Patient Name: [redacted]
DOB: [redacted]
Accession: [redacted]

Surgical Pathology Report

[redacted]

Final

SURGICAL PATHOLOGY REPORT
FINAL

Patient Name: [redacted]
Address: [redacted]
Gender: F
DOB: [redacted]

Service:Gynecology
Location:OTHER
MRN: [redacted]
Hospital #: [redacted]
Patient Type:

Accession # [redacted]
Taken
Received [redacted]
Accessioned: [redacted]
Reported: [redacted]

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

Other Related Clinical Data:
DIAGNOSIS:
UTERUS, CERVIX, RADICAL HYSTERECTOMY
- INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED, KERATINIZING (MAXIMUM HORIZONTAL DIMENSION = 5.2 CM)
- CARCINOMA INVADES TO A MAXIMAL DEPTH OF 0.9 CM WHERE THE CERVICAL WALL THICKNESS IS 1.1 CM
- NO LYMPHVASCULAR SPACE INVASION IDENTIFIED
- RESECTION MARGINS FREE OF TUMOR
- BIOPSY SITE CHANGES
- SEE SYNOPTIC
SOFT TISSUE, RIGHT PARAMETRIAL, RADICAL HYSTERECTOMY
- NO EVIDENCE OF MALIGNANCY
SOFT TISSUE, LEFT PARAMETRIAL, RADICAL HYSTERECTOMY
- NO EVIDENCE OF MALIGNANCY
UTERUS, ENDOMYOMETRIUM, RADICAL HYSTERECTOMY
- INVOLVEMENT BY SQUAMOUS CELL CARCINOMA, VIA DIRECT EXTENSION
- CHRONIC ENDOMETRITIS
UTERUS, SEROSA, RADICAL HYSTERECTOMY
- NO EVIDENCE OF MALIGNANCY
OVARY, RIGHT, SALPINGO-OOPHORECTOMY
- SURFACE ADHESIONS
- NO EVIDENCE OF MALIGNANCY
FALLOPIAN TUBE, RIGHT, SALPINGO-OOPHORECTOMY
- PSEUDOXANTHOMATOUS SALPINGITIS, FOCAL
- SURFACE ADHESIONS
- NO EVIDENCE OF MALIGNANCY
OVARY, LEFT, SALPINGO-OOPHORECTOMY
- NO EVIDENCE OF MALIGNANCY
FALLOPIAN TUBE, LEFT, SALPINGO-OOPHORECTOMY
- NO EVIDENCE OF MALIGNANCY
VAGINA, MARGIN, EXCISION

ICD-O-3
carcinoma, squamous cell, keratinizing, NOS 8071/3
Site: cervix, NOS C53.9
lw 12/5/11

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 MA Date Reviewed: 12/5/11		

lw 12/5/11

- NO EVIDENCE OF MALIGNANCY
LYMPH NODES, RIGHT EXTERNAL ILIAC, DISSECTION
- TWO LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/2)
LYMPH NODES, RIGHT OBTURATOR, DISSECTION
- SIX LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/6)
LYMPH NODES, RIGHT COMMON, DISSECTION
- TWO LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/2)
LYMPH NODE, LEFT EXTERNAL ILIAC, DISSECTION
- ONE LYMPH NODE WITH NO EVIDENCE OF MALIGNANCY (0/1)
LYMPH NODES, LEFT OBTURATOR, DISSECTION
- NINE LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/9)
LYMPH NODE, LEFT COMMON, DISSECTION
- ONE LYMPH NODE WITH NO EVIDENCE OF MALIGNANCY (0/1)

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).

Intraoperative Consultation:
An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'uterus, cervix, bilateral tubes and ovaries,' consisting of a 110 gram uterus with attached bilateral adnexae and parametrial soft tissue. The parametria is inked blue. The uterus is opened to show a large fungating endocervical tumor that is deeply invasive into the cervical wall. Shown to surgeon. Tissue taken for and Dr. study. Rest for permanents," by

Microscopic Description and Comment:
Microscopic examination substantiates the above cited diagnosis.

