ICD-O-3
adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1 3/6/11 lw

Accession Number: [redacted]
Ordering

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SURGICAL PATHOLOGY REPORT

********** **AMENDED REPORT** **********

Reason for Amendment/Correction #1: Additional pathology information
Reason for Amendment/Correction #2: Typographical errors

DIAGNOSIS:

A. OMENTUM, #1, #2, AND #3, PARTIAL OMENTECTOMY:
- **Hemorrhages, serosal adhesions, chronic inflammation and/or reactive mesothelial changes**
- **No evidence of metastatic carcinoma**

D. UTERUS, RIGHT CORNUA, EXCISION:
- **Accumulation of fibrin and blood consistent with organizing hematoma**
- **Reactive mesothelial proliferation**
- **No evidence of carcinoma**

E. FALLOPIAN TUBE AND OVARY, LEFT, SALPINGO-OOPHORECTOMY:
- **Ovary with atrophic changes**
- **Fallopian tube with epithelial hyperplasia without significant atypia and focal transitional epithelial metaplasia**
- **Paratubal serous cyst (hydatid of Morgangi) with associated bloody contents and cystic Walthard rests**
- **No evidence of metastatic carcinoma**

F. FALLOPIAN TUBE AND OVARY, RIGHT, SALPINGO-OOPHORECTOMY:
- **Ovary with atrophic changes, a cystic epithelial inclusion, and benign surface micropapillary epithelial and stromal proliferations**
- **Fallopian tube with epithelial hyperplasia without significant atypia**
- **No evidence of metastatic carcinoma**

G. UTERUS, TOTAL ABDOMINAL HYSTERECTOMY:
- **Primary uterine adenocarcinoma, endometrioid type with associated squamous changes, FIGO grade 3:**
  - **Tumor involves the endometrium of the uterine fundus, anterior and posterior uterine corpus, and lower uterine segment**
  - **Myometrial invasion by carcinoma is present and involves the full-thickness of the uterine wall**
  - **Tumor focally penetrates the uterine serosa**
  - **Lymphovascular invasion by carcinoma is present**
  - **Perineural invasion by carcinoma is also present**
  - **Carcinoma focally involves the intrauterine segment of one of the fallopian tubes (laterality uncertain) [see second comment]**
-

- The uterine adenocarcinoma does not extend into the cervix
- Vaginal cuff and parametrial soft tissues are free of tumor

- Two foci of microinvasive cervical squamous cell carcinoma, extensive cervical intraepithelial neoplasia (CIN) III (severe dysplasia and squamous cell carcinoma in-situ [SCIS]) involving surface epithelium and endocervical glands, and focal CIN II (see comment):
  - Microinvasive carcinoma is present in 1 of 4 quadrants of cervix
  - Maximum depth of microinvasion is about 0.15 cm (1.5 mm); maximum horizontal extent of microinvasive tumor is less than 0.1 cm (1mm) [see comment #3]
  - No evidence of microinvasive carcinoma at surgical margins
  - No lymphatic or blood vessel invasion by squamous carcinoma identified in the cervix
  - CIN III/SCIS is present in all four quadrants
- Koilocytic cervical squamous atypia consistent with human papilloma virus (HPV) infection
- Cervix also shows focal mucosal erosion/necrosis, reactive changes consistent with prior biopsy site, chronic and mild acute inflammation, squamous metaplasia, endocervical nabothian cysts, recent subepithelial hemorrhages, and focal endometriosis in outermost wall
- Focal complex endometrial hyperplasia with atypia
- Necrosis, hemorrhage, and other changes in endometrium and superficial myometrium consistent with prior endometrial curettage
- Small uterine leiomyoma
- Subserosal endometriosis, lower uterine segment
- Vaginal cuff with chronic inflammation

H. LYMPH NODE, LEFT PELVIC, EXCISION:
- Nine reactive lymph nodes
- No evidence of metastatic carcinoma (0/9)

I. LYMPH NODE, LEFT COMMON, EXCISION:
- Four reactive lymph nodes
- No evidence of metastatic carcinoma (0/4)

J. LYMPH NODE, LEFT "PA", EXCISION:
- One reactive lymph node
- No evidence of metastatic carcinoma (0/1)

K. LYMPH NODE, RIGHT PELVIC, EXCISION:
- Four reactive lymph nodes
- No evidence of metastatic carcinoma (0/4)

L. LYMPH NODE, RIGHT "PA", EXCISION:
- Two reactive lymph nodes
- No evidence of metastatic carcinoma (0/2)

COMMENT: The pathologic findings were conveyed to Dr. [redacted] on [redacted]

COMMENT #2 WITH EXPLANATION OF THE CORRECTION: The involvement of an intrauterine segment of one of the fallopian tubes was stated in the corresponding

original synoptic report and conveyed to Dr. but was not listed (typed into) in the original non-synoptic section of the diagnosis for specimen G.

