

Patient
DOR:

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAS Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Duo/Synchronous Tumors Present		<input checked="" type="checkbox"/>
Case is (circle): QUALIFIED <input checked="" type="checkbox"/> DISQUALIFIED <input type="checkbox"/>		
Reviewer Initials: RFB	Date Reviewed: 8/17/11	



Surgical Pathology Report

Final

ICD-O-3

Carcinoma, squamous cell,
nonkeratinizing, NOS 8072/3

Site: Cervix, NOS C53.9

HW 8/23/11

SURGICAL PATHOLOGY REPORT
FTNL

Patient Name:

Address:

Service: Gynecology
Location: OTHER

Accession #:

Taken:

Gender:

DOB:

(Age:)

MRN:
Hospital #: Patient Type:Received:
Accessioned:
Reported:

Physician(s):

Other Related Clinical Data:

DIAGNOSIS:

UTERUS, CERVIX, RADICAL HYSTERECTOMY

- INVASIVE POORLY DIFFERENTIATED SQUAMOUS CELL CARCINOMA
- CARCINOMA INVades TO A DEPTH OF 6 MM WHERE THE TOTAL CERVICAL THICKNESS IS 1.2 CM

- MARGINS OF EXCISION ARE FREE OF CARCINOMA

- BIOPSY SITE CHANGES

- SEE COMMENT AND SYNOPTIC

UTERUS, ENDOMETRIUM, RADICAL HYSTERECTOMY

- BENIGN ENDOMETRIAL POLYP

- INACTIVE ENDOMETRIUM WITH FOCAL BREAKDOWN

UTERUS, MYOMETRIUM, RADICAL HYSTERECTOMY

- LEIOMYOMATA

- ADENOMYOSIS

PARAMETRIUM, RIGHT AND LEFT, RADICAL HYSTERECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

- ONE INCIDENTAL LYMPH NODE WITH NO EVIDENCE OF MALIGNANCY

VAGINA, UPPER, RADICAL HYSTERECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

OVARY, RIGHT, OOPHORECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

OVARY, LEFT, OOPHORECTOMY

- ENDOMETRIOSIS

FALLOPIAN TUBES, BILATERAL, BILATERAL SALPINGECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

LYMPH NODES, RIGHT EXTERNAL, EXCISION

- FOUR LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY

LYMPH NODES, RIGHT OBTURATOR, EXCISION

- FIFTEEN LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY

LYMPH NODES, RIGHT PELVIC, EXCISION

- THREE LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY

LYMPH NODES, LEFT PELVIC, EXCISION

- SIX LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY

LYMPH NODE, LEFT OBTURATOR, EXCISION

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- ONE LYMPH NODE WITH NO EVIDENCE OF MALIGNANCY
- LYMPH NODES, LEFT PERIAORTIC, EXCISION
- TWO LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY
- LYMPH NODES, RIGHT PERIAORTIC, EXCISION
- THREE LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY

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).

***Report Electronically Reviewed and Signed Out By
**

Intraoperative Consultation:

