

1CD-0-3

Carcinoma, Squamous cell, NOS 8070/3

Site: Cervix, NOS C53.9 3/4/11 /w

Ordering M.D.:

Copies To:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. LEFT PELVIC LYMPH NODES, EXCISION:

- Metastatic squamous cell carcinoma to three of seven lymph nodes with perinodal venous involvement (3/7)

B. LEFT OBTURATOR LYMPH NODES, EXCISION:

- Metastatic squamous cell carcinoma to two of two lymph nodes with perinodal venous involvement (2/2)

C. LEFT COMMON LYMPH NODES, EXCISION:

- Four lymph nodes with no evidence of malignancy (4)

D. RIGHT COMMON LYMPH NODES, EXCISION:

- Metastatic squamous cell carcinoma replacing multiple matted lymph nodes, involving perinodal fat, maximum dimension of 3.0 cm

E. RIGHT PERIAORTIC LYMPH NODES, EXCISION:

- Metastatic squamous cell carcinoma to five of five lymph nodes and extensively replacing nodal tissue (5/5)
- The largest lymph node measures 2.0 cm in greatest dimension

F. RIGHT PELVIC LYMPH NODES, EXCISION:

- Metastatic squamous cell carcinoma to three of seven lymph nodes (3/7)

G. RIGHT OBTURATOR LYMPH NODES, EXCISION:

- Metastatic squamous cell carcinoma to multiple matted lymph nodes measuring 4.5 cm in greatest dimension, with vascular invasion
- Three additional lymph nodes negative for malignancy (3)

H. LEFT ADNEXA, LEFT SALPINGO-OOPHORECTOMY:

- Ovary negative for malignancy
- Fallopian tube, negative for malignancy; paratubal cyst

I. RIGHT ADNEXA, SALPINGO-OOPHORECTOMY:

- Ovary negative for malignancy
- Fallopian tube, negative for malignancy; paratubal cyst

J. PARAMETRIUM, EXCISION:

- Negative for malignancy

K. ANTERIOR VAGINAL MARGIN, EXCISION:

UUID:65C2A525-AEE4-48E9-83F3-CFBADAF161C1
TCGA-DS-A10B-01A-PR

Redacted



PATIENT: 1

- Negative for malignancy

L. UTERUS AND CERVIX, HYSTERECTOMY:

Cervix

- Invasive squamous cell carcinoma of the uterine cervix, keratinizing type, moderately differentiated
 - Tumor located within the cervix and involving lower uterine segment myometrium
 - Tumor dimension, approximately 4.0 cm
 - Maximum depth of invasion 3.8 cm in a section measuring 4.3 cm
 - High-grade squamous intraepithelial lesion flanking both sides of the tumor
 - Lymphovascular invasion is present
 - Vaginal involvement is not identified
 - All surgical margins, anterior and posterior vaginal cuffs are negative
 - Pathologic tumor stage: pT1b, N1 (AJCC Cancer Staging Handbook, 6th Ed., 2002) pT1b2/pN1

Endometrium

- Involved by invasive squamous cell carcinoma, keratinizing type, moderately differentiated in lower uterine segment
- Background weakly proliferative pattern endometrium

Myometrium

- Involved by invasive squamous cell carcinoma, keratinizing type, moderately differentiated in lower uterine segment with angiolymphatic invasion
- Leiomyomata
- Adenomyosis

Serosa and parametria negative for malignancy

- Focal endometriosis involving uterine serosa

HISTORY: Cervical cancer, squamous cell carcinoma of the cervix, exploratory laparotomy, total abdominal hysterectomy, bilateral salpingo-oophorectomy and lymph node dissection

MICROSCOPIC:

See diagnosis.

GROSS:

A. LEFT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin is a 4.0 x 2.5 x 0.6 cm portion of fibrofatty tissue. Six soft, tan lymph nodes were identified ranging from 0.7 to 2.8 cm in maximum dimension. The specimen is entirely submitted.

- A1. One lymph node, bisected - 2
- A2. One lymph node, bisected - 2
- A3. Two lymph nodes - 2
- A4. One lymph node and fatty tissue - multiple
- A5. One lymph node and fatty tissue - multiple

B. LEFT OBTURATOR LYMPH NODE

Labeled with the patient's name, labeled "left obturator lymph node", and received in formalin is a 2.2 x 3.0 x 0.6 cm portion of fibrofatty tissue. Two firm, tan lymph nodes are identified ranging from 0.5 to 1.5 cm in maximum dimension. The specimen is entirely submitted.

- B1. Two lymph nodes - 2
- B2. Fibrofatty tissue - multiple

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C. LEFT COMMON LYMPH NODE

Labeled with the patient's name, labeled "left common lymph node", and fixed in formalin is a 3.0 x 0.8 x 0.4 cm portion of fibrofatty tissue. Three firm, tan lymph nodes ranging from 0.3 to 1.1 cm is identified. The specimen is entirely submitted.

