



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 ADENOCARCINOMA 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 ADNEXAE 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.

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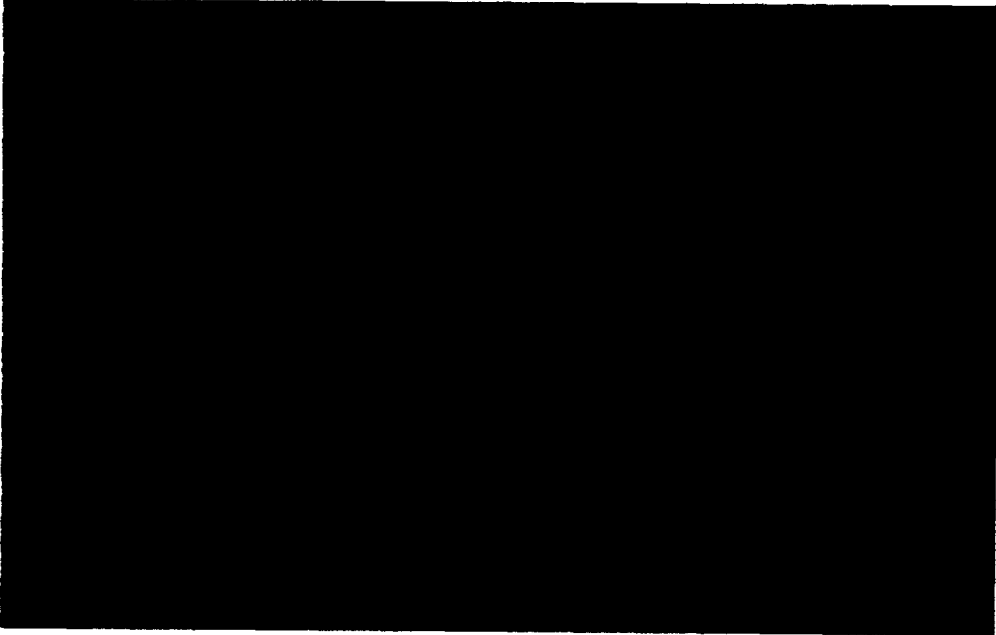
ICD-0-3  
CQC= adenocarcinoma, endocervical, mixed type 8384/3  
Path adenocarcinoma, endometrioid, NOS 8380/3  
Site: cervix, NOS C53.9  
lw 12/21/11

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HIPAA Discrepancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prior Malignancy History	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	mw 12/21/11	

Re-reviewed w/ mw DWG  
Endocrine Tumor. OK.

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- 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.



Procedures/Addenda:  
Addendum

Addendum Diagnosis  
ADDENDUM


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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 \*\*