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TCGA-JX-A3PZ-01A-PR Redacted

[redacted]

Na [redacted]
Addre Internal #: [redacted] 1

Surg. Path. No.: [redacted]
D[redacted]
Sex/Race: F
[redacted]

[redacted]
Service: [redacted]
Surgeon: [redacted] M.D.

Taken/Received:

DIAGNOSIS

UTERUS, CERVIX, HYSTERECTOMY
- MODERATELY DIFFERENTIATED SQUAMOUS CELL CARCINOMA (5 CM IN GREATEST DIMENSION), INVADING 5 MM INTO A 20 MM THICK CERVIX, WITH PROMINENT VASCULAR SPACE INVASION (SEE COMMENT)

UTERUS, ENDOMETRIUM, RADICAL HYSTERECTOMY - PROLIFERATIVE PATTERN
- NO TUMOR IDENTIFIED

UTERUS, MYOMETRIUM, RADICAL HYSTERECTOMY - NO TUMOR IDENTIFIED

VAGINA, RADICAL HYSTERECTOMY - NO TUMOR IDENTIFIED

PARAMETRIAL TISSUES, RADICAL HYSTERECTOMY - NO TUMOR IDENTIFIED

LYMPH NODES (2), PARAMETRIAL, RADICAL HYSTERECTOMY
- NO TUMOR IDENTIFIED IN 2 LYMPH NODES

LYMPH NODES (4), RIGHT EXTERNAL ILIAC, BIOPSY
- NO TUMOR IDENTIFIED IN 4 LYMPH NODES

LYMPH NODES (8), LEFT EXTERNAL ILIAC, BIOPSY
- NO TUMOR IDENTIFIED IN 8 LYMPH NODES

LYMPH NODES, (2), LEFT OBTURATOR, BIOPSY
- NO TUMOR IDENTIFIED IN 2 LYMPH NODES

LYMPH NODES, (4), RIGHT OBTURATOR, BIOPSY
- NO TUMOR IDENTIFIED IN 4 LYMPH NODES

LYMPH NODE (1), LEFT COMMON, BIOPSY
- NO TUMOR IDENTIFIED IN 1 LYMPH NODE

LYMPH NODE (1), PERIAORTIC, BIOPSY
- NO TUMOR IDENTIFIED IN 1 LYMPH NODE

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 RB Date Reviewed: 2/16/12		

lw 2/23/12

ICD-O-3
Carcinoma, squamous cell, keratinizing, NOS
8071/3
Site: Cervix, NOS
C53.9
2.28.12 RD

Surg. Path. No.: [redacted]

[redacted]

SPECIMEN(S) SUBMITTED

Part 1: FS1-LYMPH NODE, LEFT EXTERNAL
Part 2: FS2-LYMPH NODE, LEFT OBTURATOR
Part 3: FS3-LYMPH NODE, RIGHT EXTERNAL
Part 4: FS4-LYMPH NODE, RIGHT OBTURATOR
Part 5: UTERUS, CERVIX
Part 6: LEFT EXTERNAL ILIAC NODES
Part 7: LEFT OBTURATOR LYMPH NODES
Part 8: LEFT COMMON LYMPH NODES
Part 9: RIGHT EXTERNAL ILIAC LYMPH NODES
Part 10: RIGHT OBTURATOR LYMPH NODES
Part 11: PERI-AORTIC LYMPH NODES

HISTORY

The patient is a .. year old woman with cervical carcinoma. Clinical diagnosis: Cervical carcinoma. Operative procedure and findings: Radical hysterectomy. An intraoperative non-microscopic consultation was obtained and interpreted as: "Uterus, called to O.R. to examine radical hysterectomy specimen. Inked, bivalved. Tumor saved for tissue bank. Specimen placed in formalin.,"

FROZEN

FS1: Lymph node, left external iliac, biopsy
- "No evidence of metastatic carcinoma,"

FS2: Lymph node, left obturator, biopsy
- "No evidence of metastatic carcinoma,"

FS3: Lymph node, right external iliac, biopsy
- "No evidence of metastatic carcinoma,"

FS4: Lymph node, right obturator, biopsy
- "No evidence of metastatic carcinoma,"

GROSS

The specimens are received in eleven containers of formalin, each labelled with the patient's name. The first container is labeled "L. external iliac nodes FS1," and contains one lymph node fragments. Labeled FS1. Jar 6.

