

Redacted



1CB-0-3

carcinoma, indometrium, Nos

Site: indometrium  
C54.1

8380/3

for 8/1/14

**SURGICAL PATHOLOGY REPORT**

\*\*\*\*\* Addendum - Please See End of Report \*\*\*\*\*

Reason for Addendum #1: Integrated Summary Report Added  
Reason for Addendum #2: Additional pathology information

**DIAGNOSIS:**

**A. [SOFT TISSUE], DESIGNATED "OMENTAL ADHESION", EXCISION:**

- Fibrous adhesion
- No evidence of metastatic carcinoma

**B. [SOFT TISSUE, SITE NOT SPECIFIED], DESIGNATED "HERNIA SAC", HERNIORRHAPHY:**

- Hernia sac with associated active chronic inflammation, vascular ectasia, accumulations of hemosiderin-laden macrophages, fibrosis, reactive mesothelial proliferation, and adjacent benign adipose tissue
- No evidence of metastatic carcinoma

**C, D. OMENTUM, "#1", AND "#2", PARTIAL OMENTECTOMIES:**

- Chronic inflammation, adhesions, and reactive mesothelial changes
- No evidence of metastatic carcinoma

**E. [SOFT TISSUE], PELVIC SIDE WALL, BIOPSY:**

- Chronic inflammation, reactive lymphoid aggregates, adhesions, and reactive mesothelial proliferation
- No evidence of metastatic carcinoma

**F. FALLOPIAN TUBE AND OVARY, LEFT, SALPINGO-OOPHORECTOMY:**

- Ovary with atrophic changes, relative stromal hyperplasia, hyperplastic rete elements, and serosal adhesions with associated vascular ectasia and chronic inflammation
- Fallopian tube with acute and chronic salpingitis, segmental pyosalpinx, reactive epithelial changes, epithelial hyperplasia without significant atypia, scant benign ovarian-like stroma at fimbriated end, vascular ectasia at fimbriated end, serosal adhesions with associated hemorrhages, accumulation of hemosiderin-laden macrophages, reactive mesothelial proliferation, and adherent blood clot on serosal surface
- Multiple paratubal cystic Walthard rests
- No evidence of metastatic carcinoma

**G. FALLOPIAN TUBE AND OVARY, RIGHT, SALPINGO-OOPHORECTOMY:**

Patient Case(s):

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|                             |       |      |
|-----------------------------|-------|------|
| PATIENT NOTIFIED OF RESULTS |       |      |
| DR                          | NURSE | DATE |

- Ovary with atrophic changes, relative cortical stromal hyperplasia, hyperplastic rete elements, and adherent fibroadipose tissue, latter with chronic inflammation
- Fallopian tube with acute and chronic salpingitis, reactive epithelial changes, epithelial hyperplasia without significant atypia, scant benign ovarian-like stroma at fimbriated end, vascular ectasia, multiple adhesions, some with associated vascular ectasia, inflammatory changes, reactive mesothelial proliferation, accumulations of hemosiderin-laden macrophages, and adherent blood clot on external surface
- Paratubal mesothelial cysts and paratubal endosalpingiosis
- No evidence of metastatic carcinoma

#### H. UTERUS, TOTAL ABDOMINAL HYSTERECTOMY:

- Primary uterine carcinoma, adenosquamous type (endometrioid type with malignant squamous changes), FIGO grade III (see comment)
- Polypoid (exophytic mass) about 6.5 x 6.2 cm occupying virtually the entire endometrial cavity
- Tumor involves uterine fundus and uterine corpus and extends to lower uterine segment
- Myometrial invasion by carcinoma is present and involves less than 50% of the uterine wall thickness
- Adenomyosis with focal involvement by carcinoma
- Lymphovascular invasion by carcinoma is present
- Cervix is free of tumor
- Tumor-associated necrosis is prominent
- Non-neoplastic endometrium is inactive/atrophic to weakly proliferative
- Two uterine leiomyomas, larger with hydropic features and partial hyalinization, and smaller hyalinized and partially calcified
- Uterine serosal adhesions
- Cervix with partial atrophic squamous changes, chronic and mild acute inflammation, reserve cell hyperplasia, squamous metaplasia, endocervical tunnel clusters and nabothian cysts

