



Patient Name:

DOB:

Accession:

MRN:

PAN:

# Surgical Pathology Report

Final

	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RE	
Date Reviewed	10/28/11	
	10/30/11	

## SURGICAL PATHOLOGY REPORT FINAL

Patient Name:

Address:

Gender: F

DOB:

(Age:

Service: Gynecology

Location:

MRN:

Hospital #:

Patient Type: SDSA

Accession #:

Taken:

Received:

Accessioned:

Reported:

Physician(s):

Other Related Clinical Data:

DIAGNOSIS:

UTERUS, TOTAL ABDOMINAL HYSTERECTOMY

- ENDOMETRIOID ADENOCARCINOMA, FIGO GRADE 2/3, INVASIVE TO A DEPTH OF 0.3 CM (MYOMETRIAL THICKNESS 2.0 CM), WITHOUT LOWER UTERINE SEGMENT INVOLVEMENT

- ADENOMYOSIS

- LEIOMYOMAS

- SEROSAL ENDOMETRIOSIS

- CERVIX WITH NO HISTOPATHOLOGIC ABNORMALITY

OVARIES, LEFT AND RIGHT, BILATERAL OOPHORECTOMY

- ENDOMETRIOSIS

- TUBAL AND UTERINE SEROSAL ADHESIONS

- NO EVIDENCE OF MALIGNANCY

FALLOPIAN TUBES, LEFT AND RIGHT, BILATERAL SALPINGECTOMY

- PERITUBAL ADHESIONS

- NO EVIDENCE OF MALIGNANCY

LYMPH NODES, RIGHT EXTERNAL ILIAC, EXCISION

- NO EVIDENCE OF MALIGNANCY (2/2)

LYMPH NODES, RIGHT OBTURATOR, EXCISION

- NO EVIDENCE OF MALIGNANCY (7/7)

LYMPH NODES, LEFT EXTERNAL ILIAC, EXCISION

- NO EVIDENCE OF MALIGNANCY (2/2)

LYMPH NODES, LEFT OBTURATOR, EXCISION

- NO EVIDENCE OF MALIGNANCY (8/8)

LYMPH NODE, RIGHT PERIAORTIC, EXCISION

- NO EVIDENCE OF MALIGNANCY (1/1)

LYMPH NODES, LEFT PERIAORTIC, EXCISION

- NO EVIDENCE OF MALIGNANCY (2/2)

1CD-0-3

adenocarcinoma, endometrioid, NOS 838013

Site: Endometrium C54.1

10/30/11

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material indicated in the diagnosis).

M.D.

\*\*\*Report Electronically Reviewed and Signed Out By Intraoperative Consultation:

M.D.\*\*\*

Patient Name:

DOB:

Accession:

MRN:

PAN:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick-up 'uterus, cervix, right and left tubes and ovaries' consisting of above mentioned parts weighing overall 192 grams. The uterus measures 9.5 x 6.5 x 6 cm, the right ovary 2 x 1 x 1 cm and shows a 1 cm cyst, the right fallopian tube 4.5 x 0.6 x 0.5 cm, the left ovary is not grossly identified, the left fallopian tube 4.5 x 0.6 x 0.5 cm. The endometrium shows two sessile polypoid masses on anterior surface measuring 3.5 x 0.8 x 0.5 cm, and on posterior surface measuring 3.6 x 3 x 2 cm. Both portions of the lower uterine segment are apparently not involved. The anterior uterus further shows an intramural nodule that measures 5 x 4.5 x 3.5 cm, and a posterior cervical intramural nodule that measures 3 x 2.5 x 1.5 cm. Portions of mass on posterior upper uterine segment, and normal uterus are given for and Tumor Bank. Remainder for permanents," by M.D.

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

M.D.

History:

The patient is a ... year old woman with endometrial carcinoma. Operative procedure: Total abdominal hysterectomy with bilateral salpingo-oophorectomy and staging.

