## Case Scenario 1

**History**

An 86 year old black female presented to her primary care physician with post-menopausal vaginal bleeding. She had an endometrial biopsy that was positive for endometrial adenocarcinoma. A gynecologic exam revealed a 4cm lesion in the endometrium. Extension to the cervix was not identified. She was sent to have a CT of the abdomen and pelvis and was found to have thickening of the uterus and enlarged lymph nodes suspicious for metastasis. No extension beyond the uterus or additional metastasis was identified.

 She is here today for a hysterectomy.

**Operative Report**

*Palliative Laparoscopically Assisted Vaginal Hysterectomy with Bilateral Salpingo-Oophorectomy and Laparoscopic Retroperitoneal Lymph Node Sampling.*

Upon inspection of the patient's abdomen via laparoscopy, it was noted that the patient had adhesions of the omentum to the anterior abdominal wall. Significant matted lymphadenopathy was noted in the periaortic region as well as at the iliac arteries bilaterally. Dissection along the right retroperitoneal space revealed a significant amount of matted lymph nodes densely adherent to surrounding structures, including the right iliac artery and vein.

The patient's ovaries and tubes appeared grossly normal. The patient's uterus was slightly enlarged in size, measuring approximately 8 to 10 weeks. The patient's small and large intestines appeared grossly normal, on laparoscopic inspection. The patient's appendix was noted to be completely normal.

Aside from the grossly enlarged and positive lymph nodes, there did not appear to be any extrauterine disease. At completion of the surgery, the patient had remaining significant lymphadenopathy along the right and left iliac vessels as well as in the periaortic region. This disease was not debulked.

**Pathology Report**

A: Pelvic and para-aortic lymph nodes

B: Uterus, bilateral tubes and ovaries

Final Diagnosis

* Lymph node, right para aortic, biopsy
	+ Metastatic endometrioid carcinoma
* Uterus, bilateral tubes and ovaries
	+ Histologic tumor type: Endometrioid carcinoma
	+ Histologic tumor grade: FIGO grade 2
	+ Tumor Size: 15cm
	+ Extension: tumor invades through the myometrial wall into the uterine serosa.
	+ Lymph-vascular invasion: extensive lymph-vascular invasion is appreciated
	+ Other organ involvement: Not appreciated
	+ Lymph nodes:
		- 4 of 4 pelvic lymph nodes positive for metastasis
		- 7 of 7 para aortic lymph nodes positive for metastasis
		- Largest metastatic lymph node: 2.1cm

**Chemotherapy**

Chemotherapy with paclitaxel and carboplatin was recommended, but the patient expired before treatment could start.

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| * **What is the primary site?**

**Endometrium C54.1*** **What is the histology?**

**8380/3 Endometrioid Carcinoma** | * **What is the grade/differentiation?**

**9-Unknown** |
| **Stage/ Prognostic Factors** |
| Summary Stage | 4 | Tumor Size Summary | 150 |
| TNM Clin T | cT1 | TNM Path T | pT3a  |
| TNM Clin N | cNX | TNM Path N | pN2 (pN2a) |
| TNM Clin M | cM0 | TNM Path M | cM0 |
| TNM Clin Stage | 99 | TNM Path Stage | 3C2 |
| TNM Clin Descriptor |  | TNM Path Descriptor |  |
| TNM Clin Staged By | 20 | TNM Path Staged By | 20 |
| CS SSF 1 | 999 |  |  |
| CS SSF 2 | 999 | Regional Nodes Positive | 11 |
| CS SSF 3 | 004 | Regional Nodes Examined | 11 |
| CS SSF 4 | 004 | Mets at Dx - Bone | 0 |
| CS SSF 5 | 007 | Mets at Dx - Brain | 0 |
| CS SSF 6 | 007 | Mets at Dx - Liver | 0 |
|  |  | Mets at Dx - Lung | 0 |
|  |  | Mets at Dx - Other | 0 |
|  |  | Mets at Dx – Distant LN | 0 |
|  |  |  |  |
| **Treatment** |
| Diagnostic Staging Procedure | 02 |  |  |
| **Surgery Codes** |  | **Radiation Codes** |  |
| Surgical Procedure of Primary Site | 50 | Radiation Treatment Volume | 00 |
| Scope of Regional Lymph Node Surgery | 5 | Regional Treatment Modality | 00 |
| Surgical Procedure/ Other Site | 0 | Regional Dose | 00000 |
| **Systemic Therapy Codes** |  | Boost Treatment Modality | 00 |
| Chemotherapy | 85 | Boost Dose | 00 |
| Hormone Therapy | 00 | Number of Treatments to Volume | 00000 |
| Immunotherapy | 00 | Reason No Radiation | 1 |
| Hematologic Transplant/Endocrine Procedure | 00 | Radiation/Surgery Sequence | 0 |
| Systemic/Surgery Sequence | 0 |  |  |

