



Patient:		Accession Number!
Hospital No:	Pathologist:	Ordering M.D.:
Date of Birth:	Assistant:	
Age/Sex:	Date of Procedure:	Copies
	Date Received:	
Location:		

SURGICAL PATHOLOGY REPORT

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

Reason for Addendum #1: Additional sections or studies
Reason for Addendum #2: Additional sections or studies
Reason for Amendment/Correction #1: Typographical errors

DIAGNOSIS:

A. UTERUS, FALLOPIAN TUBES AND OVARIES, LAPAROSCOPIC-ASSISTED VAGINAL HYSTERECTOMY (SUPRACERVICAL HYSTERECTOMY PLUS CERVICECTOMY) AND BILATERAL SALPINGO-OOPHORECTOMY:

- Primary uterine adenocarcinoma, endometrioid-type, FIGO grade 2, and high-grade (3) serous type [see comment]
- Tumor involves the mostly the uterine fundus, anterior and posterior uterine corpus, and focally extends into the lower uterine segment
- Minimal superficial myometrial invasion by carcinoma is present and involves much less than 50% of the uterine wall thickness
- No lymphatic or blood vessel invasion by carcinoma is identified
- Cervix is free of tumor
- No evidence of metastatic carcinoma involving ovaries or fallopian tubes
- Two uterine leiomyomas
- Adenomyosis, multifocal, involving inner and outer halves of the muscular uterine wall
- Non-neoplastic endometrium is inactive to weakly proliferative
- Cervix with benign endocervical polyp, acute and chronic inflammation, reactive epithelial changes, reserve cell hyperplasia, squamous metaplasia, and nabothian cysts
- Right ovary with atrophic changes, cystic epithelial inclusions, and serosal adhesions
- Right fallopian tube with focal epithelial hyperplasia
- Left ovary with atrophic changes, cystic epithelial inclusions, and microscopic benign surface papillary adenofibromatous changes
- Left fallopian tube with serosal adhesions and tiny paratubal mesothelial cyst

B. SPECIMEN DESIGNATED "INTRAPERITONEAL MASS", EXCISION:

- Benign fibrous-walled cyst, largely devoid of lining, with associated focal chronic inflammation
- No evidence of metastatic carcinoma

C. [SOFT TISSUE], DESIGNATED "LYMPH NODE", RIGHT PELVIC, EXCISION:

- Vascularized adipose tissue, fibrous tissue, and reactive mesothelial cells
- No lymph node or metastatic carcinoma identified

Patient Case(s).

Copy For...
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ICD-O-3
Adenocarcinoma, serous, endometrioid
8441/3
GLE
Site Endometrium C54.1
path Uterus NOS C55.9
Code to highest 8441/3
JW 10/30/13

ACCESSION #:

- Vascularized adipose tissue, fibrous tissue, and tiny reactive lymphoid aggregates
- No lymph node or metastatic carcinoma identified

- Vascularized adipose tissue and scant fibrous tissue
- No lymph node or metastatic carcinoma identified

- Vascularized adipose tissue and fibrous tissue
- No lymph node or metastatic tumor identified

COMMENT: The endometrioid carcinoma component, which accounts for at least 90% of the neoplasm, is predominantly exophytic and exhibits papillary villoglandular features. The FIGO grade of the endometrioid tumor component is based on the combined architectural features and nuclear grade for that component. There is also a minor (by volume) component of high nuclear grade uterine papillary serous carcinoma. There are a few "free-floating" fragments of tumor within spaces, some of which may represent lymphovascular spaces, but they are interpreted as dissection strays. has also reviewed selected sections of the uterine tumor and concurs with the classification of the neoplasm and also agrees that there is no unequivocal lymphovascular invasion by tumor [IDC2b]. The preliminary pathologic findings were relayed to on

COMMENT EXPLAINING THE CORRECTION: The phrase, high-grade, was used twice (before and after the phrase, serous type, in the original diagnosis, which was obviously redundant. One of the phrases has now been removed. In the synoptic report, a typographical error for the FIGO stage has been corrected. (FIGO stage IB has been changed to FIGO stage IA). There is no change in the actual diagnosis.

A : UTERUS, CERVIX, OVARIES AND FALLOPIAN TUBES
B : INTRAPERITONEAL MASS
C : RIGHT PELVIC "LYMPH NODE"
D : LEFT PELVIC "LYMPH NODE"
E : RIGHT "PA"
F : LEFT "PA"

Macroscopic

Uterus
Right ovary
Left ovary
Right fallopian tube
Left fallopian tube

None

Laparoscopic-assisted vaginal hysterectomy and bilateral salpingo-oophorectomy

Intact hysterectomy specimen

SURGICAL PATHOLOGY REPORT

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PATIENT:

Microscopic

Histologic Type: Mixed carcinoma
 Types / Percentages: Endometrioid type (> 90 %) and
 serous type (< 10%)

Histologic Grade: FIGO grade for the endometrioid tumor is 2; serous
 component is grade 3

Tumor Site: Corpus
 Fundus
 Lower uterine segment

Tumor Size: Greatest dimension: 6.5cm

Myometrial Invasion: Less than 50% myometrial invasion

Involvement of Cervix: No involvement

**Extent of Involvement
 of Other Organs:** None

Margins: Surgical margins are free of tumor.

