

Sex: Female  
D.O.B.: \_\_\_\_\_  
MRN #: \_\_\_\_\_  
Ref Phy: \_\_\_\_\_

Age: \_\_\_\_\_

Collected: \_\_\_\_\_  
Received: \_\_\_\_\_  
Reported: \_\_\_\_\_

SPECIMEN INFO

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

- A. Right ovary and fallopian tube, excision:  
Ovary with involuting corpus luteum and cystic follicles.  
Fallopian tube without significant pathologic abnormality.
- B. Left ovary and fallopian tube, excision:  
Ovary with cystic follicles.  
Fallopian tube without significant pathologic abnormality.
- C. Left ovarian vessels, biopsy:  
Negative for malignancy.
- D. Left external iliac lymph nodes, excision:  
Metastatic adenocarcinoma in one of one lymph node.  
Frozen section diagnosis confirmed.
- E. Left obturator lymph nodes, excision:  
Two lymph nodes, negative for metastatic disease.
- F. Left external lymph nodes #2, excision:  
One lymph node, negative for metastatic disease.

G/H. Fundus and cervix, hysterectomy:

Tumor Characteristics:

1. Histologic type: Adenocarcinoma.
2. Histologic grade: Grade II-III, moderately to poorly differentiated.
3. Tumor site: Cervix and lower uterine segment.
4. Tumor size: Approximately 2.0 cm as measured microscopically.
5. Stromal invasion/depth/horizontal extent: Tumor appears to extend approximately 1.5 cm into a 2.0 cm thick cervical wall.
6. Lymphovascular space invasion: Focally present.

Surgical Margin Status:

1. Tumor focally within 1 mm of the serosal margin of the separately submitted cervical tissue.  
Lymph Node Status:

1. See parts D-F, J-N.

Other:

1. Other significant findings: Endometrial tissue without evidence of atypical hyperplasia or malignancy.  
Part I shows involvement of vaginal subcutaneous tissue with tumor.
2. pTNM stage: pT2a1, N1 (FIGO IIA1).

- I. Vaginal tissue, excision:  
Foci of tumor present in the subcutaneous tissue.

- J. Right common iliac and inferior lymph nodes, excision:  
Seven lymph nodes, negative for metastatic disease.

- K. Presacral lymph nodes, excision:  
Two of four lymph nodes positive for metastatic carcinoma.

- L. Right external iliac lymph nodes, excision:  
Four lymph nodes, negative for metastatic disease.

- M. Right obturator lymph nodes, excision:  
One of nine lymph nodes positive for metastatic carcinoma.

- N. Left common and aortic lymph nodes, excision:  
Thirteen lymph nodes, negative for metastatic disease.

Criteria	Yes	No
Diagnosis Discrepancy	X	W
Primary Tumor Site Discrepancy	X	Y
HIPAA Discrepancy	X	Y
Prior Malignancy History	X	Y
Dual/Synchronous Primary Noted		
Code & Tech	QUALIFIED	DISQUALIFIED
Review Initials	10/28/12	Date Reviewed:

1 CD03

Adenocarcinoma, endocervical  
838413 type

Site: cervix, NOS  
CS3.9

7-3-12  
RD

UUID:7C1993F0-1B9B-4C33-B644-ED3FC16F3A7F  
TCGA-FU-A40J-01A-PR

Redacted

**DIAGNOSIS**

- O. Omentum, excision:  
Negative for malignancy.

**Electronic signature:****COMMENTS:**

Appropriately controlled immunohistochemical stain for P53 performed on block G1 is negative. While this does not exclude the possibility of a serous carcinoma, primary serous carcinomas of the cervix are very rare and this lesion more likely represents a high grade endocervical adenocarcinoma.

