6

SURGICAL PATHOLOGY REPORT
PATIENT:
Hospital
Date of B
Soc. Sec.
Location:
Pathologi
Assistant
Attending
Ordering MD:
Copies To:

ICD-O-3
Adenocarcinoma, serous NOS 8441/3
Site: Endometrium C54.1
hw 7/27/11

DIAGNOSIS:

1. UTERUS, FALLOPIAN TUBES, AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
   - Primary uterine adenocarcinoma, predominantly papillary serous type with small component of clear cell carcinoma, high-grade (III), nuclear grade 3 (see comment)
     - Carcinoma partially replaces two large endometrial polyps in the anterior uterine fundus and anterior uterine corpus measuring about 1.6 and 2.5 cm in maximum dimensions, respectively
     - Carcinoma also involves endometrium elsewhere in the uterine corpus
     - Invasion of stroma of polyps by carcinoma is present
     - Secondary involvement of adenomyosis by carcinoma is present
     - Myometrial invasion by carcinoma is present and involves less than 50% of the uterine wall thickness
     - Lymphovascular invasion by carcinoma is present
     - Microscopic focus of metastatic carcinoma is present in the left parametrium
     - Cervix and vaginal cuff are free of tumor
     - No evidence of metastatic carcinoma involving right ovary, right fallopian tube or left ovary
     - Free-floating aggregates of carcinoma cells are present in the lumen of the left fallopian tube; no invasion of left fallopian tube by metastatic carcinoma is identified
   - Several smaller endometrial polyps, one of which exhibits focal serous intraepithelial carcinoma
   - Non-neoplastic endometrium is inactive/weakly proliferative proliferative, for the most part, and focally exhibits disordered proliferative features
   - Adenomyosis (with and without secondary involvement by carcinoma)
   - Several tiny to small uterine smooth muscle tumors, most of which are usual type and one of which is a cellular leiomyoma
   - Serosal/subserosal mullerianosis/endometriosis

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   - Serosal adhesions
   - Cervix with chronic and mild acute inflammation, reserve cell hyperplasia, squamous metaplasia, focal microglandular endocervical hyperplasia, cystic endocervical tunnel clusters, and nabothian cysts
   - Scant vaginal cuff mucosa with mild chronic inflammation
   - Focal mullerianosis/endometriosis, left parametrium
   - Right ovary with senescent changes, cortical stromal hyperplasia with associate hyperthecosis (focally nodular),

cystic epithelial inclusions, and serosal adhesions
- Right paratubal and paraovarian aggregates of lymphocytes, histiocytes, and macrophages (some hemosiderin-laden), and/or giant cell reaction
- Right fallopian tube with minimal chronic inflammation
- Right paratubal Walthard rests, most of which are cystic
- Left ovary with cystic epithelial inclusions, calcifications, including psammoma bodies, senescent changes, cortical stromal hyperplasia with association hyperthecosis, and serosal adhesions
- Left fallopian tube with free-floating aggregates of carcinoma cells in lumen (as noted above)
- Left paratubal Wolffian duct remnants

2. SOFT TISSUE, BLADDER PERITONEUM, BIOPSY:
- Perivascular margination of leukocytes and thermal/ cautery artifacts
- No evidence of metastatic carcinoma

3. SOFT TISSUE, CUL DE SAC, BIOPSY:
- Thermal/cautery artifacts
- No evidence of metastatic carcinoma

4. SOFT TISSUE, LEFT PELVIC PERITONEUM, BIOPSY:
- Thermal/cautery artifacts
- No evidence of metastatic carcinoma

5. SOFT TISSUE, LEFT GUTTER, BIOPSY:
- Thermal/cautery artifacts and recent hemorrhages
- No evidence of metastatic carcinoma

6. SOFT TISSUE, RIGHT PELVIC PERITONEUM, BIOPSY:
- Perivascular margination of leukocytes and marked thermal/ cautery artifacts
- No evidence of metastatic carcinoma

7. SOFT TISSUE, RIGHT GUTTER, BIOPSY:
- Thermal/cautery artifacts
- No evidence of metastatic carcinoma

8. LYMPH NODES, LEFT PELVIC, EXCISION:
- Three reactive lymph nodes with sinus histiocytosis, foci of fibrosis, calcifications and/or focal giant cell reaction
- No evidence of metastatic carcinoma in routinely stained sections or in sections stained for keratin (0/3)