#### I. LYMPH NODES, LEFT PELVIC, EXCISION:

- Two lymph nodes showing extensive fibrosis and calcifications
- No evidence of metastatic carcinoma (0/2)

#### J. [SOFT TISSUE], DESIGNATED "NODE", "LEFT COMMON ILIAC", VASCULARIZED FIBROADIPOSE TISSUE:

- No lymph node identified
- No evidence of metastatic carcinoma

#### K. LYMPH NODES, RIGHT PELVIC, EXCISION:

- Two lymph nodes showing extensive fibrosis and calcifications
- No evidence of metastatic carcinoma (0/2)

#### L. LYMPH NODE, RIGHT COMMON ILIAC, EXCISION:

- One lymph node showing extensive fibrosis and calcifications
- No evidence of metastatic carcinoma

COMMENT: The pathologic findings were conveyed to Dr.

**SURGICAL PATHOLOGY REPORT**  
\*\*\*\*\* Addendum - Please See End of Report \*\*\*\*\*

**HISTORY:**

Uterine carcinoma; HYALINIZED AND CALCIFIED UTERINE LEIOMYOMA

**MICROSCOPIC FINDINGS:**

See diagnosis.

**SPECIAL STUDIES:**

Decalcification (block H22); additional H&E-stained short step sections (H22 x2); H&E-stained step sections (H2 x1, H4 x1, H6 x1)

**GROSS:**

**A. OMENTAL ADHESION**

Labeled with the patient's name \_\_\_\_\_ designated "omental adhesion", and received in formalin is about a 0.9 x 0.5 x 0.3 cm fragment of pink-tan soft tissue.

No gross tumor is seen.

Entirely submitted.

Slide key:

A1. Soft tissue - 1

**B. HERNIA SAC**

Labeled with the patient's name \_\_\_\_\_ designated "hernia sac", and received in formalin is a saccular portion of tan fibromembranous tissue with a small amount of attached fat that is about 9.2 x 4.5 x 3.0 cm in aggregate.

No gross tumor is seen.

Representative sections are submitted.

Slide key:

B1. Soft tissues - multiple

**C. OMENTUM #1**

Labeled with the patient's name \_\_\_\_\_ designated "omentum #1", and received in formalin is a 1.0 x 8.2 x 1.0 cm partial omentectomy specimen composed of soft lobulated fat.

No gross tumor is seen.

Patient Case(s): \_\_\_\_\_

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|                             |       |      |
|-----------------------------|-------|------|
| PATIENT NOTIFIED OF RESULTS |       |      |
| DR                          | NURSE | DATE |

Representative sections are submitted.

Slide key:

C1. Omentum - multiple

**D. OMENTUM #2**

Labeled with the patient's name \_\_\_\_\_, designated "omentum #2", and received in formalin is a 10.0 x 7.5 x 1.0 cm partial omentectomy specimen composed of soft lobulated adipose tissue.

No gross tumor is seen.

Representative sections are submitted.

Slide key:

D1. Omentum - multiple

**E. LEFT PELVIC SIDEWALL**

Labeled with the patient's name \_\_\_\_\_, designated "left pelvic sidewall", and received in formalin is about a 2.5 x 1.0 x 0.3 cm portion of soft tan-yellow fibroadipose tissue.

No gross tumor is seen.

Entirely submitted.

Slide key:

E1. Soft tissue - 1

**F. LEFT TUBE AND OVARY**

Labeled with the patient's name \_\_\_\_\_, designated "left tube and ovary", and received fresh and subsequently fixed in formalin is a salpingo-oophorectomy specimen. The fimbriated fallopian tube is 5.8 cm in length and ranges from 0.5 to 0.8 cm in diameter with an up to 0.2 cm diameter patent lumen. The adjacent ovary is 3.2 x 0.9 x 0.9 cm.

No metastatic tumor is evident on gross inspection of the ovary or fallopian tube.

The ovary is atrophic and shows a few serosal adhesions. The fallopian tube appears congested and is somewhat edematous, but otherwise grossly unremarkable.

Representative sections are submitted.