M.D.

History:
The patient is a year old woman with cervical cancer. Operative procedure: Exploration under anesthesia, radical hysterectomy, pelvic lymph node dissection.
Specimen(s) Received:
A: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES
B: VAGINAL MARGIN
C: EXTERNAL ILIAC, RIGHT, LYMPH NODES
D: RIGHT OBTURATOR, LYMPH NODES
E: RIGHT COMMON, LYMPH NODES
F: LEFT EXTERNAL ILIAC, LYMPH NODE
G: LEFT OBTURATOR, LYMPH NODE
H: LEFT COMMON, LYMPH NODE

Gross Description
The specimens are received in eight formalin-filled containers, each labeled [redacted]. The first container is labeled "uterus, cervix, bilateral tubes and ovaries." It contains a 109 gram uterus and cervix with attached bilateral adnexa and parametrial tissue. The parametrial tissue has been previously inked blue and the uterus and cervix opened. The uterus measures 9 cm in length x 4.5 cm from cornu-to-cornu x 3.0 cm anteroposteriorly. The vaginal cuff measures 4.0 x 0.1 cm anteriorly and 3.5 x 0.5 cm posteriorly. The

right parametrial tissue measures 3.5 x 2.5 x 1.5 cm and the left 3.0 x 4.5 x 1.5 cm. The 2.5 x 2.4 cm, tan ectocervix is smooth and remarkable for tan-brown areas of pinpoint hemorrhage. The cervical os is slit-like and measures 1.2 cm. The serosal surface of the uterus is tan to tan-brown with extensive areas of adhesions on the posterior aspect. The anterior surface of the uterus is tan-brown, smooth, and remarkable only for tan-brown areas of congestion and hemorrhage. The endocervical canal, lower uterine segment and lower portion of the endometrial cavity are completely involved by a tan, hard, irregular mass measuring 5.2 x 3.2 cm and involving both the anterior and posterior walls and invading to a maximal depth of 0.9 cm where the cervical wall thickness is 1.1 cm. The mass is within 1.1 cm of the nearest (anterior) vaginal cuff margin. The scant vaginal cuff is smooth, shiny, tan, and grossly free of tumor. The parametrial soft tissue is grossly unremarkable. The 4.0 x 2.5 cm, expanded endometrial cavity is inferiorly involved by extension of the tumor. The endometrium is less than 1 mm thick where the myometrium measures up to 1.0 cm in thickness. The remaining myometrium is unremarkable. The 1.6 x 1.2 x 0.8 cm,
tan-brown, vaguely cerebriform left ovary is unremarkable. The 5.0 x 0.4 cm left fallopian tube has a smooth, tan-brown serosal surface without focal lesions. The fimbria are unremarkable. The 2.3 x 1.8 x 0.7 cm right ovary is tan, vaguely cerebriform and covered by hemorrhage and putative adhesions. The 5.0 x 0.6 cm right fallopian tube has a tan-brown serosal surface with adhesed blood clot, but without focal lesions. The fimbria are unremarkable. Sections of both ovaries and tubes are unremarkable. Labeled A1 to A3 - right parametrial soft tissue; A4 to A6 - left parametrial soft tissue; A7 and A8 anterior cervix; A9 and A10 - posterior cervix; A11 - anterior lower uterine segment; A12 - posterior lower uterine segment; A13 - anterior endomyometrium; A14 - posterior endomyometrium; A15 - right fallopian tube and ovary; A16 - left fallopian tube and ovary. Jar 3.
The second container is labeled "vaginal margin." It contains a tan-pink, donut shaped vaginal cuff measuring 4.5 x 1.5 x 0.4 cm in greatest extent. Inked. Sectioned. Labeled B1 to B3. Jar 0.
The third container is labeled "external iliac right side." It contains multiple fragments of fibroadipose tissue aggregating to 4.0 x 4.0 x 1.5 cm. Dissected to show several lymph nodes, the largest measuring 2.2 cm in greatest dimension. Labeled C1 - one lymph, bisected; C2 - two putative lymph nodes; C3, C4 - additional soft tissue with putative lymph nodes. Jar 1.
The fourth container is labeled "right obturator." It contains multiple fragments of fibroadipose tissue aggregating to 4.0 x 3.0 x 1.5 cm. Dissected to show several lymph nodes, the largest measuring 2.2 cm in greatest dimension. Labeled D1 - one lymph, bisected; D2 - one lymph, bisected; D3, D4 - additional soft tissue with putative lymph nodes. Jar 0.
The fifth container is labeled "right common." It contains a single fragment of fibroadipose tissue measuring 2.2 x 1.8 x 0.4 cm. It is dissected to show two lymph nodes, the largest measuring 6 mm in greatest dimension. Labeled E1. Jar 0.
The sixth container is labeled "left external iliac." It contains multiple fragments of fibroadipose tissue aggregating to 4.0 x 3.5 x 1.5 cm. Dissected to show several lymph nodes, the largest measuring 1.9 cm in greatest dimension. Labeled F1 - one lymph node, bisected; F2, F3 - additional soft tissue with putative lymph nodes. Jar 1.
The seventh container is labeled "left obturator." It contains a single fragment of fibroadipose tissue measuring 4.5 x 1.5 x 1.2 cm. Dissected to show several lymph nodes, the largest measuring 1.7 cm in greatest dimension. Labeled G1 - one lymph node, bisected; G2 - four lymph nodes; G3, G4 -

