

Cervical

SURGICAL PATHOLOGY

1CS-0-3

Carcinoma, squamous cell, NOS
8070/3

Site: Cervix, NOS - C53.9

1/31/11
lu

Case Number :

UUID: C596A314-A98F-4E6C-92FA-0178DF820E88
TCGA-EX-A1H5-01A-PR

Redacted



Criteria	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	Noted	
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	lu	4/28/11

Diagnosis:

A: Uterus, bilateral fallopian tubes and ovaries, radical hysterectomy, bilateral salpingo-oophorectomy

Tumor size: 4.2 x 4.0 x 2.2 cm

Histologic type: Invasive squamous cell carcinoma with abundant tumor necrosis

Histologic grade: Poorly differentiated

Extent: Invasive carcinoma ulcerates the ectocervix, invades deeply into the cervix, and abuts the vaginal mucosa and anterior and posterior lower uterine segments.

Lymphovascular space invasion: Present

Parametrial invasion: Present, involving anterior and posterior pericervical/parametrial soft tissue, and involving the right and left parametrial soft tissue (see comment)

Vaginal involvement: Not identified. Invasive carcinoma appears to abut vaginal mucosa, but does not definitely involve the vagina.

Bladder involvement: N/A

Rectal involvement: N/A

Margins:

Negative, but invasive carcinoma is extremely close (<1 mm) from the blue inked anterior parametrial/pericervical soft tissue margin (A6), <1 mm from the black inked posterior pericervical/parametrial soft tissue margin (A8), and <1 mm from the left parametrial soft tissue (A10).

Vaginal cuff margin is negative (tumor is 1.5 cm from the closest vaginal margin at 12 o' clock).

Right ovary, oophorectomy:

Atrophic ovary with no malignancy identified.

Right fallopian tube:

No significant pathologic abnormality.

Left ovary, oophorectomy:

Atrophic ovary with no malignancy identified.

Left fallopian tube:

No significant pathologic abnormality.

Other findings:

Invasive carcinoma abuts the lower uterine segment, but does not definitively involve the endometrium or myometrium.

VAIN 1 with HPV effect involving 12 o' clock to 3 o' clock..

Serosal adhesions.

Adenomyosis.

Cystic atrophy of endometrium.

1 of 3 lymph nodes positive for metastatic carcinoma in left parametrial soft tissue, 0.5 mm, with no extracapsular extension (1/3) (A12).

One of one lymph node positive in right parametrial soft tissue, 4 mm in size, with no extracapsular extension (1/1) (A17).

Vascular calcifications.

Regional lymph nodes:

TOTAL NUMBER INVOLVED: 4, including bilateral parametrial soft tissue and bilateral pelvic

TOTAL NUMBER EXAMINED: 21, including parts A, B, and C

AJCC PATHOLOGIC TNM STAGE: pT2b pN1 pMx

Note: This pathologic stage assessment is based on information available at the time of this report, and is subject to change pending clinical review and additional information.

B: Lymph node, right pelvic, regional lymph node dissection

One of six lymph nodes positive for metastatic carcinoma, 4 mm in greatest dimension, with no extracapsular extension (1/6) (B3)

C: Lymph node, left pelvic, regional lymph node dissection

One of eleven lymph nodes positive for metastatic carcinoma, < 1 mm in greatest dimension, with no extracapsular extension (1/11) (C4)

Comment:

The carcinoma involves both right and left parametrial soft tissue. The left parametrial soft tissue involvement is present as direct extension. The right parametrium soft tissue involvement is within a lymph node (A17).

Clinical History:
with cervical cancer.

Gross Description:
Received are three appropriately labeled containers.

Container A:

Specimen fixation: formalin

Specimen type: radical hysterectomy, bilateral salpingo-oophorectomy

Adnexa: attached to the specimen

Weight: 130.5 grams

Shape: pear shaped

Dimensions:

Height: 9.4 cm

Anterior to posterior width: 4.3 cm

Breadth at fundus: 5.0 cm (posterior parametrial/paracervical margin inked black anterior paracervical/parametrial margin inked blue)

Serosa: tan/white with a 2.0 x 1.1 cm area of blistering on the right posterior wall

Cervix: 3.0 x 2.2 cm with a rim of vaginal mucosa up to 1.5 cm in depth

Tumor size: 4.2 x 4.0 x 2.2 cm

Tumor site: involving the anterior and posterior cervix and endocervical canal to the lower uterine segment

Other features: The tumor is tan/white, soft, extends to the parametrial/paracervical soft tissue margins on both the anterior and posterior walls, comes within 1.5 cm of the 12 o' clock vaginal margin and is greater than 1.5 cm from the remaining of the vaginal margins.

