The tumor does not invade through the entire thickness of the cervix to involve contiguous parametrial tissues.

VAGINAL INVOLVEMENT

The tumor does not involve the vagina

TUMOR METASTASIS

Metastasis of tumor to regional lymph nodes is absent

The total number of metastatically-involved lymph nodes is 0

The total number of lymph nodes examined is 41

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

Surgical Pathology report is available on-line on

The performance characteristics of some chemotherapeutic agents, biologic response modifiers, and immunosuppressants are not yet fully established by the results of ongoing early phase clinical trials and are therefore not included in this report. Some of these tests rely on the use of "analytical quality controls" 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 Department of Health and Human Services as a high complexity laboratory under CLIA '88. The FDA has determined that such assurance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. Nevertheless, limited data concerning the limited use of sample specific vaginal issues that the following disclaimer be included in this report.

This test was developed and its performance characteristics determined by the Surgical Pathology Department of Barnes-Jewish Hospital. It has not been cleared or approved by the U.S. Food and Drug Administration.