

ICD-0.3  
Carcinoma, squamous cell, NOS 8090/3  
Site: Cervix, NOS C53.9 2/24/11 *lw*

Sent [REDACTED]

## SURGICAL PATHOLOGY REPORT

Patient Name: [REDACTED]  
Address: [REDACTED]  
Gender: F  
DOB: [REDACTED]  
Service: Gynecology  
Location: [REDACTED]  
MRN: [REDACTED]  
Hospital #: 1 [REDACTED]  
Patient Type: [REDACTED]  
Accession #: [REDACTED]  
Taken: [REDACTED]  
Received: [REDACTED]  
Reported: [REDACTED]

Physician(s): [REDACTED] D.

### DIAGNOSIS:

UTERUS, CERVIX, RADICAL HYSTERECTOMY  
- INVASIVE, MODERATELY DIFFERENTIATED SQUAMOUS CELL CARCINOMA KERATINIZING TYPE,  
5.2 CM IN GREATEST DIMENSION  
- TUMOR INVADERS TO A DEPTH OF 18 MM WHERE THE TOTAL WALL THICKNESS MEASURES 22 MM  
- FOCAL LYMPHVASCULAR SPACE INVASION IS IDENTIFIED  
- RESECTION MARGINS ARE FREE OF CARCINOMA

VAGINA, CUFF, MARGINS, RADICAL HYSTERECTOMY  
- NO DYSPLASIA OR CARCINOMA IDENTIFIED

PARAMETRIAL SOFT TISSUE, RADICAL HYSTERECTOMY  
- NO CARCINOMA IDENTIFIED

UTERUS, ENDOMETRIUM, RADICAL HYSTERECTOMY  
- ENDOMETRIAL POLYP  
- EARLY MENSTRUAL ENDOMETRIUM

UTERUS, MYOMETRIUM, RADICAL HYSTERECTOMY  
- ADENOMYOSIS  
- LEIOMYOMA, MICROSCOPIC

UTERUS, SEROSA, RADICAL HYSTERECTOMY  
- SUBSEROUSAL ENDOSALPINGIOSIS

OVARY, LEFT, SALPINGO OOPHORECTOMY  
- PARAOVARIAN ADHESIONS

FALLOPIAN TUBE, LEFT SALPINGO OOPHORECTOMY  
- NO HISTOPATHOLOGIC ABNORMALITY

OVARY, RIGHT, SALPINGO OOPHORECTOMY  
- NO HISTOPATHOLOGIC ABNORMALITY

FALLOPIAN TUBE, RIGHT, SALPINGO OOPHORECTOMY  
- NO HISTOPATHOLOGIC ABNORMALITY

UUID: 1FEEF445-9E69-4AAB-A336-C688BA807CDA  
TCGA-C5-A1MF-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Qual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	<i>lw</i>	2/25/11