**CLINICAL INFORMATION****CLINICAL HISTORY:**

Preoperative Diagnosis: Serous carcinoma of cervix

**Postoperative Diagnosis:**

Symptoms/Radiologic Findings:

**SPECIMENS:**

- A. Right tube and ovary
- B. Left tube and ovary
- C. Left ovarian vessels
- D. Left external iliac lymph node frozen section
- E. Left obturator
- F. Left external lymph node #2
- G. Fundus
- H. Cervix
- I. Vaginal
- J. Right common iliac inferior
- K. Presacral
- L. Right external
- M. Right obturator
- N. Left common and aortic
- O. Omentum

**SPECIMEN DATA****GROSS DESCRIPTION:**

A. Received in formalin labeled and #1 right tube and ovary, is a 4.1 x 2.7 x 1.5 cm ovary with an attached 2.9 x 0.6 cm, fimbriated fallopian tube and tan-pink to yellow fatty membranous tissue. The outer surface of the ovary is lobulated and tan-pink. The cut surface is tan-pink with orange-lined corpora luteal cysts and several smooth-lined, serous fluid-filled cysts ranging from 0.2 cm to 0.5 cm in greatest dimension. The fallopian tube has a tan-pink serosa with an attached 2.5 cm paratubal cyst and a pinpoint lumen. The specimen is serially sectioned and representative sections are submitted in blocks 1-3, labeled

B. Received in formalin labeled and #2 left tube and ovary, is a 3.3 x 2.3 x 1.4 cm, ovary with an attached 2.4 x 0.5 cm, fimbriated fallopian tube and tan-pink to yellow fatty membranous tissue. The outer surface of the ovary is lobulated and tan. The cut surface is tan with orange-lined corpora luteal cysts, gray-white corpora albicans, and several smooth-lined serous fluid-filled cyst ranging from 0.1 cm to 0.8 cm in greatest dimension. The fallopian tube has a tan-pink serosa and a pinpoint lumen. The specimen is serially sectioned and representative sections are submitted in blocks 1-2, labeled

C. Received in formalin labeled and #3 left ovarian vessels is a 2.1 x 1.5 x 0.3 cm, irregular yellow adipose tissue which is serially sectioned and submitted in its entirety in blocks 1-2, labeled

D. Received labeled and #4 left external iliac lymph node, is a 3.5 x 1.6 x 0.8 cm, irregular gray-white to tan firm tissue consistent with probable lymph node, with attached adipose tissue. The specimen is trisectioned, and a representative section is submitted for frozen section. The frozen section residue is submitted in block 1. The remainder of the specimen is submitted in its entirety in blocks 2-3. The blocks are labeled

E. Received in formalin labeled and #5 left obturator, is a 6.1 x 3.4 x 1.5 cm, aggregate of fibroadipose tissue, bearing two tan-yellow firm tissues consistent with probable lymph node measuring 3.1 x 2.0 x 0.5 cm and 3.3 x 2.5 x 0.4 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1-2 – one lymph node, bisected; 3-4 – one lymph node, bisected. The blocks are labeled

F. Received in formalin labeled and #6 left external lymph node #2, is a 3.5 x 2.9 x 0.6 cm, aggregate of fibroadipose tissue bearing

1.4 x 0.9 x 0.3 cm, irregular, tan-yellow firm tissue consistent with probable lymph node. No additional lymph nodes are identified. The specimen is sectioned and submitted in its entirety as labeled: 1 – one lymph node, bisected; 2-4 – fibroadipose tissue. The blocks are labeled \_\_\_\_\_.

G. Received labeled \_\_\_\_\_ and #7 fundus, is a 121 gm, 8.8 x 5.7 x 3.6 cm, previously opened uterine body.

The serosa is smooth and tan-pink. The present endocervical canal is tan and 2.1 cm in length. The cut surface of this area consists of gray-white soft tissue, which extends to the inked outer surface.

The endometrial cavity is 3.6 cm from cornu to cornu and 4.1 cm in length. The endometrium is slightly lobulated, hemorrhagic, and tan, and averages 0.5 cm in thickness.

The myometrium is trabeculated, tan-pink, and ranges in thickness from 2.4 cm to 2.8 cm. No myometrial nodules are identified.

No obvious lesions or lymph nodes are identified in the parametrium.

The specimen is inked, serially sectioned, and representative sections are submitted as labeled: 1 – anterior distal aspect of uterus (perpendicular), 2 – posterior distal aspect of uterus (perpendicular); 3-4 – anterior endomyometrium and serosa, bisected; 5 – anterior endomyometrium; 6-7 – posterior endomyometrium with serosa, bisected; 8 – posterior endometrium; 9 – left parametrium; 10 – right parametrium. The blocks are labeled \_\_\_\_\_.