Name: [redacted] Surg. Path. No.: [redacted]

GROSS (continued)

The second container is labeled "FS2, L. obturator lymph nodes," and contains two 1.0 cm lymph node fragments. Labeled FS2. Jar 0.

The third container is labeled "FS3, R. external iliac lymph node," and contains a single 1.2 cm lymph node. Labeled FS3. Jar 0.

The fourth container is labeled "L. external iliac nodes for permanents," and contains a 4.0 x 3.0 x 3.0 cm aggregate of fibrofatty tissue with two lymph nodes. Blocks submitted. A1 - one node all; A2 - one node bisected all. Jar 1.

The fifth container is labeled "L. obturator lymph nodes for permanents," and contains a 2.0 x 2.0 x 2.0 cm aggregate of shiny tan tissue fragments and yellow fibroadipose tissue with no grossly identifiable lymph node tissue. Labeled B1. Jar 0.

The sixth container is labeled "L. common lymph nodes," and contains a 1.0 x 1.0 x 1.0 cm aggregate of yellow fibroadipose tissue and shiny tan, serosal tissue. No lymph nodes are seen grossly. Labeled C1 and C2. Jar 0.

The seventh container is labeled "R. external iliac lymph nodes," and contains a 4.0 x 4.0 x 4.0 cm aggregate of fibrofatty tissue with two 1.2 cm lymph nodes. Labeled D1 and D2. Jar 1.

The eighth container is labeled "R. obturator lymph nodes, FS4," and contains two 0.2 cm fragments of lymph node tissue. Labeled FS4. Jar 0.

The ninth container is labeled "R. obturator lymph nodes for permanent," and contains a 3.0 x 3.0 x 3.0 cm aggregate of fibrofatty tissue with two lymph nodes. Blocks submitted. E1 - one node bisected all; E2 - one node bisected all. Jar 1.

The tenth container is labeled "periaortic lymph node," and contains a single 1.8 cm lymph node with attached fibrofatty tissue. Labeled F1.

The eleventh container is labeled "uterus, cervix," and contains a 92.0 grams radical hysterectomy specimen. The cervical os is markedly dilated by a 5.0 x 3.5 x 3.0 cm fungating exophytic firm mass. The outer surface of the mass is covered with shaggy tan and maroon necrotic-appearing tissue, while the cut surface is uniformly firm and white. The majority of the tumor is tethered to the posterior cervical wall from the 3 to 9 o'clock position.

Name: [redacted]

Surg. Path. No.: [redacted]

GROSS (continued)

A 2.5 x 1.5 x 1.0 cm nodule is present at the 12 o'clock position, possibly representing direct extension from the main tumor mass at 6 o'clock. The tumor does not grossly invade the cervical stroma, the generous 1.0 to 1.5 cm rim of vaginal cuff present on the posterior portion of the specimen, or the 1.5 to 2.0 cm rim of vaginal cuff present on the anterior half of the specimen. The 3.0 x 2.0 x 1.0 cm and 2.5 x 2.0 x 1.0 cm swaths of paracervical soft tissue on the right and left sides of the specimen, respectively, are similarly uninvolved by tumor. The uterine fundus has a length of 5.5 cm, a maximal width of 4.0 cm, and a maximal dimension of 2.4 cm. It is covered by glistening tan serosa which shows no evidence of involvement by tumor.
The myometrium ranges in thickness from 1.0 cm at the level of lower uterine segment to 1.8 cm at the level of mid fundus. It is red-brown and firm and displays no lesions. The endometrium displays uniform thickness of 0.2 cm. It is composed of the usual tan velvety tissue with no focal lesions. Blocks submitted: CX1 and CX2 - contiguous section of cervix at 6 o'clock; CX3 and CX4 - contiguous sections of cervix at 9 o'clock; CX5 and CX6 - contiguous sections of cervix at 3 o'clock; CX7 and CX8 - contiguous sections of cervix at 12 o'clock; RP1 through RP3 - right parametrial tissues, all; LP1 through LP3 - left parametrial tissues, all; EM1 and EM2 - full thickness sections of endometrium and myometrium. Jar 3.

