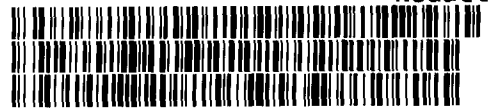


Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (Circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date reviewed: 9/2/11	

UUID:05E84255-196B-424A-B317-9A4D2072BD5D

TCGA-EK-A2R9-01A-PR

Redacted



ANATOMIC PATHOLOGY REPORT FAX

PATIENT:
D.O.B.:
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Physician:
Oth Phy(s):

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CLINICAL HISTORY

CLINICAL HISTORY: CERVICAL MASS

PROCEDURE/FINDINGS: RADICAL TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY WITH LYMPH NODE SECTIONS

SPECIMEN(S):

- A. LEFT PELVIC LYMPH NODE
- B. LEFT EXTERNAL
- C. LEFT COMMON ILLIAC LYMPH NODE
- D. LEFT OBTURATOR LYMPH NODE
- E. LEFT PERIAORTIC LYMPH NODE
- F. LEFT EXTERNAL
- G. RIGHT PERIAORTIC
- H. RIGHT COMMON ILLIAC
- I. RIGHT OBTURATOR
- J. RIGHT EXTERNAL ILLIAC
- K. UTERUS, CERVIX, TUBES

ICD-0-3

carcinoma, squamous cell, NOS 8070/3
Site: cervix, NOS C53.9 lw
9/8/11

FINAL DIAGNOSIS

- A. LEFT PELVIC LYMPH NODE, EXCISIONAL BIOPSY:
BENIGN FIBROADIPOSE TISSUE.
NO LYMPH NODE TISSUE IDENTIFIED.
- B. LEFT EXTERNAL LYMPH NODE, EXCISIONAL BIOPSY:
ONE LYMPH NODE NEGATIVE FOR METASTATIC CARCINOMA (0/1).
- C. LEFT COMMON ILLIAC LYMPH NODE, EXCISIONAL BIOPSY:
BENIGN FIBROADIPOSE TISSUE.
NO LYMPH NODE TISSUE IDENTIFIED.

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FINAL DIAGNOSIS

(Continued)

- D. LEFT OBTURATOR LYMPH NODE, EXCISIONAL BIOPSY:
ONE LYMPH NODE NEGATIVE FOR METASTATIC CARCINOMA (0/1).
- E. LEFT PERIAORTIC LYMPH NODE, EXCISIONAL BIOPSY:
TWO LYMPH NODES NEGATIVE FOR METASTATIC CARCINOMA (0/2).
- F. LEFT EXTERNAL LYMPH NODE, EXCISIONAL BIOPSY:
BENIGN FIBROADIPOSE TISSUE.
NO LYMPH NODE TISSUE IDENTIFIED.
- G. RIGHT PERIAORTIC LYMPH NODE, EXCISIONAL BIOPSY:
TWO LYMPH NODES NEGATIVE FOR METASTATIC CARCINOMA (0/2).
- H. RIGHT COMMON ILIAC LYMPH NODE, EXCISIONAL BIOPSY:
ONE LYMPH NODE NEGATIVE FOR METASTATIC CARCINOMA (0/1).
- I. RIGHT OBTURATOR LYMPH NODE, EXCISIONAL BIOPSY:
FIBROADIPOSE TISSUE.
NO LYMPH NODE TISSUE IDENTIFIED.
- J. RIGHT EXTERNAL ILIAC LYMPH NODE, EXCISIONAL BIOPSY:
SEVEN LYMPH NODES NEGATIVE FOR METASTATIC CARCINOMA (0/7).
- K. UTERUS WITH TUBES AND OVARIES, RADICAL TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
INVASIVE POORLY DIFFERENTIATED SQUAMOUS CELL CARCINOMA OF THE CERVIX.
Tumor location: CERVIX AT 2-8 O'CLOCK POSITION.
Histologic grade: POORLY DIFFERENTIATED.
Tumor size: 4.0 X 3.2 X 2.3 CM.
Maximal thickness of cervical stromal invasion: 1.4 CM.

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FINAL DIAGNOSIS

(Continued)

Thickness of cervix in area of maximal tumor invasion: 2.5 CM.
Lymphatic/vascular invasion: PRESENT.
Margins: VAGINAL CUFF MARGINS NEGATIVE BY 1.0 CM.
Extension to uterine corpus: ABSENT.
Parametrial involvement: ABSENT.
Additional findings: FOCAL PERINEURAL INVASION PRESENT.
BENIGN ENDOCERVICAL POLYP.
LEFT OVARY WITH BENIGN FIBROMA.
Lymph nodes: SPECIMENS A-J SHOW A TOTAL OF 15 LYMPH NODES NEGATIVE FOR
METASTATIC CARCINOMA (0/15).