Slide key:

F1. Fallopian tube - multiple

F2. Fimbriated end of fallopian tube, bisected - 2

F3. One-half of ovary - 1

**G. RIGHT TUBE AND OVARY**

Labeled with the patient's name \_\_\_\_\_, designated "right tube and ovary", and received fresh and subsequently fixed in formalin, is a salpingo-oophorectomy specimen. The fallopian tube and fimbria at one end, is 5.0 cm in length, ranges from 0.5 to 1.2 cm in diameter and has a patent lumen that is up to 0.3 cm in diameter. The ovary is 2.5 x 1.4 x 1.0 cm.

No metastatic tumor is identified in the fallopian tube or ovary on gross inspection of the specimen.

PATIENT:

\*\*\*\*\* Addendum - Please See End of Report \*\*\*\*\*  
ACCESSION #:

The ovary is atrophic and otherwise grossly unremarkable. No gross pathologic lesions of the fallopian tube are identified.

Representative sections are submitted.

Slide key:

G1. Fallopian tube - multiple

G2. Fallopian tube - 2

G3. Half of ovary - 1

#### H. UTERUS PLUS CERVIX FROZEN

Labeled with the patient's name designated "uterus and cervix", and received fresh for intraoperative frozen section, subsequently fixed in formalin, is a 357 gram total hysterectomy specimen. The uterus is about 10.6 cm in length, 7.9 cm from cornu to cornu, and up to 9.2 cm from the anterior surface to the posterior surface. The cervical portion of the uterus alone is about 3.0 cm in length and up to 3.2 cm in diameter. The endometrial cavity is about 6.8 cm in length and up to 6.0 cm in width. The muscular uterine wall ranges from 1.0 to 3.6 cm in thickness.

The endometrial mucosa of the uterine fundus and uterine corpus is virtually replaced by soft friable pink-tan polypoid, largely exophytic tumor. The area of involvement is about 6.5 x 6.2 cm. Cut sections reveal firmer tan-white invasive tumor that involves invades less than 50% of the uterine wall thickness. The uterine serosa is uninvolved by tumor. The tumor extends into the anterior lower uterine segment. No gross tumor is seen in the cervix. Hemorrhages and areas of necrosis are seen in vicinity of the tumor.

The uterus also contains two well-circumscribed intramural leiomyomas, about 1.1 and 3.2 cm in diameter. The smaller leiomyoma is composed of firm to hard, focally calcified white-yellow tissue. The larger leiomyoma is composed of semisoft edematous-appearing tan solid tissue. No areas of hemorrhage or necrosis are seen in either leiomyoma. The cervix shows several mucus-filled cysts, up to about 0.3 cm in diameter.

Ink key: anterior serosa - blue; posterior serosa - black.

Representative sections are submitted.

Slide key:

H1. Anterior cervix - 1

H2. Anterior endocervix - 1

H3. Posterior cervix - 1

H4. Posterior lower uterine segment and upper endocervix - 1

H5. Anterior uterine corpus - 1

H6, H7. Anterior uterine lower uterine corpus and lower uterine segment, bisected, with portion of larger leiomyoma in H7 - 1 each

H8. Anterior uterine corpus with portion of larger leiomyoma - 1

H9. Larger leiomyoma - 2

H10, H11. Anterior uterine fundus, bisected - 1 each

H12, H13. Posterior uterine corpus, bisected - 1 each

H14. Posterior uterine corpus - 1

H15-H17. Posterior uterine corpus, trisected - 1 each

H18-H20. Posterior uterine corpus, trisected - 1 each

H21. Posterior uterine fundus - 2

H22. Smaller calcified leiomyoma - 3

#### I. LEFT PELVIC LYMPH NODE

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SURGICAL PATHOLOGY REPORT

Labeled with the patient's name \_\_\_\_\_, designated "left pelvic lymph node", and received in formalin is a 4.3 x 3.6 x 2.2 cm aggregate of several fragments of soft yellow fatty tissue, within which there are two lymph nodes about 1.4 and 1.5 cm in maximum dimensions.

Each of the lymph nodes is composed of firm tan-white focally calcified tissue.

The lymph nodes are entirely embedded along with some perinodal fat.

Slide key:

I1. Two lymph nodes - 1

**J. LEFT COMMON ILIAC NODE**

Labeled with the patient's name \_\_\_\_\_, designated "left common iliac node", and received in formalin is a 2.0 x 2.0 x 0.3 cm aggregate of yellow fatty tissue. A lymph node is not identified on gross inspection of the specimen.

No gross tumor is seen.

Entirely submitted.