C1. Two lymph nodes - 2

C2. One lymph node and fatty tissue - multiple

D. RIGHT COMMON LYMPH NODE

Labeled with the patient's name, labeled "right common lymph node", and received in formalin is a 3.0 x 2.5 x 1.0 cm portion of firm, nodular tissue with minimal adherent fat. The nodules are adherent to each other and range from 0.3 to 1.0 cm in maximum dimension. Cut sections reveal a homogenous, firm white surface. The specimen is entirely submitted.

D1. Multiple

D2. Multiple

D3. Multiple

E. RIGHT PERIAORTIC LYMPH NODE

Labeled with the patient's name, labeled "right periaortic lymph node", and received in formalin is a 3.5 x 2.0 x 0.6 cm portion of fibrofatty tissue. Five firm, tan lymph nodes ranging from 0.6 to 2.0 cm were identified. The specimen is entirely submitted.

E1, E2. Largest lymph node, bisected - 1 each

E3. Four lymph nodes

F. RIGHT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is a 4.0 x 2.5 x 1.0 cm portion of fibrofatty tissue. Six firm tan lymph nodes are identified ranging from 0.6 to 1.5 cm in maximum dimension. The specimen is entirely submitted.

F1. Three lymph nodes - 3

F2. Three lymph nodes - 3

F3. Fibrofatty tissue - multiple

F4. Fibrofatty tissue - multiple

G. RIGHT OBTURATOR LYMPH NODE

Labeled with the patient's name, labeled "right obturator lymph node", and received in formalin is a 6.5 x 3.5 x 3.0 cm portion of fibrofatty tissue. 13 firm, white-tan lymph nodes are identified ranging from 0.5 to 4.5 cm in maximum dimension. The largest lymph node measures 4.5 x 2.5 x 1.5 cm and cut surface reveals a white-tan surface with multiple yellow irregular foci. Representative sections submitted of the largest lymph node and the rest of the specimen is entirely submitted.

G1. Largest lymph node, bisected along the long axis and perpendicularly sectioned, edges of bisected half - 2

G2. Portion of other bisected half - 3

G3. Mid portion of first bisected - 3

G4. Four lymph nodes - 4

G5. Three lymph nodes - 3

G6. One lymph node - 1

G7, G8. Fibrofatty tissue - multiple

H. LEFT ADNEXA

Labeled with the patient's name, labeled "left adnexa", and received in formalin is a 10.5 gram, salpingo-oophorectomy specimen. The ovary is 3.5 x 1.5 x 1.0 cm. The fallopian tube with fimbriae at one end is 4.5 cm long and ranges from 0.5 to 0.7 cm in diameter.

The serosa of the ovary is smooth and tan with one 0.7 x 0.6 cm firm yellow nodule on one surface. There are two cysts within the ovary measuring 1.1 x 1.0 x 1.0 cm and 0.7 x 0.6 x 0.5 cm. The larger cyst contains a clear yellow

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fluid and the smaller cyst contains a red, hemorrhagic fluid. There is a 2.0 x 1.5 x 1.5 cm paratubal cyst containing a clear yellow liquid adjacent to the distal portion of the fallopian tube.

The ovary and fallopian tube are otherwise unremarkable. No gross tumors are identified.

Representative sections are submitted.

Ink key:

Proximal fallopian tube - black.

Slide key:

H1. Ovary - 1

H2. Section of ovary with yellow nodule and section of ovary with smaller ovarian cyst - 2

H3. Fallopian tube - 3

H4. Fallopian tube with paratubal cyst - 1

I. RIGHT ADNEXA

Labeled with the patient's name, labeled "right adnexa", and received in formalin is a 13.5 gram, salpingo-oophorectomy specimen. The ovary is 3.5 x 2.0 x 1.5 cm. The fallopian tube with fimbriae at one end is 4.5 cm long and ranges from 0.5 to 0.8 cm in diameter.

The serosa of the ovary is smooth and tan. There are two cysts within the ovary, one measuring 1.4 x 1.0 x 1.0 cm and is filled with red-brown hemorrhagic material and the other cyst measures 1.0 x 0.7 x 0.4 cm and is filled with a clear pale yellow fluid. The cysts are both lined by smooth tan tissue. There is a paratubal cyst measuring 0.4 x 0.3 x 0.3 cm filled with a clear yellow mucinous material.

The remaining ovarian tissue and fallopian tube is grossly free of tumor.

Ink key: Proximal fallopian tube inked black.

Representative sections are submitted.

I1. Ovary with two cysts - 1

I2. Ovary - 2

I3. Fallopian tube - 3

I4. Broad ligament - 3

J. PARAMETRIUM

Labeled with the patient's name, labeled "perimetria", and received in formalin is a yellow-tan irregular portion of fibrofatty tissue measuring 1.7 x 1.2 x 0.2 cm. No gross tumors are identified. The specimen entirely submitted.