COMMENT

Histologic sections of the cervical tumor show that it is composed of large nests of moderately differentiated squamous cell carcinoma with focal keratinization. In some areas the neoplastic squamous cells display prominent cytoplasmic clearing, a feature which was appreciated on this patient's prior biopsy
The growth pattern of the tumor is almost entirely exophytic, a feature which makes measurement of the depth of invasion difficult. However, the lesion clearly invades the cervical stroma. The point of deepest invasion occurs at the posterior cervix (6:00 o'clock), where the tumor invades to a depth of 5 mm in a 20 mm thick cervix. There is no paracervical soft tissue present on the posterior cervical wall at this point and the serosal surface of the cervix therefore represents the margin of resection. Thus, the most deeply invasive tumor is 15 mm from the deep surgical resection margin. Prominent vascular space invasion is seen. No tumor is identified in the uterine corpus, the vagina, or the parametrial tissues. Similarly, no tumor is identified in the 22 regional lymph nodes examined, including two parametrial

Surg. Path. No.: [redacted]

Name: [redacted]

COMMENT (continued)

lymph nodes. Selected slides from this case were reviewed by Dr. , who concurs that this neoplasm represents a squamous cell carcinoma of the cervix. (

SYNOPTIC REPORTING FORM FOR UTERINE CERVICAL NEOPLASMS

1a. A neoplasm is PRESENT.

2. The HISTOLOGIC DIAGNOSIS is:
Squamous cell (epidermoid) carcinoma, invasive type
Keratinizing subtype ( )

3. The MAXIMUM DEPTH OF TUMOR INVASION is 5 mm. ( )

4. The BREADTH (MAXIMUM HORIZONTAL DIMENSION) OF THE TUMOR is 50 mm

5. The TOTAL THICKNESS OF THE CERVIX is 20 mm. ( )

6. Lymphatic invasion by tumor IS identified and is WIDESPREAD. (UT3a)

7. The NUCLEAR GRADE of the tumor is:
2 (Moderately-differentiated) ( )

8. The tumor DOES NOT invade through the entire thickness of the cervix to involve contiguous parametrial tissues.

9. The tumor DOES NOT involve the uterine corpus.)

10. The tumor DOES NOT involve the vagina.)

11. Metastasis to regional lymph nodes is ABSENT. ( )

12. The total number of metastatically-involved nodes is 0. ( )

13. The total number of regional nodes examined is 22. ( )

14. Extracapsular extension of metastatic tumor through the lymph node capsule is NOT APPLICABLE; NO METASTASIS IS SEEN. ( )

15. DETAILED STAGING INFORMATION:

A. TUMOR GROWTH: THE PRIMARY NEOPLASM IS CLASSIFIED AS:

TNM SCHEME	FIGO SCHEME	DEFINITION
T1b	IB	Tumor confined to uterus but larger than T1a2/ IA2

B. REGIONAL LYMPH NODES are classified as:
N0 (Regional nodes are NOT involved by metastasis)

C. DISTANT METASTASES: The status of distant tissues is:
M0 (Distant metastases are reportedly absent)

15. THE FINAL STAGE OF THE TUMOR IS:

AJCC SCHEME		FIGO SCHEME
1b	(T1b/ N0/ M0)	IB

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