Specimen(s) Received:

- A: UTERUS, CERVIX BILATERAL ADNEXA
- B: LYMPH NODE, RIGHT EXTERNAL ILIAC
- C: LYMPH NODE, RIGHT OBTURATOR
- D: LYMPH NODE, LEFT EXTERNAL ILIAC
- E: LYMPH NODE, LEFT OBTURATOR
- F: LYMPH NODE, RIGHT PERI AORTIC
- G: LYMPH NODE, LEFT PERI AORTIC

Gross Description

Received are seven formalin-filled containers, each labeled "The first container is labeled "uterus, cervix, right and left tube with ovary." It contains a 192 gram uterus that measures, consistent with that described in the intraoperative consultation, 9.5 x 6.5 x 6 cm. The attached adnexal structures are markedly matted together by dense adhesions and no definite grossly identified ovary is seen. The adnexal structures of the left measure 5 x 3.5 x 1.5 cm, while those on the right measure 5.5 x 2.5 x 1.5 cm. As mentioned, a tubal structure, consistent with the fallopian tube is identified on both sides, while a well circumscribed ovarian structure is not seen. The posterior serosal aspect of the uterus is markedly roughened with multiple adhesions, that are continuous with those seen around both adnexa. The ectocervix measures 3.5 x 3 cm and is grossly unremarkable. It is continuous with a 2.5 cm in length unremarkable endocervical canal. The endometrial cavity measures 4 x 2.5 cm and shows a polypoid tumor measuring 3 x 2.5 cm, located on the posterior fundus close to the right cornu. The tumor extends to partially involve the anterior fundus. On sectioning the myometrial wall measures up to 2.3 cm in thickness in the vicinity of the tumor and is apparently involved by tumor at least in its luminal one third. The remainder of the endometrial cavity is lined by thin tan unremarkable endometrium. The myometrium also displays the presence of two white whorled masses, one in the cervix, measuring 2.2 cm in greatest dimension and the other in the fundus, measuring 4.8 cm in maximum dimension. None of these show any evidence of hemorrhage or necrosis. Although both fallopian tubes are identified, with measurements consistent with those described in the intraoperative consultation (4.5 x 0.6 cm for the right, and 4.5 x 0.6 cm for the left), as mentioned definitive ovaries are not seen. Labeled A1 and A2 - anterior contiguous segments of cervix and endometrium; A3 to A5 - posterior contiguous segment of cervix lower uterine segment and endometrium including tumor; A6 through A9 - additional sections of tumor; A10 -

Patient Name:

DOB:

Accession:

MRN:

PAN:

additional sections from non-tumorous endometrium; A11 - larger uterine mass; A12 - posterior serosa; A13 through A15 - right adnexal structures; A16 through A18 - left adnexal structures. Jar 3.

The second container is labeled "right external iliac node" and contains several irregular fragments of fibrofatty tissue measuring 7 x 4 x 1 cm in aggregate. Sectioning show two putative lymph nodes and adipose tissue. Labeled B1. Jar 1.

The third container is labeled "right obturator node" and contains several irregular fragments of fibroadipose tissue measuring 5 x 3 x 1.5 cm. Sectioned to show multiple lymph nodes labeled C1 to C3. Jar 1.

The fourth container is labeled "left external iliac" and contains several irregular portions of fibrofatty tissue measuring 5 cc in aggregate. Dissected to show two lymph nodes. Labeled D1. Jar 1.

The fifth container is labeled "left obturator node" and contains several irregular portions of fibrofatty tissue measuring 5 x 3 x 1 cm in aggregate. Dissected to show multiple lymph nodes. Labeled E1 and E2. Jar 1.

The sixth container is labeled "right periaortic lymph node" and contains an irregular portion of fibrofatty tissue measuring 3.5 x 1.5 x 1 cm. Bisected to show one lymph node. Bisected. Labeled F1 and F2. Jar 1.

The seventh container is labeled "left periaortic lymph node" and contains several irregular portions of fibrofatty tissue measuring 5 x 3 x 0.8 cm in aggregate. Labeled G1. Jar 1.

, M.D.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, endometrioid type

FIGO GRADE

The FIGO Grade of the tumor is 6 to 50% solid growth pattern (FIT)

TUMOR INVASION

Invasive tumor is present with superficial invasion into the luminal 1/3 of the myometrium

TUMOR SIZE

The tumor invades to a depth of 3 mm  
The myometrial thickness is 20 mm

ENDOCERVICAL INVOLVEMENT

The endocervix is not involved by tumor

LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is absent

REGIONAL LYMPH NODES (N)

No regional lymph node metastasis (N0)

The regional lymph nodes are free of tumor in 22 nodes  
The total number of lymph nodes examined is 22

DISTANT METASTASIS (M)

Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)

Tumor invades less than one-half of the myometrium (T1b/IB)

STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T1b/N0/M0 (Stage IB)

Patient Name:

DOB:

Accession:

MRN:

PAN:

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.