J1. 1

K. ANTERIOR VAGINAL MARGINS

Labeled with the patient's name, labeled "anterior vaginal margins", and received in formalin is an irregular portion of wrinkled tan mucosa measuring 4.5 x 1.7 x 0.7 cm. The specimen is not oriented. No gross lesions are identified. The specimen is serially sectioned into 12 slices and entirely submitted.

Ink key: Deep margins - black.

Slide key:

K1. Slice 1, edge/perpendicular sections - 3

K2. Slice 2, 3, 4 - 3

K3. Slice 5, 6, 7 - 3

K4. Slice 8, 9 - 2

K5. Slice 10, 11 - 2

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K6. Slice 12, edge/perpendicular sections - 3

L. UTERUS/CERVIX

Labeled with the patient's name, labeled "uterus/cervix" received fresh for gross intraoperative consultation and subsequently fixed in formalin is a 260 gram previously opened uterus and cervix specimen. The uterus measures 12.5 x 8.5 x 6.0 cm. Exocervix measures 6.5 x 5.0 cm. The endocervical canal measures 5.0 cm in length. The endometrial cavity measures 4.2 x 3.2 x 0.2 cm. Attached to the uterus are unremarkable right and left parametria measuring 3.5 x 1.5 x 0.3 cm and 3.0 x 2.0 x 0.4 cm respectively. Attached to the anterior cervix is an unremarkable pink-tan vaginal cuff with the anterior vaginal cuff measuring 6.0 x 1.5 cm and the posterior vaginal cuff measuring 5.8 x 1.7 cm.

Located on the posterior ectocervix is an irregular, firm brown-tan nodular mass measuring 4.0 x 3.0 x 2.5 cm extending 2.5 cm into the endocervical canal. The posterior cervix is serially sectioned into sixteen slices. Cut surface reveals a firm white-yellow nodular mass. Tumor does not grossly extend to the parametrial or into any of the margins of resection.

The myometrium has four firm, white-tan nodular masses ranging from 1.3 to 2.0 cm in maximum dimension. There is a 0.3 x 0.3 cm cyst filled with clear mucin located in the anterior cervix.

The remaining endometrium and cervix are unremarkable.

Ink key: Deep margins - black

Representative sections are submitted.

- L1. Left parametria - 1
- L2. Right parametria - 1
- L3. Anterior vaginal cuff margin, trisected - 3
- L4,L5,L6. Posterior vaginal cuff, trisected submitted from right to left sequentially - 1 each
- L7. Posterior cervix, tumor from the right, slice 1 - 1
- L8. Posterior cervix, tumor from the right, slice 2 - 1
- L9. Posterior cervix, tumor from the right, slice 4 - 1
- L10-L11. Posterior cervix, tumor from the right, slice 6, bisected - 1 each
- L12-L13. Posterior cervix, tumor from the right, slice 8, bisected - 1 each
- L14-L15. Posterior cervix, tumor from the right, slice 10, bisected - 1 each
- L16-L17. Posterior cervix, tumor from the right, slice 11, bisected - 1 each
- L18-L19. Posterior cervix, tumor from the right, slice 12, bisected - 1 each
- L20-L21. Posterior cervix, tumor from the right, slice 13, bisected - 1 each
- L22. Posterior cervix, tumor from the right, slice 15 - 1
- L23. Posterior cervix, tumor from the right, slice 16, bisected - 2
- L24. Anterior cervix, right margin - 1
- L25,L26. Middle anterior cervix - 1 each
- L27. Left anterior cervix, left margin - 1
- L28. Posterior lower uterine segment - 1
- L29. Posterior lower uterine segment - 1
- L30. Anterior lower uterine segment - 1
- L31,L32. Posterior endometrium and one leiomyoma - 1 each
- L33,L34. Anterior endometrium and leiomyoma - 1 each
- L35. Anterior endometrium leiomyoma - 1
- L36. Posterior endometrium, leiomyoma - 1

Gross dictated by I M.D.: (parts H-K, operative call): (part L)

OPERATIVE CALL

SURGICAL PATHOLOGY REPORT

PATIENT: I

OPERATIVE CONSULT (GROSS):

L. UTERUS/CERVIX:

- Large tumor, deeply invasive, extending possibly up to the lower uterine segment
- Margins grossly negative
- Portions of tissue from cervical lesion and uninvolved endometrium procured for research

(J, M.D. M.D.)

If this report includes immunohistochemical test results, please note the following:

*Numerous immunohistochemical tests were developed and their performance characteristics determined by C
and Those immunohistochemical tests have not been cleared or approved by the
U.S. Food and Drug Administration (FDA), and FDA approval is not required.*

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.

Electronically signed

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (Initial):	QUALIFIED	DISQUALIFIED
Reviewer Initials	lw 3/4/11	5/4/11