Please complete prior to the webinar.

HOSPITAL REGISTRY WEBINAR FEMALE REPRODUCTIVE SYSTEM EXERCISES

CASE 1: FEMALE REPRODUCTIVE

PHYSICAL EXAMINATION

3/5 Patient presents through the emergency room with a chief complaint of severe abdominal pain. She is taken to surgery for exploratory laparotomy. PE: Abdomen is tender on right side. Pelvic: No adnexal masses palpated. Remainder of physical exam is negative.

IMAGING

3/5 CT abdomen: 7 cm cystic mass in anterior mid pelvis.

LABORATORY

None

PROCEDURES

3/6 Exploratory laparotomy; bilateral salpingo-oophorectomy; endocervical curettage; endometrial biopsy: Mass in right ovary. Pelvic and abdominal lymph nodes normal.

PATHOLOGY

3/6 Biopsy uterosacral ligament: Adenocarcinoma. Bilateral salpingo-oophorectomy: Right ovary; adenocarcinoma, clear cell type, moderately differentiated. Left ovary and tube negative. ECC, EMB: Benign. Ascitic fluid with adenocarcinoma. Probably right ovarian primary with metastasis to right uterosacral ligament.

NAACCR Hospital Webinar
Case 1
Exercise Abstract Form

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 1 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____

CASE 2: FEMALE REPRODUCTIVE

HISTORY AND PHYSICAL EXAMINATION

2/6 This 69-year-old single female presents with “feeling so sick”, weakness, fatigue, and nausea. Two weeks ago the patient presented with gummy looking discharge from the vagina with swelling. There was no rectal bleeding.

IMAGING

2/6 CT abdomen: Large soft tissue mass extends from the uterus and involves the pelvic cavity extending into the left upper quadrant of the abdomen, omentum. There is a large amount of abdominal and pelvic ascites. Multiple densities in the liver are suspicious for metastasis. There is no abdominal or pelvic lymphadenopathy.

PROCEDURES

3/2 Scope with rectal biopsy: Extrinsic narrowing with obstruction of lumen.
3/10 Omental biopsy and aspiration of abdominal fluid

PATHOLOGY

3/2 Rectal biopsy: Suspicious for malignancy

3/10 Abdominal fluid: Carcinoma, poorly differentiated, favor endometrial primary per pathologist

3/10 Omental biopsy: Poorly differentiated adenocarcinoma

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Case 2
Exercise Abstract Form

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 2 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____

CASE 3: FEMALE REPRODUCTIVE

PHYSICAL EXAMINATION

4/15/07 Patient presents for pelvic exam. Pelvic: Os wide open with necrotic tissue in cervical os consistent with possible cervical cancer. Uterus is enlarged and slightly tender.

IMAGING

4/28/07 Chest x-ray: Negative.
4/28/07 CT of abdomen/pelvis: There is a 7 cm mass arising from the cervix and infiltrating the vaginal wall, probable malignant neoplasm with involved iliac lymph nodes.

PROCEDURES

4/27/07 Cervical biopsy and curettage: Examination was performed under anesthesia. There is a 15-16 week pelvic mass in midline. The cervical region contains necrotic tissue emanating from the endocervical area.

PATHOLOGY

4/27/07 Cervical biopsy: Moderately differentiated adenocarcinoma. Comment: Histologic features suggest origin from the cervix.

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Case 3
Exercise Abstract Form

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 3 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____

CASE 4: FEMALE REPRODUCTIVE

PHYSICAL EXAMINATION

1/15/07 Abdomen soft, distended inferiorly by a palpable mass that extended two finger breadths below the umbilicus. There are no other masses. There is no hepatomegaly. The pelvic exam was deferred.

IMAGING

1/22/07 Ultrasound of the abdomen & pelvis: Large right adnexal mass with cystic and solid components measuring 14 cm. Smaller 4.5 cm left adnexal mass. The uterus contains fibroids. There is no free fluid, and there is no hydronephrosis.

1/29/07 CT scan, pelvis: Uterus anteriorly displaced by bilateral large cystic and solid masses. The right mass is 10 cm, and the left mass is 4 cm. There are no ascites or implants in the pelvis. There is no evidence of retroperitoneal adenopathy.

LABORATORY

None remarkable.

PROCEDURES

2/15/07 Total abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, appendectomy, bilateral pelvic and periaortic lymph node sampling: There is no gross ascites. There is a small amount of fluid in the pelvis. The upper abdomen is negative for metastatic disease. There is a large cystic mass in the pelvis stuck behind the uterus. The uterus is small and normal. The mass appears to be coming off of the right ovary. Multiple biopsies were taken along with the surgical resection.

PATHOLOGY

2/15/07 The cervix, endometrium, and myometrium are all within normal limits. The bilateral fallopian tubes are negative. The bilateral ovaries both contain serous cystadenocarcinoma. The lymph nodes sampled were negative; 8 left pelvic, 7 right pelvic, and 3 periaortic. There was no malignancy in the omentum or bilateral pelvic gutters. The peritoneal washings showed abnormal clusters of epithelial cells with positive cytology similar to the concurrent surgical specimen. Fine needle aspiration of the diaphragm was benign.

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Case 4
Exercise Abstract Form

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 4 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____

CASE 5: FEMALE REPRODUCTIVE

EVALUATION & CONSULTATION

2/2/07 The patient is a 52-year-old female. Today, I had a very lengthy discussion with this patient and her family with regards to her recent diagnosis of endometrial carcinoma, most likely carcinosarcoma. I explained to her that the treatment options are as follows:
1. Do nothing, which I do not recommend.
2. Undergo surgical therapy consisting of hysterectomy, bilateral salpingo-oophorectomy and possible lymph node dissection. If indicated she will then need postoperative radiation therapy or chemotherapy.
3. Primary radiation therapy would be appropriate if she refuses surgery.
4. Primary chemotherapy would not be considered appropriate at this time.