## Case Scenario 2

A 58 year-old presented for a routine PAP smear. During the exam a lesion was identified and biopsied. Pathology confirmed moderately differentiated squamous cell carcinoma. She is a smoker, occasional alcohol use, no family history of malignancy. She then had a colposcopy performed that revealed multiple lesions that had a white epithelium, punctuation, atypical vessels from 4 o'clock to 8 o'clock, lying across the SQJ. This was clinically correlated with speculum examination which revealed an abnormal intrauterine mass > 4cm. The patient was referred to radiology, where she received a PET/CT examination that revealed markedly hypermetabolic primary cervical cancer with metastatic lymph node involvement of a single right external iliac and two left external iliac lymph nodes. She was then referred to Heme/Onc and Radiation Oncology for further treatment.

**Radiation Oncology Initial Assessment**

58 year-old female with a recent diagnosis of cervical cancer. Current working clinical FIGO stage 1B2 SCCA. Metastatic survey PET/CT revealed markedly hypermetabolic primary cervical cancer with metastatic lymph node involvement of a single right external iliac and two left external iliac lymph nodes. TNM staging is stage IIIB (T1N1M0). We will initiate weekly cisplatin at 35 mg/m2 weekly with radiation. The risks and benefits of treatment were fully discussed with the patient, and she wishes to proceed.

**Radiation Oncology Treatment Summary**

Patient has completed her definitive radiation given with concurrent cisplatin. She received 45 Gy in 25 sessions to her pelvis utilizing a 4 field 3D conformal radiotherapy technique and 18 mV photons. She received a total of 50.4 Gy in 28 sessions. These fields were treated utilizing parallel opposed anterior and posterior portals and 18 mV photons. Treatment proceeded from February 21 to April 4.

She also underwent an intracavitary brachytherapy boost using tandem and ovoid HDR applications each of 7 Gy administered in 4 separate fractions for a total of 28 Gy to point A. She tolerated her treatment well, noticing only some minimal vaginal bleeding and she had some mild diarrhea, which was controlled well with Imodium. She will be returning to your care, but I would appreciate the opportunity to check her progress from time to time. I have asked her to see me in a month. I also plan a 3-month PET/CT scan to assess response to treatment.

Thank you for the opportunity of participating in her care.

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| * **What is the primary site?**

**Cervix C53.9*** **What is the histology?**

**8070/3** | * **What is the grade/differentiation?**

**2-Moderately differentiated** |
| **Stage/ Prognostic Factors** |
| Summary Stage | 3 | Tumor Size Summary | 999 |
| TNM Clin T | cT1b2 | TNM Path T |  |
| TNM Clin N | cN0 | TNM Path N |  |
| TNM Clin M | cM0 | TNM Path M |  |
| TNM Clin Stage | 1B2 | TNM Path Stage | 99 |
| TNM Clin Descriptor |  | TNM Path Descriptor |  |
| TNM Clin Staged By | 20 | TNM Path Staged By | 00 |
| CS SSF 1 | 122 |  |  |
|  |  | Regional Nodes Positive | 98 |
|  |  | Regional Nodes Examined | 00 |
|  |  | Mets at Dx - Bone | 0 |
|  |  | Mets at Dx - Brain | 0 |
|  |  | Mets at Dx - Liver | 0 |
|  |  | Mets at Dx - Lung | 0 |
|  |  | Mets at Dx - Other | 0 |
|  |  | Mets at Dx – Distant LN | 0 |
|  |  |  |  |
| **Treatment** |
| Diagnostic Staging Procedure | 02 |  |  |
| **Surgery Codes** |  | **Radiation Codes** |  |
| Surgical Procedure of Primary Site | 00 | Radiation Treatment Volume | 29 |
| Scope of Regional Lymph Node Surgery | 0 | Regional Treatment Modality | 32 |
| Surgical Procedure/ Other Site | 0 | Regional Dose | 05040 |
| **Systemic Therapy Codes** |  | Boost Treatment Modality | 54 |
| Chemotherapy | 02 | Boost Dose | 88888 |
| Hormone Therapy | 00 | Number of Treatments to Volume | 32 |
| Immunotherapy | 00 | Reason No Radiation | 0 |
| Hematologic Transplant/Endocrine Procedure | 00 | Radiation/Surgery Sequence | 0 |
| Systemic/Surgery Sequence | 0 |  |  |