

Criteria	Yes	No
Diagnostic Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is [circle]:	QUALIFIED	DISQUALIFIED
Reviewer Initials:	RJS	
	Date Reviewed:	9/8/11

Patient:

Page 1 of 3

ICD-O-3

Report for adenocarcinoma, endocervical type 8384/3

TEST: SURG PATH FINAL REPORT

Collected Date & Time:

Site: cervix, NOS C53.9 Date 9/8/11

Result Name
Surg Path Final

Results
Patient Name:

Units

Reference Range

Patient Name:			
Accession No.	Collected	Received	Pathologist
A P - S u r g P a t h F i n a l R e p o r t			
Accession Number	Date/Time	Date/Time	
		1	

Diagnosis:

1) UTERUS, TUBES AND OVARIES, RADICAL HYSTERECTOMY
CERVIX

ENDOCERVICAL ADENOCARCINOMA ARISING NEAR THE
ENDOCERVICAL/CERVICAL JUNCTION (2.5cm)
TUMOR INVades TO APPROXIMATELY 4 MM IN DEPTH
INKED VAGINAL CUFF MARGINS ARE FREE OF TUMOR
NO VASCULAR SPACE INVASION IDENTIFIED (SEE PROTOCOL)
ptibipNipMX

TOTAL OF 1 OUT OF 33 LYMPH NODES POSITIVE FOR METASTATIC
CARCINOMA (1/33) - SINGLE RIGHT PELVIC LYMPH NODE INVOLVED.
ENDOMETRIUM

LATE SECRETORY PHASE ENDOMETRIUM
NO EVIDENCE OF ATYPIA OR CARCINOMA
MYOMETRIUM

SUPERFICIAL ADENOMYOSIS
BILATERAL OVARIES AND TUBES
RIGHT OVARY

CYSTIC OVARY
ACUTE AND CHRONIC SALPINGITIS RIGHT FALLOPIAN TUBE
LEFT OVARY

MULTICYSTIC OVARY
FALLOPIAN TUBE WITH NO SIGNIFICANT LESION
2) RIGHT PERIAORTIC NODES
THREE LYMPH NODES NEGATIVE FOR METASTATIC CARCINOMA (0/3)
3) RIGHT PELVIC LYMPH NODES
ONE OUT OF SEVENTEEN LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA
(1/17)
4) LEFT PERIAORTIC LYMPH NODES
FOUR LYMPH NODES NEGATIVE FOR METASTATIC CARCINOMA (0/4)
5) LEFT PELVIC LYMPH NODES
NINE LYMPH NODES NEGATIVE FOR METASTATIC CARCINOMA (0/9)

UUID:7AE4CF2E-602B-4860-8919-095EA5378504
TCGA-EK-A2RL-01A-PR

Redacted



(Electronically signed by)
Verified:

CAP Protocol:

Patient Name:

Accession No.:

A P - S u r g P a t h F i n a l R e p o r t			
Accession Number	Collected	Received	Pathologist
	Date/Time	Date/Time	

1: Cervix, Macroscopic
SPECIMEN TYPE:
Radical Hysterectomy
TUMOR SITE:
Not specified
TUMOR SIZE:
Greatest dimension: 2.5 cm
OTHER ORGANS PRESENT:
Right ovary
Left ovary
Right fallopian tube
Left fallopian tube
Uterine corpus
Vaginal cuff
1: Cervix, Microscopic
HISTOLOGIC TYPE:
*Mucinous, endocervical type
HISTOLOGIC GRADE:
G2: Moderately differentiated
PRIMARY TUMOR (pT) TNM (FIGO):
pT1b1 (IB1): Cervical carcinoma confined to uterus, clinically visible lesion 4.0 cm or less in greatest dimension
REGIONAL LYMPH NODES (pN):
pN1: Regional lymph node metastasis
Number examined: 33
Number involved: 1
DISTANT METASTASIS (pM):
pMX: Cannot be assessed

Margins:
Margins uninvolved by invasive carcinoma
*VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L):
-Absent

Specimen(s):
1. UTERUS, TUBES AND OVARIES
2. RIGHT PERIAORTIC NODES
3. RIGHT PELVIC NODES
4. LEFT PERIAORTIC NODES
5. LEFT PELVIC NODES

Clinical Information:

Cervical cancer

Patient Name:

Accession No.:

A P - S u r g P a t h	Final Report		
Accession Number	Collected	Received	Pathologist
	Date/Time	Date/Time	

Frozen Section Diagnosis:
FS: Endocervical adenocarcinoma

Gross Description:

1: Specimen received fresh, uterus, tubes and ovaries. It consists of a uterus, tubes and ovaries which weighs 320 grams. The uterus measures 12 x 10 x 4 cm. The right ovary measures 5.5 x 3.5 x 2.5, the right tube measures 5 x 1.5 x 0.5 cm. The left ovary measures 3.5 x 3 x 2.5 cm, the left tube measures 5.5 cm. The tumor appears to protrude through the external cervical os. The cervix measures 5.5 cm long x 4.5 x 4.5 cm. The vaginal cuff appears grossly free of tumor. The endometrium is thin and the cavity only measures 4 x 4. The myometrium measures approximately 2 cm and is fairly unremarkable. The tumor is located in

The distal endocervical canal. The specimen is inked at the margins and opened to reveal a polypoid endocervical mass measuring 2.5 x 2 x 1.5, fleshy and gray/tan in color and protrudes out of the external os. Representative sections are submitted for frozen section in 1FS. The specimen is submitted for Precision Therapeutics as well as . studies with . The specimen is placed back into formalin for later fixation. Representative sections are as follows:
IFSA: Frozen section -

- endocervix
- 1B: Anterior endometrium/myometrium
- 1C: Posterior endometrium/myometrium
- 1D: Additional endometrium/myometrium for study
- 1E-G: Vaginal cuff margin
- 1H: Cystic right ovary and tube
- 1I: Cystic left ovary and tube
- 1J - M: Endocervical mass, entirely submitted, anterior and posterior
- 1N: Additional tumor for study
- 1O: Additional tumor for additional studies
- 1P: Right parametrial tissue and vessels
- 1Q: Left parametrial tissue and vessels
- 2) Specimen 2, right periaortic nodes, consists of a fat pad measuring 1 x 1 x 1 cm. The possible nodes are submitted in cassettes 2A -
-B.
- 3) Specimen 3, right pelvic nodes, consists of a fat pad measuring approximately 6 x 6 x 2 cm. Possible lymph nodes are submitted in cassette 3A -
-F.
- 4) Specimen 4, left periaortic lymph nodes, consists of a fat pad measuring 1.5 x 1.5 x 1 cm. Entirely submitted in cassettes 4A -
-B.

Patient Name:

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A P - S u r g P a t h F i n a l R e p o r t
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- 5) Specimen 5, left pelvic nodes, consists of a fat pad measuring approximately 6 x 5 x 1 cm. Possible lymph nodes are dissected and submitted entirely in cassettes 5A -
-G.

Microscopic Description:

A microscopic exam was performed.