Also received in the same container is a blue and green cassette labeled \_\_\_\_\_, for genomic research study.

H. Received labeled \_\_\_\_\_ and #8 cervix, is an 8.6 x 6.1 x 1.9 cm, aggregate of fragmented gray-white to tan soft friable tissue. The specimen cannot be oriented. There is a minimal amount of identifiable gray-white ectocervix. The specimen is serially sectioned and representative sections are submitted in blocks 1-5, labeled \_\_\_\_\_.

Also received in the same container is a yellow cassette labeled \_\_\_\_\_, for \_\_\_\_\_.

I. Received in formalin labeled \_\_\_\_\_ and #9 vaginal, is a 5.5 x 4.7 x 0.9 cm, aggregate of gray-white to tan-red soft tissue. The specimen cannot be oriented. There is recognizable gray-white mucosa. The specimen is serially sectioned and representative sections are submitted in blocks 1-3, labeled \_\_\_\_\_.

J. Received in formalin labeled \_\_\_\_\_ and #10, right common iliac inferior, is a 4.8 x 3.1 x 0.7 cm, irregular fibroadipose tissue bearing multiple irregular tan-yellow firm tissues consistent with probable lymph node, ranging from 0.2 x 0.2 x 0.1 cm to 2.8 x 1.1 x 0.4 cm. The specimen is sectioned and representative sections are submitted, to include the lymph nodes in their entirety as labeled: 1 – three whole probable lymph nodes; 2-4 – one lymph node, bisected, in each; 5-6 – one lymph node, bisected. The blocks are labeled \_\_\_\_\_.

K. Received in formalin labeled \_\_\_\_\_ and #11 presacral, is a 3.9 x 2.3 x 0.5 cm, irregular fibroadipose tissue bearing four tan-yellow firm tissues consistent with probable lymph node, ranging from 0.6 x 0.4 x 0.3 cm, to 1.8 x 1.2 x 0.6 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1 – one whole probable lymph node; 2-4 – one lymph node, bisected in each. The blocks are labeled \_\_\_\_\_.

L. Received in formalin labeled \_\_\_\_\_ and #2 right external, is a 4.8 x 2.0 x 0.8 cm, aggregate of fibroadipose tissue bearing four irregular tan-yellow firm tissues consistent with probable lymph node, ranging from 0.8 x 0.4 x 0.2 cm, to 1.5 x 0.8 x 0.3 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1 – one whole probable lymph node; 2-4 – one lymph node, bisected in each. The blocks are labeled \_\_\_\_\_.

M. Received in formalin labeled \_\_\_\_\_ and #13 right obturator, is a 5.1 x 3.2 x 1.1 cm, aggregate of fibroadipose tissue bearing several irregular tan-yellow firm tissues consistent with probable lymph node, ranging from 0.1 x 0.1 by less than 0.1 cm to 1.9 x 1.1 x 0.4 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1 – one whole probable lymph node; 2-4 – four whole probable lymph nodes; 5-8 – one lymph node, bisected in each. The blocks are labeled \_\_\_\_\_.

N. Received in formalin labeled \_\_\_\_\_ and #14 left common and aortic, is a 5.8 x 5.5 x 1.5 cm, aggregate of fibroadipose tissue bearing several irregular tan-yellow firm tissues consistent with probable lymph node, ranging from 0.2 x 0.2 x 0.1 cm, to 3.1 x 3.0 x 1.5 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1 – three whole probable lymph nodes; 2 – two whole probable lymph nodes; 3-7 – one lymph node, bisected, in each; 8-9 – one lymph node, bisected; 10-12 – one lymph node, trisected; 13-18 – one lymph node, serially sectioned. The blocks are labeled \_\_\_\_\_.

O. Received in formalin labeled \_\_\_\_\_ and #15 omentum, is a 38.3 x 14.4 x 1.4 cm, irregular fibroadipose tissue consistent with omentum. The cut surface consists of predominantly yellow lobulated adipose tissue with a scant amount of gray-white fibrous tissue. No lesions are identified. The specimen is serially sectioned and representative sections are submitted in blocks 1-4, labeled \_\_\_\_\_.

#### INTRA-OPERATIVE CONSULTATION:

FROZEN SECTION DIAGNOSIS: "Metastatic carcinoma," per Dr. \_\_\_\_\_