SENTINEL CLARITY REPORT

Patient Health Literacy Education

Your Personal Reference Document

FOR PERSONAL REFERENCE ONLY

This Sentinel Clarity Report reflects the educational content of your engagement with Sentinel Pathology Consulting, LLC. It is not a medical record, clinical report, diagnosis, or physician communication. Robert Weir, PA(ASCP), is not your treating physician. All clinical decisions — including treatment, additional testing, and follow-up — should be made in consultation with your treating physician and oncology team.

YOUR REPORT

Matter ID	SPC-PHLE-2026-0002 — SAMPLE DOCUMENT
SCR Date	June 2, 2026
Report Type	Surgical pathology — uterine specimen
Diagnosis	Leiomyosarcoma, uterine, intermediate grade
Accession No.	[Redacted]
Video Consultation	June 1, 2026 (add-on elected at engagement)

WHAT WE COVERED IN YOUR REPORT

During our review, we worked through your pathology report from beginning to end. The goal was that you leave this engagement understanding what your report says, what each significant term means, and what questions to bring to your oncology appointment. Here is what we covered:

- The structure of your pathology report — how it is organized and what each section contains
- What “leiomyosarcoma” means and how it is different from a benign fibroid
- What the grade and mitotic count mean and why those numbers matter
- Tumor size, margin status, and lymphovascular invasion — what each means about your specific situation

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• Staging terminology and what your pTNM designation reflects

• The IHC (immunohistochemistry) results and what they confirmed

• Your submitted questions — documented and addressed below

YOUR REPORT IN PLAIN LANGUAGE

Your uterus and surrounding tissue were removed surgically and sent to the pathology laboratory. The pathologist examined the tissue under a microscope and identified a tumor that was carefully evaluated. Here is what they found, explained in plain language:

1. The Tumor: Leiomyosarcoma

Leiomyosarcoma is a rare cancer that develops from smooth muscle cells. “Leio” means smooth, “myo” means muscle, and “sarcoma” means cancer that arises from connective tissue. The uterus contains a lot of smooth muscle, which is why this type of tumor can occur there.

It is important to understand: leiomyosarcoma is not the same as a fibroid (also called a leiomyoma). A fibroid is a benign growth of the same type of cells. The two can look similar on imaging before surgery, which is one reason why pathology examination after removal is so essential. Your pathologist made the distinction by looking at specific microscopic features that were reviewed during your engagement.

2. Grade and Mitotic Count

Your report describes the tumor as “intermediate grade.” Grade is the pathologist’s assessment of how aggressive the tumor cells appear under the microscope. Three things go into grade: how abnormal the cells look (cellular atypia), how much of the tumor shows cell death (necrosis), and how many cells are actively dividing (the mitotic count).

The mitotic count in your report was a specific number per high-power field. This number reflects how actively dividing the tumor cells are — a key factor in grading. Grade is one of the factors your oncology team may consider, along with stage, margin status, tumor size, lymphovascular invasion, imaging findings, and your overall clinical picture.

3. Tumor Size and Margins

Your tumor was measured in three dimensions and the size was clearly documented. Tumor size is one of the factors that goes into staging.

Your report describes the surgical margins as “negative.” This means the pathologist examined the edges of the tissue that was removed and did not see tumor cells extending to those edges. This is often considered a favorable pathology finding, but your oncology team will interpret it in the context of the full clinical picture.

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4. Lymphovascular Invasion (LVI)

Your report addresses lymphovascular invasion specifically. LVI describes whether tumor cells are seen inside small blood vessels or lymphatic channels within the specimen. Pathologists look for this because its presence can inform how your oncology team thinks about systemic therapy options. Your oncologist is the right person to discuss what the LVI finding means for your specific situation.

5. Staging (pTNM)

Your report includes a pTNM designation. “T” describes the tumor itself, “N” describes lymph node involvement, and “M” describes whether the cancer has spread to distant sites. The lowercase “p” means the staging is based on pathologic examination rather than imaging alone.