Three intraoperative non-microscopic consultations were obtained and interpreted as: "Called to pick up 'right obturator,' consisting of a fragment of fibroadipose tissue from which 13 lymph nodes (~) were dissected. Three largest lymph nodes, ~ 1.5 - 2 cm. Sectioning of three largest lymph nodes shows no gross evidence of metastases. Half of the three largest lymph nodes frozen as FS2. Rest for permanents," by "Called to pick up 'uterus, bilateral tubes and ovaries, upper vagina and cervix,' consisting of 117 grams radical hysterectomy. The uterus (8 x 4.5 x 3.3 cm), cervix (5 x 3.2 cm), endocervical canal (0.8 x 1 cm), endometrial cavity (3 x 1.3 cm) and endometrial polyp (0.7 x 0.5 x 0.4 cm) unremarkable, and 0.1 to 1.6 cm rim of vagina. A polypoid, pink-red, hemorrhagic mass is present in the anterior endocervical canal, which appears to arise at squamo-columnar junction, measuring 2 x 1.3 x 0.7 cm. According to surgeon, the mass was extruding cervical os, taken by surgeons for [redacted]. A firm, irregular area is present at posterior endocervix, measuring 1.8 x 1 cm, which is probably involved by tumor. At 3 cm from vaginal margin two myomas are present, 3.2 x 2.2 x 1.2 cm and 2.7 x 1.7 x 1.2 cm. Right parametria 3.5 x 2.3 x 1.1 cm, left parametria 3.5 x 2 x 1.1 cm, right ovary 1.3 x 1.6 x 1.6 cm, left ovary 2.7 x 1.7 x 1.3 cm, right fallopian tube 9.5 x 0.5 cm, left fallopian tube 9.5 x 0.4 cm and unremarkable. Margins inked black. Tissue for tumor and normal, given for Dr. [redacted] Rest for permanents," by

FS1: Right external lymph node, biopsy
- "No evidence of malignancy." by

FS2: Right obturator, biopsy
"No evidence of malignancy." by

"Also called to pick up 'left obturator,' consisting of a piece of fibrofatty tissue measuring 6.5 x 1 x 0.6 cm, bisected to show a single firm, 0.2 x 0.1 x 0.1 cm nodule grossly consistent with a lymph node. The remainder of the cut surface is yellow-tan and fatty-appearing. The nodule and half the remaining tissue frozen as [redacted]"

FS3A/B: Lymph node, left obturator, biopsy
- "No evidence of malignancy."

Microscopic Description and Comment:

Sections of the cervical tumor show an invasive poorly differentiated squamous cell carcinoma with a prominent associated inflammatory response that in some areas produces a lymphoepithelial carcinoma-like pattern. In many regions the tumor cells show prominent clear cell change, which in some areas appears to be a degenerative change. Despite the fact that the entire cervix was submitted for microscopic examination, there is no evidence of clear cell adenocarcinoma. We have reviewed the earlier biopsy () from this patient; that biopsy is quite superficial, and in retrospect, the clear cell features that are present

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in the specimen are consistent with degenerative changes within squamous cell carcinoma rather than clear cell adenocarcinoma. and have seen this case and concur with the diagnosis. (D:

History:

The patient is a year old with a history of clear-cell carcinoma of the cervix. Operative procedure: LVA, pelvic and periaortic lymph node dissection, radical hysterectomy.

Specimen(s) Received:

- A: LYMPH NODE, RIGHT EXTERNAL LYMPH NODE
- B: LYMPH NODE, RIGHT OBTURATOR LYMPH NODE
- C: LYMPH NODE, RIGHT PELVIC LYMPH NODE
- D: LYMPH NODE, LEFT PELVIC LYMPH NODE
- E: LYMPH NODE, LEFT OBTURATOR LYMPH NODE
- F: LYMPH NODE, LEFT PERI AORTIC LYMPH NODE
- G: LYMPH NODE, RIGHT PERI-AORTIC LYMPH NODE
- H: UTERUS, BILATERAL TUBES AND OVARIES, CERVIX AND UPPER VAGINA

Gross Description

The specimens are received in eight formalin-filled containers, each labeled " ". The first container is labeled "right external lymph node" and holds a white cassette labeled " " that holds fragments of putative lymph node measuring 2 x 1x 0.2 cm. Labeled Jar 1.

The second container is labeled "right obturator" and holds a white cassette labeled " " which consists of three putative lymph nodes measuring 2 cm, 2 cm, and 1.8 cm. Labeled . Also in the container are four other white cassettes, one of which is labeled "other half," consisting of three fatty putative lymph nodes , - three lymph nodes bisected). - one bisected lymph node; - four putative lymph nodes; - six putative lymph nodes. Jar 1.