Endometrium:

Length of endometrial cavity: 2.8 cm

Width at fundus: 1.7 cm

Endometrial surface: tan, firm, and 0.1 cm thick

Other findings: none

Myometrium:

Thickness of wall: 0.8 cm

Other findings: diffusely trabeculated; no myometrial nodules are present

Adnexa:

Right ovary

Measurement: 1.9 x 0.5 x 0.6 cm

External surface: tan/white and glistening

Cut surface: tan firm and unremarkable

Right fallopian tube: fimbriated

Measurement: 3.8 cm in length x 0.4 cm in diameter

Other findings: The outer surface is tan and glistening. The cut surface has a patent unremarkable lumen.

Left ovary

Measurement: 2.0 x 0.5 x 0.4 cm

External surface: tan and smooth

Cut surface: tan, firm and unremarkable

Left fallopian tube: fimbriated

Measurement: 3.5 cm in length x 0.4 cm in diameter

Other findings: The outer surface is tan and smooth. On section, the lumen is patent and unremarkable.

Other organs present: none

Vagina: part of the vagina is present, see description above

Urinary bladder: not present

Rectum: not present

Digital photograph taken: not taken

Tissue submitted for special investigations: tumor submitted to tissue procurement

Block summary:

A1 - serosal adhesions

A2 - vaginal cuff margin, en face, 12 to 3 o' clock

A3 - vaginal cuff margin, en face, 3 to 6 o' clock

A4 - vaginal cuff margin, en face, 6 to 9 o' clock

A5 - vaginal cuff margin, en face, 9 to 12 o' clock

A6 - tumor with respect to anterior parametrial/paracervical soft tissue margin, perpendicular

A7 - tumor with respect to ectocervical mucosa and vaginal mucosa (anterior)

A8 - tumor with respect to posterior paracervical/parametrial soft tissue margin, perpendicular

A9 - tumor with respect to ectocervical mucosa and vaginal mucosa, (posterior)

A10 - tumor with respect to left parametrial soft tissue, perpendicular

A11-A14 - parametrial soft tissue, left side, en face

A15 - tumor with respect to right parametrial soft tissue, perpendicular

A16,A17 - parametrial soft tissue, right side, en face

A18 - tumor with respect to endometrium, longitudinal section, anterior wall

A19 - tumor with respect to endometrium, longitudinal section, posterior wall

A20 - endomyometrium, anterior wall, full thickness
A21 - endomyometrium, posterior wall, full thickness
A22 - right ovary
A23 - right fallopian tube
A24 - left ovary

A25 - left fallopian tube

Container B is additionally labeled "right pelvic." It holds a 5.5 x 4.2 x 0.8 cm fragment of yellow lobulated adipose tissue. Within the fragment there are multiple lymph node candidates up to 2 cm in greatest dimension. The lymph node candidates are submitted in six cassettes; blocks B1-B6.

Block summary:

B1 - multiple lymph node candidates
B2-B3 - one lymph node candidate, bisected
B4 - one lymph node candidate
B5,B6 - one lymph node candidate, bisected

Container C is additionally labeled "left pelvic." It holds a 10.0 x 3.3 x 1.2 cm fragment of yellow lobulated adipose tissue. Within the fragment there are multiple lymph node candidates to 3.5 cm in greatest dimension. The lymph node candidates are submitted in seven cassettes per block summary.

Block summary:

C1 - multiple lymph node candidates
C2 - two lymph node candidates
C3 - one lymph node candidate, bisected
C4-C5 - one lymph node candidate, trisected
C6-C7 - one lymph node candidate, bisected

Light Microscopy:

Light microscopic examination is performed by Dr.

Signature

Attending Pathologist: I have personally conducted the evaluation of the above specimens and have rendered the above diagnosis(es).