

| 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 Notes                              |     | <input checked="" type="checkbox"/> |
| Case is (circle): <u>QUALIFIED</u> / DISQUALIFIED           |     |                                     |
| Reviewer Initials: <u>RL</u> Date Reviewed: <u>11/23/11</u> |     |                                     |

UUID:357A8CB5-F1BF-4BFC-97DF-07CEF0D55026  
TCGA-EK-A3GN-01A-PR

Redacted



## Surgical Pathology Final Report

Result type:  
Result date:  
Result status:  
Result title:  
Performed by:  
Verified by:  
Encounter info:

### \* Final Report \*

1CD-0-3

Carcinoma, squamous cell, NOS 8070/3

Site: cervix NOS C53.9 pw 11/29/11

Date Collected:

SPECIMEN A: CERVIX BX  
SPECIMEN B: BLADDER BX  
CLINICAL HISTORY:

SPECIMENS SUBMITTED:  
A. CERVIX BX  
B. BLADDER BX

DIAGNOSIS:  
CERVIX; BIOPSY:  
INVASIVE, POORLY DIFFERENTIATED SQUAMOUS CELL CARCINOMA.  
ANGIOLYMPHATIC INVASION NOT IDENTIFIED.  
SPECIMEN IS NEARLY ENTIRELY INVASIVE CARCINOMA, DEPTH OF INVASION CANNOT BE DETERMINED, BUT TUMOR MEASURES 1.0 CM IN MICROSCOPIC SECTION.  
BLADDER, BIOPSY:  
SQUAMOUS METAPLASIA WITHOUT DYSPLASIA.  
NEGATIVE FOR CARCINOMA.  
ABUNDANT BLOOD CLOT WITH EXFOLIATED BUT BENIGN APPEARING EPITHELIAL CELLS.  
BIOPSY CONTAINS NO MUSCLE CONSISTENT WITH MUSCULARIS PROPRIA.

INTRA-OPERATIVE DIAGNOSIS:  
Cervical biopsy: Invasive squamous cell carcinoma.

CLINICAL INFORMATION:  
-year old female with large cervical lesion consistent with cervical cancer.

GROSS DESCRIPTION:  
There are two containers, each labeled with the patient's name and medical record number.

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Labeled "cervical biopsy, frozen section". Received unfixed are multiple portions of gray to pink-tan soft tissue aggregating to 3.0 x 3.0 x 1.3 cm. Representative sections are submitted for frozen section and resubmitted for permanent in cassette A1. Additional tissue is submitted for study 136 per consent from the patient. The remaining tissue is wrapped and submitted for permanent in cassette A2.

Labeled "bladder biopsy". Received is an irregular portion of pink-tan soft tissue admixed with hemorrhagic material aggregating to 0.8 x 0.5 x 0.2 cm. The specimen is wrapped and submitted en toto in cassette B1.

### MICROSCOPIC DESCRIPTION:

Histologic examination performed.

### TUMOR STAGING FORM:

CERVIX UTERI

AMERICAN JOINT COMMITTEE ON CANCER STAGING MANUAL SIXTH EDITION 2002

#### DEFINITIONS

##### Primary Tumor (T)

Clin Path TNM FIGO

##### Categories Stages Definitions

- ☐ ☒ TX Primary tumor cannot be assessed
- ☐ ☐ T0 No evidence of primary tumor
- ☐ ☐ Tis 0 Carcinoma in situ
- ☐ ☐ T1 I Cervical carcinoma confined to uterus (extension to corpus should be disregarded)
- ☐ ☐ T1a IA Invasive carcinoma diagnosed only by microscopy. (Note 1: The depth of invasion is defined as the measurement of the tumor from the epithelial-stromal junction of the adjacent most superficial dermal papilla to the deepest point of invasion.) All macroscopically visible lesions – even with superficial invasion – are T1b/IB. Stromal invasion with a maximal depth of 5.0 mm measured from the base of the epithelium and a horizontal spread of 7.0 mm or less. Vascular space involvement, venous or lymphatic, does not affect classification
- ☐ ☐ T1a1 IA1 Measured stromal invasion 3.0 mm or less in depth and 7.0 mm or less in horizontal spread
- ☐ ☐ T1a2 IA2 Measured stromal invasion more than 3.0 mm and not more than 5.0 mm with a horizontal spread 7.0 mm or less
- ☐ ☐ T1b IB Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a2/IA2
- ☐ ☐ T1b1 IB1 Clinically visible lesion 4.0 cm or less in