COMMENT #3 WITH EXPLANATION OF A SECOND CORRECTION: A typographical error was corrected. (15 mm was changed to 1.5 mm).

SYNOPTIC REPORT:

Applies To:
A : OMENTUM 1
B : OMENTUM 2
C : OMENTUM 3
D : RIGHT CORNUA OF UTERUS
E : LEFT TUBE AND OVARY
F : RIGHT TUBE AND OVARY
G : UTERUS AND CERVIX FS
H : LEFT PELVIC LYMPH NODES
I : LEFT COMMON ILIAC LYMPH NODES
J : LEFT PARA-AORTIC LYMPH NODE
K : RIGHT PELVIC LYMPH NODES
L : RIGHT PARA-AORTIC LYMPH NODES

Macroscopic

Specimen Type:	Uterus Right ovary Left ovary Right fallopian tube Left fallopian tube Parametrium Vaginal cuff Omentum
Procedure:	Total abdominal hysterectomy and bilateral salpingo-oophorectomy
Specimen Integrity:	Intact hysterectomy specimen
Lymph Node Sampling:	Pelvic lymph nodes Para-aortic lymph nodes Common iliac lymph nodes

Microscopic

Histologic Type:	Endometrioid adenocarcinoma wiht associated squamous changes
Histologic Grade:	FIGO grade III
Tumor Site:	Corpus Fundus Lower uterine segment
Tumor Size:	Greatest dimension: 4.2cm
Myometrial Invasion:	Tumor extends through the entire uterine wall to serosal surface
Involvement of Cervix:	No involvement

PATIENT:

Extent of Involvement of Other Organs:	None Intrauterine portion of one fallopian tube (laterality uncertain) is present.
Margins:	Involved by invasive carcinoma Margin(s) involved: Uterine serosa is focally involved by tumor. Parametrial margins and vaginal cuff margins are free of tumor.
Lymphovascular Invasion:	Present

Pathologic Staging (pTNM [FIGO]) AJCC 7th Edition 2010

Primary Tumor (pT):	pT3a [IIIA]: Tumor involves serosa and/or adnexa (direct extension or metastasis)
Regional Lymph Nodes (pN):	pN0: No regional lymph node metastasis Comment(s): In addition to the pelvic and para-aortic lymph nodes, 4 left common iliac lymph nodes are free of tumor.
Number of pelvic lymph nodes examined:	13
Number of pelvic lymph nodes involved:	0
Number of para-aortic lymph nodes examined:	3
Number of para-aortic lymph nodes involved:	0
Number of common iliac lymph nodes examined:	4
Number of common iliac lymph nodes involved:	0

SYNOPTIC REPORT:

Applies To:
A : OMENTUM 1
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J : LEFT PARA-AORTIC LYMPH NODE
K : RIGHT PELVIC LYMPH NODES
L : RIGHT PARA-AORTIC LYMPH NODES

Macroscopic

Specimen Type:	Entire uterus
Procedure:	Hysterectomy
Other Organs Present:	Right ovary

PATIENT: [redacted]

Lymph Node Sampling:	Left ovary Right fallopian tube Left fallopian tube Vaginal cuff Pelvic lymph nodes Para-aortic lymph nodes Common iliac lymph nodes

Microscopic

Histologic Type:	Squamous cell carcinoma
Histologic Grade:	G2: Moderately differentiated
Tumor Site:	3 to 6 o'clock quadrant
Tumor Size:	Greatest dimension: 0.15cm
Lymphovascular Invasion:	Not identified
Margins:	Margins uninvolved by invasive carcinoma Distance of invasive carcinoma from closest margin: Greater than 1.5 cm

Pathologic Staging (pTNM) (AJCC 7th Edition, 2010) [FIGO]

Primary Tumor (pT):	pT1a [IA]: Invasive carcinoma diagnosed by microscopy only. All macroscopically visible lesions (even with superficial invasion) are pT1b/1B.
Regional Lymph Nodes (pN):	pN0: No regional lymph node metastasis
Number of lymph nodes identified:	20
Number of lymph nodes involved:	0

HISTORY:
Uterine cancer

MICROSCOPIC FINDINGS:
See diagnosis.

SPECIAL STUDIES:
HE step sections x 1 (G8, G18, G21)
HE step sections x 2 (G27)

IMMUNOHISTOCHEMISTRY:

Study / Antibody	Block	Result
Calretinin	D1	The mesothelial cells exhibit positive staining.
Keratin AE1/AE3	H1-H6	No "occult" keratin- positive metastatic tumor cells are identified in nine lymph nodes (0/9).
Keratin AE1/AE3	I1-I2	No "occult" keratin- positive metastatic tumor cells are identified in four lymph nodes (0/4).
Keratin AE1/AE3	J1	No "occult" keratin- positive metastatic tumor cells are identified in one lymph node (0/1).
Keratin AE1/AE3	K1-K4	No "occult" keratin- positive metastatic tumor cells are identified in four lymph nodes (0/4).
Keratin AE1/AE3	L1-L4	No "occult" keratin- positive metastatic tumor cells are identified in two lymph nodes (0/2).