9. LYMPH NODE, LEFT COMMON ILIAC, EXCISION:
- One reactive lymph node with sinus histiocytosis and focal

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fibrosis
- No evidence of metastatic carcinoma in routinely stained sections or in sections stained for keratin (0/1)

10-13. OMENTUM, "#1", "#2", "#3", AND "#4", PARTIAL OMENTECTOMIES:
- Chronic inflammation, reactive lymphoid/lymphohistiocytic aggregates, adhesion, focal granulation tissue, proliferation, and reactive mesothelial proliferation
- No evidence of metastatic carcinoma

14. LYMPH NODES, RIGHT PELVIC, EXCISION:
- Three reactive lymph nodes with sinus histiocytosis, foci of fibrosis and/or calcifications
- No evidence of metastatic carcinoma in routinely stained

sections or in sections stained for keratin (0/3)

15. LYMPH NODES, RIGHT COMMON ILIAC, EXCISION:
- Four reactive lymph nodes with sinus histiocytosis and foci of fibrosis
- No evidence of metastatic carcinoma in routinely stained sections or in sections stained for keratin (0/4)

COMMENT: The primary uterine tumor exhibits features of high-grade serous carcinoma, for the most part. Associated serous intraepithelial carcinoma is present. A small subpopulation of the tumor cells exhibit clear cell features and very rare neoplastic glands are lined by cells with an endometrioid-like appearance. The tumor exhibits predominantly papillary and glandular growth patterns. Solid tumor growth is also noted focally. By convention, the overall/"FIGO" grade of the neoplasm has been raised to III to reflect the very high grade nuclear features (as opposed to architectural pattern). No overexpression of p53 by the tumor cells is detected. Results of keratin stains on the lymph nodes have been incorporated in the diagnosis. Results of histochemical stains for mucin and additional immunostains will be reported in an addendum.

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HISTORY: Uterine papillary serous carcinoma
MICROSCOPIC:
See Diagnosis.
GROSS:
1: UTERUS, CERVIX, TUBES AND OVARIES
Labeled with the patient's name, designated "uterus, cervix, tubes, and ovaries", received fresh in the Operating Room for intraoperative gross consultation, and subsequently fixed in formalin is an 80.5 gram total hysterectomy and bilateral salpingo-oophorectomy specimen. The uterus was incised along the right side at the time of intraoperative consultation and is subsequently incised on the left side. The uterus is symmetric, about 8.5 cm from the fundus to the ectocervix, 4.5 cm from cornu to cornu, and up to 4.2 cm from the anterior surface to the posterior surface. The uterine serosa is pink-tan, generally smooth, but focally granular. A few tiny serosal adhesions are also noted posteriorly. The cervix is about 2.8 cm long. The cervix has a maximum diameter of 3.0 cm in the

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ectocervical region. Attached to the cervix, there is short (up to 0.3 cm long cuff), of grossly unremarkable pink-tan vaginal mucosa. Parametrial soft tissues are also attached to the uterus, bilaterally. Those on the right side measure about 3.0 x 2.1 x 0.9 cm in aggregate and those on the left side measure about 2.7 x 1.9 x 1.1 cm in aggregate. The parametrial soft tissues appear grossly free of tumor. The mucosa lining the ectocervix is tan to pink-tan, focally bloodied and smooth. The external cervical os is 0.6 cm in diameter and patent. The cervical transformation zone is distinct. The endocervical canal is about 2.3 cm long and lined by tan, smooth to focally slightly rugose mucosa. Cut sections of the cervix reveal several tiny mucus-filled cysts, ranging from less than 0.1 to 0.3 cm in diameter. The cervix appears grossly free of tumor. The endometrial cavity is about 4.5 cm long and up to 2.5 cm in width. There is a 1.6 x 1.2 x 0.8 cm polypoid endometrial mass based in the anterior uterine fundus to the left of the midline. This polypoid is lined by relatively smooth pink-tan mucosa and has a semi-soft, tan-white cut surface with intervening minute to small cystic spaces, which spaces range from less than 0.1 to about 0.3 cm in diameter. Just inferior to the first polypoid lesion, there is a second polypoid endometrial mass located in the anterior uterine corpus, which measures about 2.5 x 1.7 x 1.0 cm. This mass is lined by tan-pink mucosa, which is papillated, friable and focally hemorrhagic. Cut sections of the second polypoid mass are composed