Lymphovascular Invasion: Not identified

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): pNX: Cannot be assessed

FIGO Stage: IA

HISTORY:
 Endometrial carcinoma

MICROSCOPIC FINDINGS:
 See diagnosis.

SPECIAL STUDIES:
 None

IMMUNOHISTOCHEMISTRY:

Study / Antibody	Block	Result
Keratin (AE1/AE3)	C1	Benign epithelioid cells, apparently representing reactive mesothelial cells are positive (also see result of calretinin stain below). No "occult" keratin-positive metastatic carcinoma cells are identified.
Keratin (AE1/AE3)	D1, D2	No "occult" metastatic carcinoma cells are identified in the tiny reactive lymphoid aggregates or elsewhere in the specimen.
Calretinin	C1	Mesothelial cells exhibit positive staining.

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

GROSS:
 A. UTERUS, CERVIX, LEFT AND RIGHT OVARIES AND TUBES (GROSS AND RESEARCH)

SURGICAL PATHOLOGY REPORT

***** AMENDED REPORT *****
ACCESSION #:

PATIENT:

Patient name, label: designated "uterus, cervix, left and right ovaries and tubes"

Specimen type: Total hysterectomy (supracervical hysterectomy plus cervicectomy) and bilateral salpingo-oophorectomy

Received: Fresh for intraoperative consultation and subsequently fixed in formalin

Specimen integrity: Intact

Specimen weight: 279 g

Specimen size:

Overall uterine dimensions: 9.0 x 7.8 x 7.5 cm

Cervix alone: 4.6 cm in length and 3.1 cm in diameter, received unoriented and intact but separate from the uterus

Vaginal cuff: Absent

Endometrial cavity: 7.6 cm in length and 6.0 cm in maximum width

Endometrial thickness: 0.1 to 2.0 cm in thickness

Myometrial thickness: 1.5 to 5.0 cm (thickest where involved by a leiomyoma, see below)

Left parametrium: Absent

Right parametrium: Absent

Left ovary: 2.4 x 1.8 x 1.2 cm

Left fallopian tube: 7.5 cm in length, 0.4 to 0.6 cm in diameter; fimbriae present

Right ovary: 2.3 x 1.5 x 1.3 cm

Right fallopian tube: 8.2 cm in length, 0.7 to 0.9 cm in diameter; fimbria present

Pathologic findings:

Tumor:

Location: Tumor involves the uterine fundus and the anterior and posterior uterine corpus

Size: 6.5 x 5.3 x 2.5 cm

Color: Tan

Consistency: Soft and friable

Configuration: Mostly exophytic

Myometrial invasion: Questionable superficial invasion

Grossly evident vascular invasion: Absent

Uterine serosal involvement: Absent

Cervical involvement: Absent

Parametrial involvement: Not applicable

Left ovary: Uninvolved by metastatic tumor

Left fallopian tube: Uninvolved by metastatic tumor

Right ovary: Uninvolved by metastatic tumor

Right fallopian tube: Uninvolved by metastatic tumor

Other Findings:

Non-neoplastic endometrium: Unremarkable

Endometrial polyp(s): Not identified

Leiomyoma(s): One circumscribed intramural leiomyoma measuring 5.0 x 4.5 x 4.2 cm is identified. The leiomyoma is composed of firm, tan-white solid tissue. There is also a 0.6 cm diameter circumscribed submucosal leiomyoma that is composed of firm solid tan-white tissue. No areas of necrosis, calcifications or hemorrhages are identified in the leiomyomas.

Other myometrial lesion(s): Trabeculations and minute to tiny cystic spaces, up to 0.2 cm

Uterine serosa: Unremarkable

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Cervix:	There is a 0.6 x 0.3 x 0.2 cm soft tan cervical polyp
Vaginal cuff:	Not applicable
Left ovary:	Atrophic, otherwise grossly unremarkable
Left fallopian tube:	Serosal adhesions and is a 0.2 cm diameter paratubal cyst
Right ovary:	Atrophic, otherwise grossly unremarkable
Right fallopian tube:	Unremarkable
Additional findings:	None

Ink key:

Green – paracervical soft tissue margin
Black - posterior serosa
Blue - anterior serosa

Representative sections are submitted.