*These IHC studies were interpreted in conjunction with appropriate positive and negative controls which demonstrated the expected reactivity.

GROSS:

A. OMENTUM #1
Labeled with the patient's name, labeled "omentum #1", and received in formalin is a 12.8 x 7.5 x 1.8 cm partial omentectomy specimen composed of soft lobulated yellow fatty tissue.

No gross tumor is identified.

Representative sections.

Slide key:
A1-A3. 1 each

B. OMENTUM #2
Labeled with the patient's name, labeled "omentum #2", and received in formalin is a 14.0 x 9.0 x 2.0 cm partial omentectomy specimen composed of soft lobulated yellow fatty tissue.

No gross tumor is identified.

Representative sections.

Slide key:
B1-B3. 1 each

C. OMENTUM #3
Labeled with the patient's name, labeled "omentum #3", and received in formalin is an 18.0 x 10.5 x 2.5 cm partial omentectomy specimen composed of soft lobulated fatty tissue.

No gross tumor is identified.

Representative sections.

Slide key:
C1-C3. 1 each

D. RIGHT CORNUA OF UTERUS (FROZEN)
Labeled with the patient's name, labeled "right cornea of uterus", received fresh for intraoperative frozen section consultation, and subsequently fixed in formalin is a 1.0 x 1.0 x 0.2 cm portion of tan-brown blood clot.

No gross tumor is identified.

Entirely submitted.
D1. Remnant of FSD - 1

E. LEFT TUBE AND OVARY
Labeled with the patient's name, labeled 'left tube and ovary", and received in formalin is a salpingo-oophorectomy specimen. The ovary is 2.5 x 1.5 x 0.7 cm. The fimbriated fallopian tube is 4.2 cm in length, ranges from 0.3 to 0.5 cm in diameter, and has a pinpoint lumen.

No gross tumor is identified.

The ovary is atrophic and otherwise unremarkable. The fallopian tube is notable for a 0.5 x 0.5 x 0.3 cm hemorrhagic paratubal.

Representative sections.

Slide key:
E1. Ovary, fallopian tube, fimbria, and hemorrhagic paratubal cyst - 3

F. RIGHT TUBE AND OVARY
Labeled with the patient's name, labeled "right tube and ovary", and received in formalin is a salpingo-oophorectomy specimen. The ovary is 2.6 x 1.5 x 1.2 cm. The fimbriated fallopian tube is 5.5 cm in length, ranges from 0.3-0.5 cm in diameter, and has a pinpoint lumen.

No gross tumor is identified.

The ovary is atrophic and otherwise grossly unremarkable. The fallopian tube is grossly unremarkable.

Representative sections.

Slide key:
F1. Ovary, fallopian tube, and fimbria - 3

G. UTERUS AND CERVIX - (FROZEN)
Labeled with the patient's name, labeled received fresh for intraoperative frozen section consultation, and subsequently fixed in formalin is a 96.6 gram total abdominal hysterectomy specimen without adnexa. The uterus is about 9.0 x 5.5 x 3.5 cm. The cervical portion of the uterus is about 3.8 x 3.0 x 3.0 cm. The endometrial cavity is approximately 4.0 cm wide and 3.5 cm in length. The muscular uterine wall ranges from 1.2 to 1.5 cm. The right parametrial tissue is 2.0 x 1.2 x 0.5 cm, the left parametrial tissue is 1.3 x 1.0 x 0.5 cm, and a small portion of anterior paracervical tissue is 1.3 x 1.0 x 0.5 cm. The anterior vaginal cuff is 3.5 cm x 1.3 x 0.3 cm. The rim of posterior vaginal cuff is 0.8 x 0.2 x 0.2 cm. The cervical os is approximately 0.3 cm.

There is a tan soft to firm uterine tumor that involves a 4.2 x 4.0 cm area of the endometrium in the fundus and uterine corpus (posterior > anterior) and extends into the lower uterine segment, but not into the cervix. Myometrial invasion is present, up to 1.5 cm into a 1.5 cm wall. The tumor focally penetrates the uterine serosa and abuts the uterine serosa elsewhere. The parametrial tissues and vaginal cuff are grossly free of tumor.