The third container is labeled "right pelvic lymph nodes" and holds yellow fatty tissue measuring, in aggregate, 5 x 5 x 1 cm. Three putative lymph nodes are dissected. one lymph node; - one lymph node; - multiple single lymph nodes, Jar 1.

The fourth container is labeled "left pelvic lymph nodes" and holds yellow, fatty fragments of tissue measuring 5.5 x 4 x 1.5 cm in aggregate. Labeled and - single bisected lymph node; - single bisected lymph node; - single individual lymph node bisected; - multiple individual lymph nodes. Jar 1.

The fifth container is labeled "left obturator lymph node" and holds two white cassettes labeled and . holds a fragment of putative lymph node measuring 3 x 0.3 x 0.2 cm. . holds fragments of the same putative lymph node measuring 2 x 0.6 x 0.3 and 2 x 0.6 x 0.3 cm. Also in the container is a 4.5 x 0.6 x 0.3 cm putative lymph nodes. Labeled remainder of lymph node. Jar 1.

The sixth container is labeled "left periaortic lymph node" and holds four fatty fragments of tissue measuring 1 x 1 x 1 cm in aggregate. Labeled F1 - single lymph node; - single bisected lymph node. Jar 1.

The seventh container is labeled "right periaortic lymph node" and holds a fatty fragment of tissue measuring 3.5 x 1.5 x 0.3 cm. Labeled G1 - single bisected lymph node; - multiple lymph nodes. Jar 1.

The eighth container is labeled "uterus, bilateral tubes, bilateral ovaries and upper vagina and cervix." It holds a 113 gram uterus which measures 7.5 cm from fundus to cervix, 5.5 cm from cornu to cornu, and 4.5 cm anterior to posterior. There is a circumferential vaginal cuff measuring 1.1 cm anteriorly, as well as posteriorly. The external os is transverse and measures 1.3 cm, is covered by white, shiny epithelium. The serosal surface covering the uterus shows a subserosal leiomyoma measuring 2.0 cm posteriorly. The right ovary measures 3.2 x 1.1 x 1 cm. The right fallopian tube measures 6.5 x 0.3 cm. The left ovary

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measures 2 x 1.5 x 1 cm, the left fallopian tube measures 5 x 0.3 cm. The external apparent surface of the ovary is cerebriform and unremarkable. The fallopian tubes are covered by pink, shiny epithelium and are unremarkable. The specimen is inked along the anterior-posterior, as well as the lateral aspects, and is opened anteroposteriorly. On opening, the endocervical canal, which measures 3.5 x 1 cm, is covered with a red, hemorrhagic, polypoid mass which measures 2.2 x 1 x 0.5 cm (tumor measurements are not accurate, tumor was already taken for by surgeon as per intraoperative notes). Grossly the mass appears to invade into the underlying cervical stroma. The tumor does not extend into the lower uterine segment and is 1.5 cm away from the same. Sections labeled: - anterior vaginal cuff; - posterior vaginal cuff; - tumor in relation to the serosa; - tumor in relation to the ectocervix; - tumor in relation to the lower uterine segment; - posterior cervix; - anterior endomyometrium; - polyp in anterior endomyometrium; - posterior endomyometrium with subserosal leiomyoma; right ovary; right fallopian tube; left ovary; left fallopian tube; right parametrial soft tissue; - left parametrial soft tissue; H&E to remainder of cervix (entirely submitted). Jar 3.

SYNOPTIC REPORTING FORM FOR UTERINE CERVICAL NEOPLASMS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is squamous cell (epidermoid) carcinoma, non-keratinizing subtype

TUMOR SIZE

The maximum depth of the tumor invasion is 0.6 cm

The breadth (maximum horizontal dimension) of the tumor is 2.2 cm

The total thickness of the cervix is 1.2 cm

HISTOPATHOLOGIC TYPE

The histologic grade is poorly differentiated

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 lymph nodes examined is 35.

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 Surgical Pathology Department at 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

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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 of [redacted] It has not been cleared or approved by the U. S. Food and Drug Administration.