J1. Fat - 1

**K. RIGHT PELVIC LYMPH NODE**

Labeled with the patient's name \_\_\_\_\_, designated "right pelvic lymph node", and received in formalin is about a 5.5 x 2.2 x 1.2 cm portion of soft yellow fatty tissue, within which there are embedded two lymph nodes, about 0.5 and 2.5 cm in maximum dimensions.

Both lymph nodes are composed of firm tan-white partially calcified tissue.

No gross tumor is seen.

The lymph nodes are each entirely embedded along with some of the perinodal fat.

Slide key:

K1. Two lymph nodes - 2

**L. RIGHT COMMON ILIAC LYMPH NODE**

Labeled with the patient's name \_\_\_\_\_, designated "right common iliac node", and received in formalin is a 2.5 x 1.5 x 0.5 cm aggregate of soft yellow fatty tissue, within which there is embedded about a 1.6 cm maximum dimension lymph node.

The lymph node is composed of firm tan-white partially calcified tissue.

The entire lymph node is embedded.

Slide key:

L1. One bisected lymph node - 1

Gross dictated by

~~INTEROPERATIVE CONSULTATION:~~  
OPERATIVE CONSULT (FROZEN):

FSH. [UTERUS]:

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SURGICAL PATHOLOGY REPORT

- High-grade carcinoma
- Invasion 50% uterine wall
- (Tissue) sent for research

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.  
Electronically signed

ADDENDUM (SYNOPTIC REPORT ADDED  
):

**SYNOPTIC REPORT:**

Applies To:

- A : OMENTAL ADHESION
- B : HERNIA SAC
- C : OMENTUM 1
- D : OMENTUM 2
- E : LEFT PELVIC SIDEWALL
- F : LEFT FALLOPIAN TUBE AND OVARY
- G : RIGHT FALLOPIAN TUBE AND OVARY
- H : UTERUS AND CERVIX
- I : LEFT PELVIC LYMPH NODES
- J : LEFT COMMON ILIAC "NODE"
- K : RIGHT PELVIC LYMPH NODES
- L : RIGHT COMMON ILIAC LYMPH NODE

*Macroscopic*

**Specimen Type:** Uterus  
Right ovary  
Left ovary  
Right fallopian tube  
Left fallopian tube  
Omentum  
Peritoneum

**Other Organs Present:** None

**Procedure:** Total abdominal hysterectomy and bilateral salpingo-oophorectomy

**Specimen Integrity:** Intact hysterectomy specimen

**Lymph Node Sampling:** Pelvic lymph nodes  
Common iliac lymph nodes

*Microscopic*

**Histologic Type:** Endometrioid adenocarcinoma, variant  
Variant: Endometrioid type with squamous changes

**Histologic Grade:** FIGO grade III

**Tumor Site:** Corpus  
Fundus  
Lower uterine segment

**Tumor Size:** Greatest dimension: 6.5cm

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SURGICAL PATHOLOGY REPORT

**Myometrial Invasion:** Less than 50% myometrial invasion  
**Involvement of Cervix:** No involvement  
**Extent of Involvement of Other Organs:** None  
**Margins:** Involved by invasive carcinoma  
                     Margin(s) involved: Margins of the hysterectomy specimen are free of tumor.  
**Lymphovascular Invasion:** Present

*Pathologic Staging (pTNM) AJCC 7th Edition 2010*

**Primary Tumor (pT):** pT1a : Tumor limited to endometrium or invades less than one-half of the myometrium

**Regional Lymph Nodes (pN):** pN0: No regional lymph node metastasis

**Number of pelvic lymph nodes examined:** 4

**Number of pelvic lymph nodes involved:** 0

**Number of common iliac lymph nodes examined:** 1

**Number of common iliac lymph nodes involved:** 0

**FIGO Stage:** IA

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.

#### ADDENDUM #2:

There is a third leiomyoma (about 0.7 cm in diameter) in the wall of the upper posterior endocervix (slide H4-2).

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.

| 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: 8/1/11 |              |

#### SURGICAL PATHOLOGY REPORT

If this report includes immunohistochemical test results, please note the following: Numerous immunohistochemical tests were developed and their performance characteristics determined by those immunohistochemical tests have not been cleared or approved by the U.S. Food and Drug Administration (FDA), and FDA approval is not required.