



Specimen Inquiry

PATIENT:

LOC:

SPEC #:

CLINICAL HISTORY:

CERVIX CA

SPECIMEN/PROCEDURE:

1. UTERUS - AND CERVIX, PARAMETRIA AND VAGINA
2. PARAMETRIUM - RIGHT
3. PARAMETRIUM - LEFT
4. LYMPH NODE, PELVIC - LEFT
5. LYMPH NODE, PELVIC - RIGHT
6. LYMPH NODE, PARAORTIC - RIGHT
7. LYMPH NODE, PARAORTIC - LEFT

ICD-6-3
 Adeno carcinoma, mucinous
 endocervical type 8482/3
 path Site: Exocervix CS3.1
 CERV Cervix NOS CS3.9
 JN 4/12/13

IMPRESSION:

- 1) UTERUS AND CERVIX, BILATERAL PARAMETRIA AND VAGINAL CUFF, RADICAL HYSTERECTOMY:

CERVIX:

- Invasive adenocarcinoma of cervix, usual type, moderately differentiated.
- Tumor thickness is 6 mm where the maximal cervical wall thickness is 15 mm.
- Surgical margins of resection are negative for tumor; tumor is 9 mm away from the deep soft tissue margin.
- No evidence of lymphovascular space invasion.
- Please see tumor checklist.

ENDOMETRIUM:

- Disordered proliferative endometrium.
- Negative for malignancy.

MYOMETRIUM:

- Foci of hyalinization.
- Negative for malignancy.

PARAMETRIUM:

- Benign fibroadipose tissue.
- Two benign lymph nodes (0/2).

VAGINAL CUFF:

- Negative for malignancy.

- 2) PARAMETRIUM, RIGHT, RESECTION:

- Benign fibroadipose tissue.

- 3) PARAMETRIUM, LEFT, RESECTION:

- Benign fibroadipose tissue.

- 4) LYMPH NODES, PELVIC, LEFT, REGIONAL DISSECTION:

- Six benign lymph nodes (0/6).

- 5) LYMPH NODES, PELVIC, RIGHT, REGIONAL DISSECTION:

- Nine benign lymph nodes (0/9).

- 6) LYMPH NODES, PARA-AORTIC, RIGHT, REGIONAL DISSECTION:

IMPRESSION: (continued)

- . Two benign lymph nodes (0/2).
- 7) LYMPH NODE, PARA-AORTIC, LEFT, BIOPSY:
- . One benign lymph node (0/1).

UTERINE CERVIX: TRACHELECTOMY, HYSTERECTOMY, PELVIC EXENTERATION CASE SUMMARY**SPECIMEN**

Cervix
Uterus corpus
Other (specify): Vaginal cuff, parametria

PROCEDURE

Radical hysterectomy

TUMOR SIZE

Greatest dimension: 1.3 x 0.6 x 0.5 cm

TUMOR SITE

Left inferior quadrant (3-6 o'clock)
Right inferior quadrant (6-9 o'clock)

HISTOLOGIC TYPE

Adenocarcinoma
Mucinous
Endocervical type

HISTOLOGIC GRADE

G2: Moderately differentiated

MARGINS**Resection Margin**

Margins uninvolved by invasive carcinoma
Distance of invasive carcinoma from margin: 9 mm
Specify location, if possible: Deep posterior cervical margin of resection

LYMPH-VASCULAR INVASION

Not identified

PATHOLOGIC STAGING (pTNM [FIGO])**PRIMARY TUMOR (pT)**

pT1b1[IB1]: Clinically visible lesion < 4.0 cm in greatest dimension

REGIONAL LYMPH NODES (pN)

pN0: No regional lymph node metastasis

DISTANT METASTASIS (pM)

Not applicable

ADDITIONAL PATHOLOGIC FINDINGS

Intraepithelial neoplasia (specify type and grade): Glandular (AIS)

IMPRESSION: (continued)**Pathologic TNM (AJCC 7th edition): pT1b1 N0 M****GROSS DESCRIPTION:**

1. Received fresh, labeled with the patient's name and unit number and Radical Hysterectomy, is a 106 gram specimen including an unopened uterus (5 x 5.5 x 5.0 cm) with attached cervix and vaginal cuff. There is a pink/purple polypoid mass (1.3 x 0.6 x 0.5 cm) located on the posterior surface of the exocervix (measuring 5.9 x 1.3) at the 6 o'clock position. The mass appears to invade to a depth of 0.8 cm but is grossly 0.9 cm from the outer surface. The mass extends into the endocervical canal (0.6 cm) but not to the lower uterine segment. The mass is 4.3 cm from the vaginal cuff margin. The external os is distorted by the mass and is 0.9 cm in diameter. The endocervical canal (2.4 cm in length) has a tan herringbone mucosa. The endometrial cavity (4.1 cm from cornu to cornu, 4.6 cm in length) has a tan/pink hemorrhagic endometrium (0.4 cm in average thickness). The myometrium measures 2.1 cm in maximum thickness and is unremarkable. The serosa is glistening with an adhesion on the posterior surface. One possible lymph node is located in the right parametrial soft tissue. No lymph nodes are identified in the left parametrial soft tissue. The specimen is representatively submitted.