AJCC PTNM CLASSIFICATION:
T1b1 NO

FIGO CLINICAL STAGE: IB1

Dictated by: _____

MD

GROSS DESCRIPTION

A. The specimen is received fresh labeled _____ and consists of a 1.2 x 0.8 x 0.6 cm portion of fibrofatty tissue. The cut surfaces are mottled tan-yellow and lobulated. Two touch preps are made. The specimen is entirely submitted for frozen as FSA.

B. The specimen is received fresh labeled _____ "left external lymph node" and consists of a 3.5 x 1.2 x 1 cm rubbery pink to tan lymph node which demonstrates pink to tan homogenous cut surfaces. A touch prep is made. The specimen is serially sectioned. Three sections are submitted for frozen as FSB. The remainder of the specimen is submitted as B2 and B3.

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GROSS DESCRIPTION

(Continued)

- C. The specimen is received fresh labeled [REDACTED] left common iliac" and consists of two rubbery yellow lobulated portions of adipose tissue which measure 0.8 x 0.6 x 0.5 cm and 1.4 x 1.0 x 0.6 cm. The cut surfaces are yellow and lobulated. The smaller piece is bisected and the larger piece is trisected. The specimen is entirely submitted as C.
- D. The specimen is received fresh labeled [REDACTED] left obturator lymph node" and consists of a 3.0 x 2.2 x 2.0 cm yellow lobulated portion of adipose tissue. The cut surface demonstrates two rubbery pink to tan lymph nodes which measure 1.3 x 0.6 x 0.5 cm and 2.4 x 1.2 x 0.5 cm. The nodes are entirely submitted as follows: D1 smaller node, serially sectioned; D2-D3 larger node serially sectioned.
- E. The specimen is received fresh labeled [REDACTED] left periaortic" and consists of two rubbery tan lymph nodes which measure 0.7 x 0.6 x 0.5 cm and 1.2 x 0.6 x 0.5 cm. The nodes are entirely submitted as follows: E1 one node, bisected; E2 one node, trisected.
- F. The specimen is received fresh labeled [REDACTED] left external lymph node" and consists of a 1.4 x 1.0 x 0.5 cm rubbery pink to gray, ragged, irregular portion of tissue with pink homogenous cut surfaces. The specimen is serially sectioned. The specimen is entirely submitted as F.
- G. The specimen is received fresh labeled [REDACTED] right periaortic" and consists of three portions of yellow adipose tissue which aggregate to 1.5 x 1.0 x 1.0 cm. The cut surfaces demonstrate two rubbery pink lymph nodes which measure 0.7 and 0.8 cm. The nodes are entirely submitted intact as G.
- H. The specimen is received fresh labeled [REDACTED] right common iliac" and consists of a 4.0 x 3.2 x 2.5 cm portion of yellow lobulated adipose tissue. The cut surfaces demonstrate a 2.6 x 1.3 x 0.7 cm rubbery pink to tan lymph node. The lymph node is serially sectioned and entirely submitted as H1-H3.

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GROSS DESCRIPTION

(Continued)

I. The specimen is received fresh labeled [REDACTED], right obturator" and consists of a 1.0 x 0.8 x 0.6 cm aggregate of yellow adipose tissue. No lymph nodes are grossly identified. The specimen is entirely submitted as I.

J. The specimen is received fresh labeled [REDACTED], right external iliac" and consists of a 5.0 x 4.0 x 3.0 cm aggregate of yellow adipose tissue. The cut surfaces demonstrate seven rubbery pink to tan lymph nodes which vary from 0.5 to 2.2 cm. The nodes are entirely submitted as follows: J1 four nodes, intact; J2 one node, trisected; J3 one node, trisected; J4 one node serially sectioned.

K. The specimen is received fresh labeled [REDACTED], uterus, cervix and fallopian tubes" and consists of a uterus and cervix with attached bilateral adnexa. Upon removal of the adnexa, the uterus weighs 153 gm, measures 10.5 cm in length, 6.5 cm between the cornua, and 4.8 cm anterior to posterior. The posterior half of the margins are black-inked and the anterior half are blue-inked. The serosa is pink and smooth. The ectocervix measures 4.6 cm and is surrounded by an annular strip of pink smooth vaginal mucosa. The cervix demonstrates a 4.0 x 3.2 by up to 2.3 cm firm, tan-gray to red, granular, fungating mass which is located between the 2 and 8 o'clock position. The mass is located 1.0 cm from the vaginal cuff margin in the area of 3 o'clock. The cut surfaces of the mass show extension within 0.6 cm. of the peripheral radial margin. The cut surfaces of the mass are gray and granular. The remainder of the cervix is pink and smooth. The 1.6 cm slit-like os is otherwise pink and smooth. The endocervix demonstrates a 0.6 x 0.5 x 0.3 cm soft pink smooth sessile polyp. The uterine cavity is slightly distorted. The endometrium measures 0.1 cm throughout and is tan and smooth. The myometrium measures up to 3.0 cm and demonstrates multiple, rubbery, gray-white, well-circumscribed, intramural subserosal and submucosal nodules. The parametrial tissue is grossly unremarkable. The right fallopian tube measure 2.8 x 0.5 cm and has a fimbriated end. The tube shows evidence of ligation. The attached ovary measures 3.3 x 1.8 cm and has a pink to tan smooth intact surface. The cut surfaces are tan and homogenous. The left fallopian tube measures 2.9 x 0.6 and has a fimbriated end. The tube