The endocervical mucosa in the transformation zone appears irregular, fibrotic, and ulcerated. No distinct mass or invasive tumor is seen. The ectocervical mucosa shows patchy areas of erosion and/or defects, including a 0.7 x 0.6 cm oval lesion in the 6:00-9:00 quadrant. No invasive tumor is evident on gross inspection of the cervix. The cervix also shows several mucus-filled cysts, the largest of which is about 0.3 cm in diameter. The vaginal cuff is grossly unremarkable. There is very little grossly uninvolved endometrium, that is up to 0.1 cm in thickness. There are foci of hemorrhage in the endometrium and superficial myometrium. There is a 0.3 cm diameter leiomyoma composed of firm tan solid tissue in the lower uterine segment. No areas of necrosis or hemorrhage are seen in the leiomyoma. A few uterine serosal adhesions are also present.

Gross photographs are obtained.

Ink key: Anterior uterus - yellow; posterior uterus - black.

Representative sections.

Slide key:
G1. Remnant of frozen section G1 (FSG1) - 1
G2. Remnant of frozen section G2 (FSG2) - 1
G3. Anterior paracervical tissues - 1
G4. Left parametrial tissue - 2
G5, G6. Right parametrial tissue - 2 each
G7. Anterior vaginal cuff, en face margin - 1
G8. Posterior vaginal cuff margin - 1
G9-G11. Cervix, 12:00-3:00 - 1 each
G12-G14. Cervix, 3:00-6:00 - 1 each
G15. Cervix - 6:00-9:00, including oval ulceration – 1
G16-G17. Cervix, 6:00-9:00 – 1 each
G18-G20. Cervix, 9:00-12:00 - 1 each
G21. Anterior lower uterine segment and upper endocervix - 1
G22. Posterior lower uterine segment - 1
G23. Anterior lower uterine segment with leiomyoma - 1
G24. Posterior lower uterine corpus - 1
G25-G28. Uterine tumor; deepest tumor with adjacent serosa - 1 each
G29. Tumor with adjacent grossly uninvolved mucosa - 1

H. LEFT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin is a 4.2 x 3.0 x 1.5 cm aggregate of soft yellow adipose tissue within which there are embedded multiple soft tan lymph nodes ranging from about 0.1 to 1.2 cm in maximum dimension.

No gross tumor is identified.

Entirely submitted.

Slide key:
H1. One lymph node, "bisected", and perinodal fat - 2
H2. Two tiny lymph nodes and fat – 1
H3. Two lymph nodes and fat – 3
H4. One lymph node and fat – 2
H5. Two small lymph nodes and fat – 2
H6. Two small lymph nodes.

I. LEFT COMMON LYMPH NODE
Labeled with the patient's name, labeled "left common lymph node", and received in formalin is a 3.2 x 2.0 x 0.5 cm soft yellow adipose tissue within which there are four soft tan lymph nodes ranging from about 0.1 to 1.0 cm in maximum dimension.

No gross tumor is identified.

Entirely submitted.

Slide key:
I1. One lymph node, bisected - 2
I2. Three small lymph nodes and fat - 2

Labeled with the patient's name, labeled "left PA", and received in formalin are three portions of yellow fatty tissue ranging from 0.8 x 0.5 x 0.4 cm to 1.7 x 0.8 x 0.4 cm. A single 0.5 cm soft tan lymph node is identified in one of the tissue fragments..

No gross tumor is identified.

Entirely submitted.

Slide key:
J1. One lymph node and fat - 3

K. RIGHT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin are three portions of soft yellow fatty tissue ranging from 1.3 x 1.0 x 0.6 cm to 4.5 x 1.8 x 0.5 cm. Dissection of the fat reveals four soft tan lymph nodes ranging from about 0.2 and 0.9 cm in maximum dimension.

No gross tumor is identified.

Entirely submitted.

Slide key:
K1. Two lymph nodes and perinodal fat – 2
K2. Smallest lymph node and fat - 2
K3. One lymph node and fat – 1
K4. Fat – 1

L. RIGHT PA
Labeled with the patient's name, labeled "right PA", and received in formalin is a 4.0 x 2.2 x 1.0 cm portion of soft yellow fatty tissue within which there are two nodes. The larger lymph node is 4.0 x 1.5 x 1.0 cm and the smaller is about 0.2 cm in diameter.

No gross tumor is identified. The larger lymph node is partially replaced by fat.

Slide key:
L1, L2. One half of largest lymph node, bisected - 1 each
L3. Other half of largest lymph node, bisected - 2
L4. Second lymph node - 1

Gross dictated by

INTRAOPERATIVE CONSULTATION:
OPERATIVE CALL
OPERATIVE CONSULT (FROZEN):

FSD:

- No tumor seen, benign epithelial lesion

G. FROZEN:

- Infiltrating carcinoma to serosa

FSG1 (ENDOMETRIUM TO SEROSA):

PATIENT: [redacted]

FSG2 (SEROSAL TUMOR):
Tissue given for research
M.D., [redacted]

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

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 [redacted] Date Reviewed: 3/4/11		

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