

Collection Date:
Hospital of Origin.
Copy to

QC Pathologist:

FINAL PATHOLOGIC DIAGNOSIS:

A. Lymph nodes, left pelvic, dissection:
Negative for neoplasm, four nodes examined (0/4).
B. Lymph nodes, right pelvic, dissection:
Metastatic squamous carcinoma involving one of five nodes
examined (1/5).
C. Lymph node, right pelvic, biopsy:
Metastatic squamous cell carcinoma involving one of one node
examined (1/1).

D. Uterine artery, excision:
Portion of artery with no pathologic change.
E. Uterus, bilateral ovaries and fallopian tubes,
hysterectomy and salpingo-oophorectomy:
Cervix, invasive squamous cell carcinoma.
Grade II.

Tumor size: 7 x 3 cm.
Invasion depth: 13 mm (total cervical wall thickness of 15
cm).

Lymphovascular space invasion present (extensive, found
throughout cervix and uterine corpus).

Surgical margins free of tumor (cervical, vaginal and
parametrial).

Paracervical lymph nodes negative for tumor, two nodes
present (0/2).

Endometrial polyp, atrophic type.

Endometrium, atrophic.

Myometrium, cellular leiomyoma.

Uterine serosa, no pathologic change.

Bilateral ovaries, no pathologic change, negative for
neoplasm.

Bilateral fallopian tubes, no pathologic change, negative
for neoplasm.

Staging (AJCC): pT2b, N1 (FIGO: IIIB)

COMMENTS:

CLINICAL HISTORY:

Preoperative Diagnosis: Radical hysterectomy

Postoperative Diagnosis:

ICD-0-3

carcinoma, squamous cell, NOS
8070/3

Site: cervix, NOS

C53.9

4-312 10

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED / DISQUALIFIED	
Reviewed by:		
Reviewed Date:	31-3-12	17

UUID:76E32FF4-F62D-4ECD-87DF-5C9D9506B3EC
TCGA-FU-A3TQ-01A-PR Redacted

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Left pelvic lymph node with frozen section
- B. Right pelvic lymph node
- C. Right pelvic lymph node with frozen section
- D. Uterine artery
- E. Bilateral tubes and ovaries, uterus and cervix

CODES:

PROCEDURAL DEMOGRAPHICS:

Date of Procedure:

Accession Date/Time:

GROSS DESCRIPTION:

The specimen is received in five containers labeled with the patient's name:

- A. Container A is additionally labeled 'left pelvic lymph node' and contains a 4.5 x 3.5 x 2.5 cm aggregate of yellow-tan fibroadipose tissue. Multiple firm fatty possible lymph nodes are identified up to 1.2 cm in greatest dimension. Representative sections are submitted for frozen section with the residual entirely resubmitted for permanent section in cassette A1 labeled All remaining possible lymphoid tissue is submitted in cassette A2.
- B. Container B is additionally labeled 'right pelvic lymph node' and contains a 4.7 x 3.5 x 2.0 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, five possible firm fatty lymph nodes are identified, ranging from 0.4 up to 2.0 cm in greatest dimension. They are entirely submitted in cassettes B1 through B3 labeled designated as follows: B1, three whole possible lymph nodes; B2, one whole possible bisected lymph node; B3, one whole possible bisected lymph node.
- C. Container C is additionally labeled 'right pelvic lymph node' and contains a 3.0 x 2.5 x 2.3 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, a 2.0 cm yellow-tan firm fatty nodule is identified consistent with lymph node. Representative section is submitted for frozen section, with the residual entirely resubmitted for permanent section in cassette C1 labeled All. All remaining lymphoid tissue is submitted in cassettes C2 and C3.
- D. Container D is additionally labeled 'uterine artery' and contains a 0.7 cm in length x 0.3 cm in diameter segment of pink-tan cylindrical soft tissue consistent with artery. A clip is identified centrally. The clip is removed and all remaining tissue is submitted in cassette D labeled _____

Spillers.

E. Container E is additionally labeled 'bilateral tubes and ovaries and uterus and cervix' and contains a 173.3 gram radical hysterectomy specimen, received with detached bilateral adnexae. The hysterectomy specimen is comprised of uterine corpus (7.0 x 5.0 x 3.5 cm), uterine cervix (3.0 x 2.0 x 2.0 cm), vaginal cuff (1.7 cm in length), right paracervical soft tissue (2.5 x 1.8 x 1.5 cm), and left paracervical soft tissue (3.0 x 2.0 x 1.7 cm). The paracervical soft tissues are inked. On palpation, no lymph nodes are identified within the paracervical soft tissues. The vaginal mucosa is pink-tan and glistening with no discrete lesions. The specimen is bivalved to reveal a 7.0 x 3.0 cm tan-pink fungating mass that extends from the cervix and invades the anterior and posterior lower uterine segments. This lesion approaches to within 1.2 cm of the vaginal cuff margin. On sectioning, this lesion invades 1.2 cm deep and approaches to within 0.4 cm of the posterior serosa at the lower uterine segment. The triangular endometrium is remarkable for 1.7 x 1.2 x 0.5 cm pink-tan polypoid lesion located on the posterior aspect. On section, no areas of invasion are identified. The remaining endometrium is pink-tan and glistening with an average thickness of 0.3 cm. The surrounding myometrium is pink-tan and fibrous with an average thickness of 1.4 cm. Within the myometrium on the superior/posterior aspect is a 2.5 cm well circumscribed pink-tan nodule featuring a whorled and bulging cut surface and no evidence of hemorrhage or necrosis.

The first fimbriated fallopian tube is 4.8 cm in length and ranges from 0.5 to 0.7 cm in diameter. The attached yellow-tan lobulated ovary has overall dimensions of 2.5 x 1.5 x 0.7 cm. The ovary is bivalved to reveal a yellow-tan fibrous cut surface.

The second fimbriated fallopian tube is 5.5 cm in length and ranges from 0.5 to 0.7 cm in diameter. The attached 2.5 x 1.5 x 1.0 cm yellow-tan lobulated ovary is sectioned to reveal a yellow-tan fibrous cut surface.

Representative sections are submitted in cassettes E1 through E19 labeled _____ designated as follows: 1, anterior vaginal cuff margin, en face; 2, posterior vaginal cuff margin, en face; 3, right paracervical soft tissues, perpendicular; 4, left paracervical soft tissues, perpendicular; 5, anterior endoectocervix; 6, posterior endoectocervix; 7, anterior lower uterine segment; 8 through 10, posterior lower uterine segment to area of deepest invasion; 11 and 12, full thickness anterior endomyometrium to include normal appearing endometrium; E13 and E14, full thickness posterior endomyometrium to include entire polypoid lesion; E15, whorled nodule; 16, first fallopian tube; 17, first ovary; 18, second fallopian tube; 19, second ovary.

Additionally, yellow and green cassettes are submitted for research, each labeled

INTRA-PROCEDURE CONSULTATION:

FSA: Left pelvic nodes: Negative for neoplasm (four nodes)

FSC: Right pelvic nodes: Metastatic squamous cell carcinoma

Frozen section diagnoses per Dr.