After a very lengthy discussion of the risks, benefits, and treatment options, the patient and her family mentioned that she would like to proceed with surgical therapy.

2/28/07 Today, I had a lengthy discussion with the patient with regard to her diagnosis of malignant mixed mullerian tumor of the uterus. I explained to her that the depth of invasion was more than 50% (51%). Given this, one would consider that she has high risk features. I explained to her that the treatment options at this time are as follows:
1. Do nothing but just proceed with conservative therapy consisting of Pap smears every three months.
2. Undergo postoperative radiation therapy.
3. Undergo postoperative chemotherapy.

I have explained that the literature does not support any increase in survival whether chemotherapy or radiation therapy is used. The major difference regarding chemo or radiation therapy is site of recurrence. At this time, however, given the fact that the patient did have a preoperative CT scan that did not demonstrate any evidence of metastatic disease to the chest or the upper abdomen, it may not be unreasonable to treat her with radiation therapy. I have asked her to take this into consideration, and I will further discuss her case with our radiation oncology service to develop a plan for her. The patient is agreeable to this.

3/19/07 Radiation Oncology

I had a lengthy discussion with the patient today about the rationale for giving local radiation therapy. While we cannot infer any benefit in terms of long-term survival, we can decrease the chance of regrowth of tumor within the pelvis. For this reason, I am recommending treatment. The patient is scheduled to meet with a radiologist near her home this coming week. He will organize treatments if he agrees with this plan.

LABORATORY

2/28/07 Estrogen and progesterone receptor immunoperoxidase stains
Interpretation: Uterus, cervix, bilateral ovaries and fallopian tubes, hysterectomy, bilateral salpingo-oophorectomy: Malignant mixed mullerian tumor, heterologous type.
1. Negative for estrogen receptors.
2. Positive for progesterone receptors (in 5% of tumor cells).

Carcinosarcoma (malignant mixed Mullerian tumor).

(CASE 5 CONTINUED)

PROCEDURES

1/24/07 Curettage, endocervix and endometrium

2/21/07 Operative laparoscopy, extensive lysis of adhesions of omentum from the anterior abdominal wall, extensive lysis of adhesions of the bowel to the right and left adnexae, laparoscopic total hysterectomy, bilateral salpingo-oophorectomy, cystoscopy, and bilateral pelvic lymph node sampling.

PATHOLOGY

1/24/07 Endometrium: Carcinosarcoma (malignant mixed Mullerian tumor).

2/21/07

A. Uterus, cervix, bilateral ovaries and fallopian tubes, hysterectomy, bilateral salpingooophorectomy
    a. Endomyometrium
        i. Malignant mixed mullerian tumor, heterologous type
        ii. Tumor grade: FIGO grade III
        iii. Tumor size and depth of invasion (AJCC:pT1c)
            1. Tumor measures 5.5 cm in greatest dimension
            2. Tumor invades 51% of the total myometrial thickness
                a. Tumor location: 100% of the endometrium including lower uterine segment
                    i. Anterior and posterior wall
                b. Lymphovascular invasion: Not identified. See comment.
                c. Margins: Resection margins negative for tumor.
                d. Leiomyomata, intramural (largest measuring 0.8 cm in greatest dimension).
    b. Cervix: negative for tumor.
    c. Serosa: No pathologic features.
    d. Ovaries, bilateral: No pathologic features
    e. Fallopian tubes, bilateral: No pathologic features.
B. Lymph nodes, left pelvic, excision:
    a. Five lymph nodes negative for metastatic tumor (0/5).
C. Lymph nodes, right pelvic, excision:
    a. One lymph node negative for metastatic tumor (0/1).

Comment: The majority of this malignant mixed mullerian tumor is composed of an epithelial (carcinomatous) component. However, foci of cartilaginous and osseous sarcomatous transformation are present. This tumor is exophytic and occupies the entire endometrial cavity, including the lower uterine segment. The cervix, however, is free of tumor. The lymph nodes are also negative for
metastatic carcinoma. This case was reviewed at the interdepartmental consultation conference. ER/ PR stains have been ordered and are pending.

CASE 6: FEMALE REPRODUCTIVE

HISTORY

6/15/07 The patient is 33-year-old woman who presented with a 2-month history of post-coital bleeding and vaginal discharge. She has three healthy children via normal spontaneous vaginal deliveries. She has taken oral contraceptives for the past 7 years, but she now has an IUD in place for contraception. PAP smear and subsequent biopsy showed carcinoma.

IMAGING

6/1/07 Chest x-ray: Normal.

PROCEDURES

6/15/07 Hysterectomy with bilateral salpinooophorectomy: Uterus with pelvic and periaortic lymph nodes; 5 x 3.7 x 2cm bulky exophytic mass involving the posterior and lateral cervix. Tumor involved 75% of cervical wall, but it did not extend into the endomyometrium. The vaginal cuff, parametria and bilateral adnexa were grossly free of tumor.

PATHOLOGY

6/15/07 FINAL DIAGNOSIS:

1. Poorly differentiated glassy cell carcinoma (adenosquamous) of the cervix, 5.0 cm, involving 75% of the cervical wall. All resection margins are free of carcinoma.
2. All lymph nodes are negative for carcinoma.

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Case 6
Exercise Abstract Form

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 6 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____