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GROSS DESCRIPTION

(Continued)

shows evidence of ligation. The attached ovary measures 3.8 x 2.2 cm and has a pink to tan smooth intact surface. The cut surfaces are tan and homogenous with a 1.4 cm firm solid, gray-white, moderately circumscribed nodule. There is also a 0.8 cm smooth-walled cyst containing soft brown material. The case is discussed with Dr. _____ and the specimen is sampled per his direction. Tissue from the cervical mass is submitted for the _____ study. Representative sections of the specimen are submitted as follows: K1 serosa; K2 vaginal cuff margin from 2-5 o'clock; K3 remainder of anterior half of vaginal cuff margin; K4 posterior half of vaginal cuff margin; K5 cervical mass in area of 2 o'clock; K6 cervical mass in area of 4 o'clock; K7 cervical mass in area of 6 o'clock; K8 cervical mass in area of 8 o'clock; K9 cervix, random; K10 endocervical polyp; K11 endometrium; K12 endomyometrium; K13 myometrial nodules; K14 right tube and ovary; K15 left tube and ovary; K16 nodule of left ovary; K17 right parametrial tissue; K18 left parametrial tissue.

INTRAOPERATIVE CONSULTATION

INTRAOPERATIVE CONSULTATION WITH FROZEN SECTION AND TOUCH PREPARATION

FSA, TPA. LEFT PELVIC LYMPH NODE:

FIBROADIPOSE TISSUE. NO NODE PRESENT.

FSB, TPB. LEFT EXTERNAL LYMPH NODE:

NEGATIVE FOR TUMOR.

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MICROSCOPIC/COMMENT

- A. Histologic sections of the left pelvic lymph node demonstrate benign fibroadipose tissue. No lymph node tissue is identified.
- B. Histologic section of the left external lymph node demonstrate one lymph node negative for metastatic carcinoma.
- C. Histologic sections of the left common iliac lymph node demonstrate benign fibroadipose tissue. No lymph node tissue is identified.
- D. Histologic sections of the left obturator node demonstrate two lymph nodes negative for metastatic carcinoma.
- E. Histologic sections of the left periaortic lymph node demonstrate two lymph nodes negative for metastatic carcinoma.
- F. Histologic sections of the left external lymph node demonstrate benign fibroadipose tissue. No lymph node tissue is identified.
- G. Histologic sections of the right periaortic lymph node demonstrate two lymph nodes negative for metastatic carcinoma.
- H. Histologic sections of the right common iliac lymph node demonstrate one lymph node negative for metastatic carcinoma.
- I. Histologic sections of the right obturator lymph node demonstrate benign fibroadipose tissue. No lymph node tissue is identified.
- J. Histologic sections of the right external lymph node demonstrate seven lymph nodes
-

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MICROSCOPIC/COMMENT

(Continued)

negative for metastatic carcinoma.

K. Histologic sections of the uterus demonstrate an invasive poorly differentiated carcinoma of the cervix. Immunohistochemical stains for cytokeratin 5/6, P63 and synaptophysin are performed. The tumor is positive for cytokeratin 5/6 and P63, and negative for synaptophysin. The findings are consistent with an invasive poorly differentiated squamous cell carcinoma. The tumor has basaloid features. The tumor shows focal perineural invasion and focal lymphovascular invasion. The endocervix shows a benign endocervical polyp. The endometrium is flat and atrophic. The myometrium contains multiple small leiomyomata. The serosal surface is unremarkable. Both ovaries are atrophic and contain corpora albicantia. The left ovary contains a fibrotic nodule with focal calcification and ossification consistent with a benign fibroma. Both fallopian tubes are unremarkable. The vaginal cuff margins demonstrate chronic inflammation and areas of mild acute inflammation of the vaginal surface epithelium. Dr. has reviewed this case and concurs with invasive poorly differentiated squamous cell carcinoma.

FDA Required Disclaimer Statement:

The above immunohistochemistry tests were developed and their performance characteristics determined by the U.S. Food and Drug Administration; however, such approval or clearance is deemed unnecessary by the FDA. Patient and control tissues were incubated with the above monoclonal and/or polyclonal antibodies. The controls stained appropriately.

INTERPRETATION PERFORMED AT:

Final:

by

Pt. Name:	[REDACTED]
Referring Dr:	[REDACTED]
ASCC:	[REDACTED]
City:	[REDACTED]
State:	[REDACTED]
Age/Sex:	[REDACTED]
Specimen:	ADM IX
Location:	[REDACTED]