



Specimens Submitted:

- 1: SP: Uterus, cervix, bilateral ovaries and bilateral tubes
- 2: SP: Rt. external iliac lymph node
- 3: SP: Rt. internal iliac lymph node
- 4: SP: Rt. obturator lymph node
- 5: SP: Rt. common iliac lymph node
- 6: SP: Lt. external iliac lymph node
- 7: SP: Lt. internal iliac lymph node
- 8: SP: Lt. obturator lymph node
- 9: SP: Lt. common iliac lymph node
- 10: SP: Lt. para-aortic lymph node
- 11: SP: Rt. para-aortic lymph node

DIAGNOSIS:

- 1) UTERUS, BILATERAL ADNEXA; HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
- INVASIVE ADENOCARCINOMA OF UTERINE CERVIX, WITH ENDOMETRIOID FEATURES (SEE NOTE), MODERATELY DIFFERENTIATED.
 - THE MAXIMAL THICKNESS OF THE CERVICAL STROMAL INVASION IS 6 MM.
 - THE THICKNESS OF THE CERVIX IN THE AREA OF MAXIMAL TUMOR INVASION IS 20 MM.
 - NO EVIDENCE OF TUMOR MULTICENTRICITY IS IDENTIFIED.
 - IN SITU ENDOCERVICAL DENOCARCINOMA IS ALSO PRESENT.
 - NO VASCULAR INVASION IS IDENTIFIED.
 - NO PERINEURAL INVASION IS IDENTIFIED.
 - NO VAGINAL EXTENSION IS IDENTIFIED.
 - THE TUMOR EXTENDS INTO THE LOWER UTERINE SEGMENT (MUCOSA AND STROMA).
 - ALL SURGICAL MARGINS ARE FREE OF TUMOR.
 - THE ENDOMETRIUM SHOWS THE FOLLOWING ABNORMALITY: ATROPHY.
 - THE MYOMETRIUM SHOWS THE FOLLOWING ABNORMALITIES: ADENOMYOSIS AND LEIOMYOMA.
 - ALL ADNEXA ARE UNREMARKABLE.

NOTE: IMMUNOHISTOCHEMICAL STAINS SHOW THAT THE TUMOR CELLS ARE POSITIVE FOR CEA AND NEGATIVE FOR VIMENTIN, ER, AND PR, SUPPORTING A CERVICAL ORIGIN.

ICD-O-3

CQCF adenocarcinoma, endocervical, usual type 8384/3

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Path adenocarcinoma, endometrioid, NOS 8380/3

Site: cervix, NOS C53.9

JW 12/21/11

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	MJ	JW
	Reviewed: 12/21/11	
	JW 12/21/11	

Re-reviewed w/ new DWG
Endocrine tumor. OK.

- 2) LYMPH NODE, RIGHT EXTERNAL ILIAC; EXCISION:
 - THREE BENIGN LYMPH NODES (0/3).
- 3) LYMPH NODE, RIGHT INTERNAL ILIAC; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
- 4) LYMPH NODE, RIGHT OBTURATOR; EXCISION:
 - TWO BENIGN LYMPH NODES (0/2).
- 5) LYMPH NODE, RIGHT COMMON ILIAC; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
- 6) LYMPH NODE, LEFT EXTERNAL ILIAC; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
- 7) LYMPH NODE, LEFT INTERNAL ILIAC; EXCISION:
 - THREE BENIGN LYMPH NODES (0/3).
- 8) LYMPH NODE, LEFT OBTURATOR; EXCISION:
 - TWO BENIGN LYMPH NODES (0/2).
- 9) LYMPH NODE, LEFT COMMON ILIAC; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
- 10) LYMPH NODE, LEFT PARA-AORTIC; EXCISION:
 - BENIGN FIBROUS TISSUE. (DEEPER SECTIONS PENDING).
- 11) LYMPH NODE, RIGHT PARA-AORTIC; EXCISION:
 - TWO BENIGN LYMPH NODES (0/2).

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF
THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED
THIS REPORT.

[REDACTED]

Procedures/Addenda:
Addendum

[REDACTED]

Addendum Diagnosis
ADDENDUM

[REDACTED]

** Continued on next page **

SITE: LEFT PARA-AORTIC LYMPH NODES, EXCISION
PART 10.

- ADDITIONAL DEEPER SECTIONS CONTAIN 3 BENIGN LYMPH NODES. THE FINAL
DIAGNOSIS FOR PART 10 IS:

PART 10: LEFT PARA-AORTIC LYMPH NODES, EXCISION:
3 BENIGN LYMPH NODES.

** End of Report **