Cassette 1A-1G: Posterior cervix including mass, 4 o'clock to 7 o'clock, entirely submitted

Cassette 1H-1M: Anterior cervix 8 o'clock to 3 o'clock, representatively submitted

Cassette 1N: Anterior vaginal cuff margin, 9 to 12:00 o'clock, en face

Cassette 1P: Anterior vaginal cuff margin, 12 to 3:00 o'clock, en face

Cassette 1Q: Posterior vaginal cuff margin, 3 to 6:00 o'clock, en face

Cassette 1R: Posterior vaginal cuff margin, 6 to 9:00 o'clock, en face

Cassette 1S: Anterior lower uterine segment

Cassette 1T: Posterior lower uterine segment

Cassette 1U-1V: Anterior endomyometrium

Cassette 1W-1X: Posterior endomyometrium

Cassette 1Y: 1 possible right parametrial lymph node, bisected

Cassette 1Z-1 AA: Right parametrium

CASSETTE 1AB- 1AC: Left parametrium

2. Received without fixative labeled "right parametria" and with the patient's name, the specimen consists of a 1.5 x 0.5 x 0.3 cm portion of tan-pink fibroadipose tissue. The specimen is bisected and submitted entirely in cassette 2A.

3. Received without fixative labeled "left parametria" and with the patient's name, the specimen consists of a 1.8 x 0.5 x 0.3 cm portion of tan-pink fibroadipose tissue. The specimen is bisected and submitted entirely in cassette 3A.

4. Received without fixative labeled "left pelvic lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 3.5 x 2.5 x 2 cm. The specimen is dissected for lymph nodes, 7 lymph nodes are identified ranging in size from 0.5 x 0.4 x 0.2 cm to 3.5 x 0.7 x 0.6 cm. All lymph nodes identified are submitted as follows: 4A: 2 lymph nodes bisected

Cassette 4B: 2 lymph nodes bisected

Cassette 4C: One lymph node bisected

Cassette 4D: One lymph node bisected

Cassette 4E-4G: One lymph node serially sectioned

Received without fixative labeled "right pelvic lymph nodes" and with the patient's name,

GROSS DESCRIPTION: (continued)

is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 3.7 x 3 x 1.5 cm. The specimen is dissected for lymph nodes, 9 lymph nodes are identified ranging in size from 0.3 x 0.2 x 0.1 cm to 2 x 1.3 x 0.4 cm. All lymph nodes identified are submitted as follows: 5A: 3 lymph nodes
 Cassette 5B: 2 lymph nodes bisected
 5C: 2 lymph nodes bisected
 Cassette 5D: One lymph node bisected
 Cassette 5E: One lymph node bisected

6. Received without fixative labeled "right para-aortic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 2.7 x 1 x 0.7 cm. The specimen is dissected for lymph nodes, 2 lymph nodes are identified measuring 1 x 0.5 x 0.4 cm and 1.5 x 0.6 x 0.3 cm. All lymph nodes identified are submitted as follows:

Cassette 6A: One lymph node bisected
 Cassette 6B: One lymph node bisected

7. Received without fixative labeled "left para-aortic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 2.3 x 1.4 by a 0.8 cm. The specimen is dissected for lymph nodes, one lymph node is identified measuring 1.5 x 0.5 x 0.5 cm. The lymph node is bisected and submitted entirely in cassette 7A.

COPIES TO:**CPT Codes:**

LYMPH NODE, REGIONAL RESECT/88307/3, UTERUS W/WO ADNEXAE, TUMOR-88309,
 LYMPH NODE BIOPSY/88305, SOFT TISSUE BIOPSY/88305/2

ICD9 Codes:

180.9

I have personally reviewed the material
 (specimen/slide) and approve this final report.

** END OF REPORT **

Criteria	W 34112	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>	
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>	
HIPAA Discrepancy		<input checked="" type="checkbox"/>	
Prior Malignancy History		<input checked="" type="checkbox"/>	
Dual/Synchronous Primary Malignancy		<input checked="" type="checkbox"/>	
Case is (circle):	QUALIFIED	/ DISQUALIFIED	
Reviewer Initials:	DL	Date Reviewed:	2/27/13