additional soft tissue with putative lymph nodes. Jar 0.
The eighth container is labeled "left common." It contains two fragments of tan-yellow fibroadipose tissue measuring 1.0 x 1.0 x 0.2 cm and 2.0 x 0.7 x 0.5 cm. Labeled H1. Jar 0.

M.D.

SYNOPTIC REPORTING FORM FOR UTERINE CERVICAL NEOPLASMS

HISTOPATHOLOGIC TYPE
The histologic diagnosis is squamous cell (epidermoid) carcinoma, keratinizing subtype

TUMOR SIZE
The maximum depth of the tumor invasion is 0.9 cm
The breadth (maximum horizontal dimension) of the tumor is 5.2 cm
The total thickness of the cervix is 1.1 cm

LYMPHATIC INVASION
Lymphatic invasion by tumor is not identified

HISTOPATHOLOGIC GRADE
The histologic grade is moderately differentiated (G2)

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 21
Extracapsular extension of metastatic tumor through the lymph node capsule is not applicable; no metastasis seen

PRIMARY TUMOR (T)
Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a2/IA2. (T1b/IB)
Clinically visible more than 4.0 cm in greatest dimension (T1b2/IB2)

REGIONAL LYMPH NODES
No regional lymph node metastasis (N0)

DISTANT METASTASIS
Distant metastasis cannot be assessed (MX)

STAGE GROUPING
The final stage of the tumor is (AJCC/FIGO) T1b2/N0/MX

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

The performance characteristics of some immunohistochemical stains, fluorescence in-situ hybridization tests and immunophenotyping by flow cytometry cited in

this report (if any) were determined by the [redacted] as part of an ongoing quality assurance program and in compliance with federally mandated regulations drawn from the Clinical Laboratory Improvement Act of 1988 (CLIA '88). Some of these tests rely on the use of "analyte specific reagents" and are subject to specific labeling requirements by the US 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 clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. Nevertheless, federal rules concerning the medical use of analyte specific reagents require that the following disclaimer be attached to the report:

This test was developed and its performance characteristics determined by the [redacted] It has not been cleared or approved by the U. S. Food and Drug Administration.