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- greatest dimension
- ☐ ☐ T1b2 IB2 Clinically visible lesion more than 4.0 cm in greatest dimension
- ☐ ☐ T2 II Cervical carcinoma invades beyond uterus but not to pelvic wall or to lower third of vagina
- ☐ ☐ T2a IIA Tumor without parametrial invasion
- ☐ ☐ T2b IIB Tumor with parametrial invasion
- ☐ ☐ T3 III Tumor extends to pelvic wall and/or involves lower third of vagina and/or causes hydronephrosis or non-functioning kidney
- ☐ ☐ T3a IIIA Tumor involves lower third of vagina, no extension to pelvic wall
- ☐ ☐ T3b IIIB Tumor extends to pelvic wall and/or causes hydronephrosis or non-functioning kidney
- ☐ ☐ T4 IVA Tumor invades mucosa of bladder or rectum and/or extends beyond true pelvis (bullous edema is not sufficient evidence to classify a tumor as T4)

### Regional Lymph Nodes (N)

- ☐ ☒ NX Regional lymph nodes cannot be assessed
- ☐ ☐ N0 No regional lymph node metastasis
- ☐ ☐ N1 Regional lymph node metastasis

### Distant Metastasis (M)

- ☐ ☐ MX Distant metastasis cannot be assessed
- ☐ ☐ M0 No distant metastasis
- ☐ ☐ M1 IVB Distant metastasis

Biopsy of metastatic site performed ☐ Y ☐ N

Source of pathologic metastatic specimen \_\_\_\_\_

### Stage Grouping (AJCC/UICC/FIGO)

- ☐ ☐ 0 Tis N0 M0
- ☐ ☐ I T1 N0 M0
- ☐ ☐ IA T1a N0 M0
- ☐ ☐ IA1 T1a1 N0 M0
- ☐ ☐ IA2 T1a2 N0 M0
- ☐ ☐ IB T1b N0 M0
- ☐ ☐ IB1 T1b1 N0 M0
- ☐ ☐ IB2 T1b2 N0 M0
- ☐ ☐ II T2 N0 M0
- ☐ ☐ IIA T2a N0 M0
- ☐ ☐ IIB T2b N0 M0
- ☐ ☐ III T3 N0 M0
- ☐ ☐ IIIA T3a N0 M0
- ☐ ☐ IIIB T1 N1 M0
- T2 N1 M0
- T3a N1 M0
- T3b Any N M0
- ☐ ☐ IVA T4 Any N M0
- ☐ ☐ IVB Any T Any N M1

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### Histologic Grade (G)

- ☐ GX Grade cannot be assessed
- ☐ G1 Well differentiated
- ☐ G2 Moderately differentiated
- ☒ G3 Poorly differentiated
- ☐ G4 Undifferentiated

### Residual Tumor (R)

- ☐ RX Presence of residual tumor cannot be assessed
- ☐ R0 No residual tumor
- ☐ R1 Microscopic residual tumor
- ☐ R2 Macroscopic residual tumor

### Additional Descriptors

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

- ☐ m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.
- ☐ y prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.
- ☐ r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.
- ☐ a prefix designates the stage determined at autopsy: aTNM.

### Notes

#### Additional Descriptors

##### Lymphatic Vessel Invasion (L)

L0 No lymphatic vessel invasion

##### Venous Invasion (V)

V0 No venous invasion

### Prognostic Indicators (if applicable)

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

The staff pathologist was present during the formal review and interpretation of all slides and ancillary studies, (if performed), with the medical student or resident.

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## **Surgical Pathology Final Report**

Rendering Diagnostician:  
Pathologist  
Electronically Signed

**Completed Action List:**

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(End of Report)