Staging terminology already stated in your pathology report was explained during your engagement. Your oncologist is the appropriate person to discuss what your specific stage means for your treatment plan and prognosis.

6. IHC Results

Your report includes immunohistochemistry (IHC) results. IHC is a special test where the laboratory uses antibodies to detect specific proteins in the tumor cells. In your case, the IHC pattern was consistent with smooth muscle origin and supported the diagnosis of leiomyosarcoma. Specific markers tested and what each one means were reviewed during your engagement.

YOUR PERSONAL TERMINOLOGY GUIDE

TERM FROM YOUR REPORT	WHAT IT MEANS
Leiomyosarcoma	A rare cancer that develops from smooth muscle cells — not the same as a fibroid
Intermediate grade	The pathologist’s assessment of how aggressive the tumor appears, based on cellular features
Mitotic count	The number of dividing cells the pathologist counted in a defined area — a key factor in grading
Cellular atypia	How abnormal the tumor cells look compared to normal cells of the same type
Tumor necrosis	Areas within the tumor where cells have died — a feature pathologists evaluate when grading
Negative margins	The edges of the surgical specimen do not show tumor cells — a finding your oncology team will interpret in context

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Lymphovascular invasion	Whether tumor cells are seen inside small blood vessels or lymphatic channels in the specimen
pTNM staging	Pathologic staging based on tumor size (T), lymph node involvement (N), and distant spread (M)
Immunohistochemistry (IHC)	A laboratory test using antibodies to detect specific proteins, used to confirm or refine diagnosis
Smooth muscle markers	Specific proteins (such as desmin, smooth muscle actin) that confirm a tumor arose from smooth muscle

QUESTIONS SUBMITTED OR RAISED

The following questions are yours, reproduced as submitted. Each is addressed below in plain language within the educational scope of this engagement.

“Why did my doctor not know it was cancer before surgery?”

Uterine leiomyosarcoma is famously difficult to distinguish from a benign fibroid before surgery. Imaging studies and clinical examination cannot reliably tell them apart in many cases — the definitive distinction often requires microscopic examination of the tissue after removal. This is not a diagnostic failure; it reflects the inherent difficulty of distinguishing these two entities without pathologic examination.

“My report says intermediate grade. Should I be worried about that or relieved compared to high grade?”

Grade is one of the factors your oncology team will consider alongside stage, margin status, tumor size, LVI, and your overall health. The most appropriate place to discuss what your specific grade means for your treatment and prognosis is with your oncologist, who has the full clinical picture. What the terminology means in your report — and how the grade was assigned — was reviewed during your engagement.

“What does “negative margins” really mean? Could there still be cancer left behind?”

Negative margins means tumor was not seen at the edges examined by the pathologist. This is often considered a favorable pathology finding, but it is not an absolute guarantee that no microscopic cancer cells remain in the surrounding tissue. The margin distance is also relevant. Your oncology team will consider all of this when discussing whether additional treatment is appropriate.

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A NOTE ABOUT NEXT STEPS

The questions below are suggestions to bring to your next appointment. Your treating physician and oncology team are the appropriate place to discuss treatment, prognosis, and follow-up care. Sentinel provides education about what your report says — your physician provides clinical guidance about what to do about it. You are welcome to bring this entire document with you to your appointment.

SUGGESTED QUESTIONS FOR YOUR ONCOLOGY TEAM

- Given my specific grade, mitotic count, and tumor size, what does my prognosis look like?
- How does my margin distance affect your recommendations — is the margin considered close, or comfortably negative?
- Was lymphovascular invasion present, and if so, does that change your recommendations for systemic therapy?
- Are there any genomic or molecular tests you would recommend on the tumor that have not yet been done?
- What is the recommended follow-up imaging schedule and how often will I need it?
- Should I see a sarcoma specialist or be evaluated at a sarcoma center, even if my care continues here?
- Are there clinical trials I should be aware of that match my specific situation?

It was a privilege to help you better understand your pathology report.

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