UUID:BDC1F089-937D-4812-9EF6-259A00FEA880
TCGA-C5-A3HF-01A-PR Redacted

[redacted]

Name: [redacted]
Address: [redacted]

Surg. Path. No.: [redacted]
DOB: [redacted] (Age: [redacted])
Sex/Race: F UNKNOWN
Service: INSIDE/OUTSIDE
Date Received:

ICD-O-3
adenocarcinoma, mucinous endocervical type 8482/3
Site: cervix, NOS C53.9 JW 12/8/11

[redacted] M.D.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED / DISQUALIFIED	
Reviewer Initials [redacted]	Date Reviewed: 12/7/11 JW 12/8/11	

DIAGNOSIS

UTERUS, CERVIX, 3 O'CLOCK, BIOPSY ([redacted])
- MUCINOUS ADENOCARCINOMA, WELL-[redacted]ATED (SEE COMMENT)

UTERUS, CERVIX, 12 O'CLOCK, BIOPSY ([redacted])
- MILD DYSPLASIA (CIN 1)
- HYPERKERATOSIS

UTERUS, CURETTAGE ([redacted])
- MUCINOUS ADENOCARCINOMA, WELL-DIFFERENTIATED (SEE COMMENT)
- ENDOMETRIUM WITH PROGESTOGEN EFFECT AND CHRONIC INFLAMMATION
- DYSPLASTIC SQUAMOUS EPITHELIUM

OVARY, LEFT, CYSTECTOMY ([redacted])
- CORPUS LUTEUM CYST
- SURFACE FIBROUS ADHESIONS

[redacted]

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material indicated in the diagnosis), and that I have reviewed and approved this report.

[redacted]

[redacted] M.D.

[redacted] M.D.

Surg. Path. No.: [redacted]

Name: [redacted]

HISTORY

The patient is a [redacted] year old woman with a history of adenocarcinoma.

GROSS

Submitted by Dr. [redacted] for review are 6 slides, 2 labelled [redacted] and 4 labelled [redacted] accompanied by a corresponding pathology report. The material originates from [redacted]. Four (4) slides are retained for our files.

COMMENT

The "uterine curettings" ([redacted]) consists of fragments of endometrium and endocervix admixed with fragments of a well-differentiated adenocarcinoma. The endometrial fragments show the effects of progestogen administration; the glands are small, sparse, and lined by a layer of simple columnar epithelium. A few glandular mitoses are present in some glands and others show rudimentary secretory changes. The stroma is abundant and focally pseudodecidualized with a focal stromal chronic inflammatory infiltrate and ectatic blood vessels. Focally, there is gland and stromal breakdown. The separate fragments of adenocarcinoma are well-differentiated. The lesion exhibits both glandular and villous/papillary architecture. The tumor cells exhibit prominent intracytoplasmic mucin as well as abundant extracellular mucin production. Multiple fragments of endocervix with focal squamous metaplasia are admixed. One of these small endocervical fragments is partially replaced by markedly atypical glandular epithelium suggestive of adenocarcinoma in situ. There is one tiny clump of dysplastic squamous epithelium. The subsequently performed cervical biopsy from 3 o'clock ([redacted]) shows a fragment of adenocarcinoma with histologic and cytologic features identical to those noted above. The cervical biopsy from 12 o'clock performed at the sametime ([redacted]) shows mild dysplasia (CIN I), chronic inflammation and marked hyperkeratosis. The left ovarian cyst ([redacted]) is a corpus luteum cyst, and there are a few surface fibrous adhesions on the ovary.

While there is no completely reliable way of assigning origin (endocervix/endometrium) to a mucinous lesion of this type on the basis of its histologic apearance alone, this patient's young age, lack of associated endometrial hyperplasia, and suggestion of adenocarcinoma in situ would all favor an endocervical origin for this lesion. [redacted]

Surg. Path. No.: [redacted]

Name: [redacted]

{End of Report}

[redacted]

Name: [redacted]
Address: [redacted]

Surg. Path. No.: [redacted]
DOB: [redacted] (Age: [redacted])
Sex/Race: F UNKNOWN
Service: INSIDE/OUTSIDE
Date Received:

[redacted] M.D.

sent
see update copy

DIAGNOSIS

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- DYSPLASTIC SQUAMOUS EPITHELIUM

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- CORPUS LUTEUM CYST
- SURFACE FIBROUS ADHESIONS

[redacted]

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material indicated in the diagnosis), and that I have reviewed and approved this report.

[redacted] M.D.

[redacted], M.D.

Criteria	Yes	No
Diagnosis Discrepancy		[redacted]
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials: [redacted] Date Reviewed: 12/2/11		