of semi-soft, tan tissue and firmer tan to tan-white tissue. The uterine wall beneath the larger of the two polypoid masses (described above) is focally indurated and suspicious for at least superficially invasive tumor. In the posterior uterine corpus, there is a raised, friable, tan-white papillary tumor that measures about 1.2 x 0.7 cm in area and up to 0.6 cm in thickness. Cut sections in the vicinity of this papillated tumor in the posterior corpus reveal a slightly irregular mucosal-myometrial interface, but no definite underlying invasive tumor. Maximum myometrial thickness in the uterus is about 2.2 cm. Within the posterior uterine corpus, there are also three semi-firm, tan endometrial polyps ranging from about 0.5 to 0.7 cm in diameter. The rest of the endometrium is smoother, tan and has a maximum thickness of about 0.1 cm. Within the uterus, there are also several tiny to small leiomyomas that range from about 0.2 to 0.4 cm in diameter. Most of the leiomyomas are composed of firm solid, tan-white whorled tissue without grossly evident areas of hemorrhage or necrosis. One of the leiomyomas located in the anterior fundic region beneath the smaller polypoid mass is composed of softer, yellow-tan tissue. No areas of hemorrhage or necrosis are identified in any of the leiomyomas. The uninvolved myometrium is tan, semi-firm, and shows trabeculations and a few minute cystic spaces. The right ovary is atrophic, about 2.2 x 1.3 x 0.7 cm and has a yellow-tan, generally smooth serosal surface except for a few tiny adhesions. Cut surfaces of the right ovary reveal a few corpora albicantia and relatively abundant yellow-tan cortical stroma, but no gross evidence of metastatic tumor. The right fallopian tube has fimbria at one end, is about 5.2 cm long, ranges from 0.5 to 0.6 cm in diameter, and has a generally smooth tan serosal surface. Attached to the right fallopian tube, there are several minute to tiny, thin-walled translucent paratubal cysts containing clear to yellow fluid. The cysts range from 0.1 to 0.3 cm in maximum dimension. Cross sections of the right fallopian tube reveal a patent lumen, up to about 0.2 cm in diameter and no gross evidence

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of metastatic tumor. The left ovary is atrophic, 2.6 x 1.3 x 0.9 cm and has a yellow-tan serosal surface, which is generally smooth except for a few tiny adhesions. Cut surfaces of the right ovary reveal abundant yellow-tan cortical stroma, a few corpora albicantia, and a few minute to tiny cystic spaces, the largest of which measures about 0.2 cm in diameter. The left ovary appears grossly free of metastatic tumor. The adjacent left fallopian tube has fimbria at one end, is about 4.6 cm long, ranges from 0.4 to 0.6 cm in diameter, and has a smooth, tan serosal surface. Cross sections of the left fallopian tube reveal a patent lumen, up to 0.2 cm in diameter and no gross evidence of metastatic tumor. Representative sections.

A. Right parametrial tissues - 2
B. Left parametrial tissues - 3
C. Anterior cervix and vaginal cuff - 1
D. Posterior cervix and vaginal cuff - 1
E. Anterior lower uterine segment and upper endocervix - 1
F. Posterior lower uterine segment and upper endocervix - 1
G,H. Smaller polypoid uterine mass from anterior fundus - 2 each
I. Larger polypoid endometrial mass from anterior uterine corpus - 1
J. Larger polypoid endometrial mass from anterior uterine corpus - 2
K. Posterior uterine corpus with papillary tumor and small leiomyoma - 1
L. Posterior uterine corpus with papillary tumor and adjacent small endometrial polyp - 1
M. Posterior uterine corpus with papillary tumor and a small endometrial polyp - 1

N. Uninvolved anterior uterine corpus - 1
O. Posterior uterine corpus adjacent to tumor with small endometrial polyp - 1
P. Grossly uninvolved anterior uterine corpus - 1
Q. Posterior uterine corpus with serosal granularities - 1
R. Right ovary, fallopian tube, and paratubal cysts - 3
S. Left ovary and fallopian tube - 3

2: BLADDER PERITONEUM
Labeled with the patient's name designated "bladder peritoneum", and received in formalin is a 0.7 x 0.5 x 0.1 cm portion of yellow-tan soft tissue.
Entirely submitted.
T. 1

3: CUL DE SAC
Labeled with the patient's name designated "cul de sac", and received in formalin is a 0.5 x 0.4 x 0.2 cm irregular portion of yellow-tan soft tissue.
Entirely submitted.
U. 1

