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TCGA-C5-A2M1-01A-PR

Redacted



SURGICAL PATHOLOGY REPORT FINAL

Patient Name

Address:

Gender: F

DOB:

(Age:)

Service: Gynecology

Location:

MRN:

Hospital #:

Patient Type: SDSA

Accession #:

Taken:

Received:

Physician(s)

M.D.

DIAGNOSIS:

UTERUS, CERVIX, RADICAL HYSTERECTOMY

- MODERATELY DIFFERENTIATED ADENOCARCINOMA (GRADE II)(SEE COMMENT)
- AJCC STAGE IB1 (T1/B1/N0/MX)
- TUMOR THICKNESS 3 MM/ 14 MM (TOTAL THICKNESS)
- NO LYMPHVASCULAR INVASION

UTERUS, ENDOMYOMETRIUM, RADICAL HYSTERECTOMY

- SECRETORY ENDOMETRIUM
- NEGATIVE FOR TUMOR

OVARY, RIGHT, RADICAL HYSTERECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY
- NEGATIVE FOR TUMOR

FALLOPIAN TUBE, RIGHT, RADICAL HYSTERECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

OVARY, LEFT, RADICAL HYSTERECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY
- NEGATIVE FOR TUMOR

FALLOPIAN TUBE, LEFT, RADICAL HYSTERECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

VAGINA, RADICAL HYSTERECTOMY

- NO TUMOR SEEN

LYMPH NODES, EXTERNAL, LEFT, EXCISION

- NO TUMOR SEEN (0/8)

LYMPH NODES, OBTURATOR, LEFT, EXCISION

- NO TUMOR SEEN (0/4)

LYMPH NODES, EXTERNAL, RIGHT, EXCISION

- NO TUMOR SEEN (0/7)

LYMPH NODES, OBTURATOR, RIGHT, EXCISION

ICS-0-3
CQCF: adenocarcinoma, endocervical type 8384/3
Path: adenocarcinoma, NOS 8140/3
Site: cervix, NOS C53.9
w/ 8/18/11

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: JAF	Date Reviewed: 8/9/11	
	w/ 8/18/11	

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NO TUMOR SEEN (0/4)

LYMPH NODES, PERIAORTIC, RIGHT, EXCISION
NO TUMOR SEEN (0/3)

LYMPH-NODES, PERIAORTIC, LEFT, EXCISION
- NO TUMOR SEEN (0/5)

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).

M.D.

***Report Electronically Reviewed and Signed Out By

Intraoperative Consultation:

"Called to pick up 'cervix, uterus, bilateral salpingo-oophorectomy, vagina' consisting of a 137 gm uterus with cervix, attached bilateral adnexae, perimetrial soft tissue, and a 2 cm vaginal cuff. The uterus and cervix measures 9 x 6 x 3 cm. Located on the cervix is an exophytic nodular, friable 2.5 x 2.5 x 1 cm mass, most of which is on the ectocervical portions of the cervix and part of it extends into the endocervical canal. Resection margins are inked and the uterus is bivalved to show an unremarkable endometrial cavity. The ovaries show benign appearing cysts. The rest of the examination is unremarkable. Part of the tumor and normal tissue is submitted. Rest for permanents," by M.D.

Microscopic Description and Comment:

Sections show a moderately differentiated adenocarcinoma (grade II) with a mixed pattern including papillary and glandular foci. There are areas where the glandular pattern is lost and shows a solid appearance. The nuclei are of intermediate to high grade, and there is abundant mitotic activity. The tumor advances with pushing margins, and has a prominent inflammatory infiltrate. The entire thickness of the tumor is 3 mm out of 14 mm, the latter representing the full thickness of the section. No lymph-vascular, or venous invasion is noted. The tumor does not extend to the corpus of the uterus so that it is clearly arising from the endocervix. The vaginal cuff is negative for tumor. The present case is compared to and is similar. Sections of the uterus show a secretory-type endometrium. The ovaries and tubes are unremarkable.

Microscopic examination substantiates the above cited diagnosis for all the lymph nodes.

M.D.

History:

The patient is a year old woman with a history of cervical adenocarcinoma. Operative procedure: Radical hysterectomy.

Specimen(s) Received:

A: HYSTERECTOMY, CERVICAL CANCER
B: LYMPH NODE, LEFT EXTERNAL
C: LYMPH NODE, LEFT OBTURATOR
D: LYMPH NODE, RIGHT EXTERNAL
E: LYMPH NODE, RIGHT OBTURATOR
F: LYMPH NODE, RIGHT PERIAORTIC
G: LYMPH NODE, LEFT PERIAORTIC

Gross Description:

The specimen is received in seven formalin-filled containers, each labeled " ". The first container is labeled "cervix, uterus, BSO, and vagina." It consists of products of radical hysterectomy specimen weighing 140 gm, and previously opened cervical uterine segment with attached bilateral tubes and ovaries. There is a friable tumor at the os. The tumor measures 2 x 1.5 x 0.4 cm, the cervical segment measures 2.5 x 1 cm, the endometrial cavity is 0.1 cm thick

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and measures 4.5 cm. in length. The myometrium ranges from 1.4 to 1.6 cm. in thickness. No leiomyomata are identified. The right ovary is 2.5 x 1.3 x 0.6 cm, with the attached fallopian tube measuring 5 x 0.4 x 0.2 cm with a fimbriated end. The left ovary measures 2.5 x 1.1 cm, the fallopian tube is 4.5 x 0.3 cm. The attached vaginal cuff measures 1 cm in anterior, and ~1.5 cm in the posterior parametrial tissue. Labeled A1 to A5 - posterior cervix with tumor; A6 to A8 - anterior cervix; A9- lower uterine segment, posterior; A10 - posterior endomyometrium; A11 - anterior lower uterine segment; A12 - anterior endomyometrium; A13 - posterior vaginal cuff; A14 - anterior vaginal cuff; A15 - right ovary and tube; A16 - left ovary and tube. Jar 3.

The second container is labeled "left external lymph nodes." It contains fibrofatty tissue. Labeled B1 and B2. Jar 2.

The third container is labeled "left obturator lymph node." It contains fibrofatty tissue. Labeled C1 and C2. Jar 2.

The fourth container is labeled "right external lymph nodes." It contains fibrofatty tissue. Labeled D1 and D2. Jar 2.

The fifth container is labeled "right obturator lymph nodes." It contains fibrofatty tissue. Labeled E1 and E2. Jar 2.

The sixth container is labeled "right periaortic lymph node." It contains fibrofatty tissue. Labeled F1 - one lymph node bisected. Jar 0.

The seventh container is labeled "left periaortic lymph node." It contains fibrofatty tissue. Labeled G1. Jar 0.

M.D.

Surgical Pathology report is available on-line on

and Clinical Desktop.

The performance characteristics of some analytical/diagnostic tests and subtest/diagnostic tests listed in this report (if any) were determined by the

manufacturer's package and in compliance with laboratory

certification requirements shown 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 user. These 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 analytic specific reagents require that the following disclaimer be attached to the report:

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