Slide key:

A1. Cervix with endocervical polyp - 1
A2. Cervix, about 180 degrees from that in A1 - 1
A3, A4. Lower uterine segment - 1 each
A5. Anterior fundus - 1
A6, A7. Anterior corpus with tumor, bisected - 1 each
A8. Anterior corpus with tumor, bisected - 2
A9, A10. Posterior fundus with tumor, bisected - 1 each
A11, A12. Posterior corpus with tumor, bisected - 1 each
A13, A14. Posterior corpus with tumor, bisected - 1 each
A15, A16. Posterior fundus with large intramural leiomyoma, bisected - 1 each
A17. Right ovary - 2
A18. Right fallopian tube - 5
A19. Left ovary - 2
A20. Left fallopian tube and paratubal cyst - 5

B. INTRAPERITONEAL MASS

Labeled designated "intraperitoneal mass", and received in formalin is a 2.6 x 1.2 x 0.3 cm unilocular cystic lesion. The external aspect and the internal lining are each tan and smooth. The wall thickness is up to 0.1 cm.

The specimen is serially sectioned and entirely submitted.

Slide key:

B1. 4

C. RIGHT PELVIC LYMPH NODE

Patient name, label:	designated "right pelvic lymph node"
Specimen type:	Excision
Received:	In formalin
Specimen contents:	Adipose tissue
Number of pieces of tissue:	One
Size of specimen:	1.4 x 1.0 x 0.2 cm
Number of lymph nodes:	None identified
Size of lymph nodes:	Not applicable
Tumor:	No gross tumor is seen
Additional findings:	None

Entirely submitted.

SURGICAL PATHOLOGY REPORT

***** AMENDED REPORT *****
ACCESSION #:

PATIENT:

Slide key:
C1. 1

D. LEFT PELVIC LYMPH NODES

Patient name, label:	designated "left pelvic lymph node"
Specimen type:	Excision
Received:	In formalin
Specimen contents:	Adipose tissue and lymph nodes
Number of pieces of tissue:	Five
Size of specimen:	2.0 x 1.0 x 0.2 cm in aggregate
Number of lymph nodes:	No lymph nodes are identified
Size of lymph nodes:	Not applicable
Tumor:	Not identified
Additional findings:	None

Entirely submitted.

Slide key:
D1, D2. Adipose tissue - multiple

E. RIGHT PA

Patient name, label:	designated "Right PA"
Specimen type:	Excision
Received:	In formalin
Specimen contents:	Adipose tissue
Number of pieces of tissue:	Multiple
Size of specimen:	1.0 x 0.7 x 0.2 cm in aggregate
Number of lymph nodes:	Not identified
Size of lymph nodes:	Not applicable
Tumor:	No gross tumor is seen
Additional findings:	None

Entirely submitted.

Slide key:
E1. 2

F. LEFT PA

Patient name, label:	designated "Left PA"
Specimen type:	Excision
Received:	In formalin
Specimen contents:	Adipose tissue and lymph node
Number of pieces of tissue:	Three
Size of specimen:	1.2 x 0.6 x 0.2 cm in aggregate
Number of lymph nodes:	No lymph nodes are identified
Size of lymph nodes:	Not applicable
Tumor:	No gross tumor seen
Additional findings:	None

Entirely submitted.

Slide key:
F1. Two lymph nodes and a remaining adipose tissue fragment - 3

SURGICAL PATHOLOGY REPORT

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ACCESSION #:

PATIENT:

Gross dictated by

INTRAOPERATIVE CONSULTATION:
OPERATIVE CALL
OPERATIVE CONSULT (GROSS):

SPA UTERUS, CERVIX, BILATERAL TUBES AND OVARIES:

- Tumor present in endometrium
- Tissue taken for research

*** ADDENDUM ***

RESULTS OF ADDITIONAL IMMUNOHISTOCHEMICAL STAINS:

Study / Antibody	Block	Result
P53	A8	Most of the carcinoma cells exhibit positive nuclear staining.
PTEN	A8	Most of the carcinoma cells are negative, i.e. there is loss of the normal pattern of staining by tumor cells.
Estrogen receptor	A8	Some of the carcinoma cells exhibit positive nuclear staining.

*** ADDENDUM #2 ***

RESULT OF AN ADDITIONAL IMMUNOHISTOCHEMICAL STAIN:

Study / Antibody	Block	Result
KI-67 QT	A8	More than 60% of the carcinoma cells exhibit positive nuclear staining.

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

Electronically signed
Electronically signed
Electronically signed

SURGICAL PATHOLOGY REPORT

PATIENT:

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ACCESSION #:

Electronically signed

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.

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Criteria	Yes	No
Diagnostic Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HR/AR Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Neoplasia		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	UNQUALIFIED
Reviewer Initials	SC	Date Reviewed: 9/24/13