4: LEFT PELVIC PERITONEUM
Labeled with the patient's name, designated "left pelvic peritoneum", and received in formalin is a 0.8 x 0.2 x 0.2 cm fragment of soft, tan tissue.
Entirely submitted.
V. 1
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5: LEFT GUTTER
Labeled with the patient's name, designated "left gutter", and received in formalin is a 0.9 x 0.5 x 0.1 cm irregularly shaped fragment of focally hemorrhagic, soft tan tissue.
Entirely submitted.
W. 1

6: RIGHT PELVIC PERITONEUM
Labeled with the patient's name, designated "right pelvic peritoneum", and received in formalin is a 0.5 x 0.3 x 0.1 cm irregularly shaped fragment of yellow-tan soft tissue.
Entirely submitted.
X. 1

7: RIGHT GUTTER
Labeled with the patient's name, designated "right gutter", and received in formalin is a 0.6 x 0.5 x 0.1 cm irregularly shaped fragment of yellow-tan soft tissue.
Entirely submitted.
Y. 1

8: LEFT PELVIC LYMPH NODE
Labeled with the patient's name, designated "left pelvic lymph node", and received in formalin is a 3.0 x 1.2 x 0.4 cm aggregate of focally hemorrhagic, yellow fatty tissue, within which there are embedded three semi-soft, tan lymph nodes. The lymph nodes measure about 0.2, 0.3, and 1.0 cm in maximum dimension.
Entirely submitted.
Z. Three lymph nodes (largest bisected) and fat - 3

9: LEFT COMMON ILIAC
Labeled with the patient's name, designated "left common iliac" and received in formalin is a 3.0 x 0.8 x 0.2 cm aggregate of yellow fatty tissue and a single 0.3 cm diameter soft, tan lymph node.
Entirely submitted.

AA. One lymph node and fat - 1

10: OMENTUM NO.1
Labeled with the patient's name, designated "omentum #1", and received in formalin is a 5.0 x 4.0 x 0.5 cm portion of yellow-tan, soft, lobulated omental fat that appears grossly free of tumor.
Representative sections.
BB. 1

11: OMENTUM NO.2
Labeled with the patient's name, designated "omentum #2", and received in formalin is a 7.5 x 4.0 x 0.5 cm portion of soft, lobulated, yellow-tan, omental fat that appears grossly free of tumor.
Representative sections.
CC. 2

12: OMENTUM NO.3
Labeled with the patient's name, designated "omentum #3", and received in formalin is a 7.0 x 3.5 x 0.5 cm portion of soft, yellow-tan, lobulated omental fat that appears grossly free of tumor.
Representative sections.
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13: OMENTUM NO.4
Labeled with the patient's name, designated "omentum #4", and received in formalin is a 4.6 x 2.4 x 0.8 cm portion of soft, yellow-tan, lobulated omental fat that appears grossly free of tumor.
Representative sections.
EE. 2

14: RIGHT PELVIC LYMPH NODE
Labeled with the patient's name, designated "right pelvic lymph node", and received in formalin is a 2.2 x 0.6 x 0.2 cm aggregate of soft, yellow, fatty tissue and three semi-soft, tan lymph nodes. The lymph nodes measure about 0.1, 0.4, and 0.9 cm in maximum dimension.
Entirely submitted.
FF. Three lymph nodes and fat - 1

15: RIGHT COMMON ILIAC
Labeled with the patient's name, designated "right common iliac", and received in formalin is a 1.6 x 1.4 x 0.5 cm aggregate of soft, yellow, fatty tissue and four semi-soft tan lymph nodes. The lymph nodes range from 0.1 to 0.8 cm in maximum dimension.
Entirely submitted.
GG. Four lymph nodes (largest bisected) and fat - 2

Gross dictated by M.D.

OPERATIVE CALL
OPERATIVE CONSULT (GROSS):
#1. UTERUS AND OVARIES:
-One focus of possible tumor - no gross invasion
-One polyp
-One pedunculated lesion ? fibroid

Special Studies: Photo; Additional H&E's (Bx1, Hx1, Ix1, Jx1, Rx1, Sx1); mucicarmine (J); PAS-D (J); keratin AE1/AE3 (B,Z, AA, FF, GG); desmin (H); actin (H); CD10 (H); p53 (L)

M.D.
Pathologist

I, , M.D., the pathologist of record, have personally examined the specimen, interpreted the results, reviewed this report and signed it electronically.

Date Finalled:

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials: Date Reviewed: 7/27/11		