

Patient Name: [REDACTED]
DOB: [REDACTED]

Surgical Pathology Report

Final

10D-0-3

adenocarcinoma, endometrioid, NOS 8380/3

Site: Endometrium c54.1

bw 11/29/11

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Notes		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RS	
Date Reviewed	11/23/11	
bw	11/29/11	

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SURGICAL PATHOLOGY REPORT

FINAL

Patient Name: [REDACTED]	Service: Gynecology	Accession #: [REDACTED]
Address: [REDACTED]	Location: OTHER	Taken: [REDACTED]
Gender: F	MRN: [REDACTED]	Received: [REDACTED]
DOB: [REDACTED]	Hospital #: [REDACTED]	Accessioned: [REDACTED]
	Patient Type: [REDACTED]	Reported: [REDACTED]

Physician(s):

DIAGNOSIS:

PANUS, RESECTION (A)

- SKIN AND SUBCUTANEOUS ADIPOSE TISSUE
- NO EVIDENCE OF MALIGNANCY

UTERUS, CERVIX, BILATERAL TUBES AND OVARY, HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY (B)

- INVASIVE POORLY DIFFERENTIATED ENDOMETRIAL ADENOCARCINOMA, FIGO GRADE 3, ENDOMETRIOID TYPE
- THE CARCINOMA INVADERS 16 MM OUT OF 18 MM MYOMETRIAL THICKNESS
- SEPARATE TUMOR NODULE PRESENT IN THE POSTERIOR LOWER UTERINE SEGMENT, 1 MM FROM THE SEROSA
- LYMPHOVASCULAR SPACE INVASION PRESENT
- LEIOMYOMA
- CERVIX, LYMPHOVASCULAR SPACE INVASION AND ADJACENT STROMAL INVASION
- MILD CHRONIC INFLAMMATION AND SQUAMOUS METAPLASIA
- OVARY, RIGHT, HYPERPLASTIC RETE OVARIUM AND SURFACE STROMAL PAPILLARY PROLIFERATIONS, NO EVIDENCE OF MALIGNANCY
- OVARY, LEFT, NO DIAGNOSTIC ABNORMALITIES
- FALLOPIAN TUBES, RIGHT AND LEFT, NO DIAGNOSTIC ABNORMALITIES

LYMPH NODES, EXTERNAL ILIAC, LEFT, EXCISION (C)

- FIVE LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/5)

OBTURATOR, LEFT, EXCISION (D)

- EIGHT LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/8)

LYMPH NODES, EXTERNAL ILIAC, RIGHT, EXCISION (E)

- SEVEN LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/7)

LYMPH NODES, OBTURATOR, RIGHT, EXCISION (F)

- FOUR LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/4)

LYMPH NODE, PERIAORTIC, RIGHT, EXCISION (G)

- ONE LYMPH NODE WITH NO EVIDENCE OF MALIGNANCY (0/1)



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LYMPH NODE, PERIAORTIC, LEFT, EXCISION (H)
- ONE LYMPH NODE WITH NO EVIDENCE OF MALIGNANCY (0/1)

OMENTUM, BIOPSY (I)
- ADIPOSE TISSUE WITH NO EVIDENCE OF MALIGNANCY

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).

AD

Report Electronically Reviewed and Signed Out By:

Intraoperative Consultation:

"Called to pick up 'cervix, uterus, bilateral tubes and ovaries.' Consists of 123-gram, 9.5 x 6 x 4 cm uterus with a pink-tan, smooth serosa that is distorted by a mass. The cervix and bilateral adnexa appear unremarkable. Opened to show firm fleshy pink-tan tumor mass measuring 5 x 4.5 x 2 cm that invades to the serosal surface, but is covered by serosa. Tissue submitted for study." B

1.D.

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

History:

Endometrioid adenocarcinoma. Procedure not stated.

Specimen(s) Received:

A: PANNUS
B: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES
C: LYMPH NODES, LEFT EXTERNAL ILIAC
D: LYMPH NODES, LEFT OBTURATOR
E: LYMPH NODES, RIGHT EXTERNAL ILIAC
F: LYMPH NODE, RIGHT OBTURATOR
G: LYMPH NODE, RIGHT PERIAORTIC
H: LYMPH NODE, LEFT PERIAORTIC
I: OMENTUM

Gross Description:

The specimens are received in nine formalin-filled containers each labeled "..." The first container is also labeled "pannus." It holds a 58 x 13 cm ellipse of skin with attached subcutaneous adipose tissue measuring 5.5 cm in thickness. The skin is white and wrinkled, and appears unremarkable. It is sectioned to show unremarkable skin and adipose tissue. Representative sections are submitted in A1 and A2. Jar 4.

The second container is also labeled "cervix, uterus, bilateral tubes and ovaries." It holds a 123-gram uterus measuring 9.5 x 6 x 4 cm, with attached cervix measuring 3 x 2.5 x 2 cm. Bilateral adnexa are attached; right fallopian tube (fimbriated, measuring 6.5 cm in length and 0.5 cm in diameter), right ovary (measuring 2.5 x 1.5 x 1 cm), left fallopian tube (fimbriated, measuring 5.5 cm in length and 0.5 cm in diameter), left ovary (measuring 2.5 x 1.2 x 1.5 cm). Paratubal cysts present on right and left sides. The serosa appears smooth and glistening. Opened to show the endometrial cavity that measures 4.5 cm in length and 4.0 cm in width. There is an exophytic lesion present on the anterior and posterior endometrial wall (occupies approximately 90% of the endometrium), elevates 0.7 cm from the

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endometrial surface and, on sections, appears to involve myometrium up to 1.8 cm in an area where myometrium measures 2.0 cm. There is also an additional white, ill-circumscribed nodule, measuring 1.1 x 0.9 x 0.8 cm, located in the posterior lower uterine segment, deep in the myometrium, located 0.4 cm from the endometrial surface, and 0.1 cm from the serosa. The uninvolved endometrium measures up to 0.1 cm in thickness. Sectioning through the myometrium shows multiple brown whorled tan nodules consistent with leiomyoma measuring from 0.5 to 1.7 cm in greatest dimension. Sectioning through the right and left fallopian tubes shows a pinpoint lumen and no gross abnormalities. Sectioning through the right and left ovaries shows no obvious lesions. Labeled B1 - anterior cervix; B2 - posterior cervix; B3 - anterior lower uterine segment; B4 - posterior lower uterine segment; B5 - anterior endometrium (full thickness); B6 and B7 - anterior endometrium; B8 and B9 - posterior endometrium (full thickness); B10 - posterior endometrium; B11 - nodule in posterior lower uterine segment; B12 - putative leiomyoma; B13 - right fallopian tube and right ovary; B14 - left fallopian tube and left ovary. Jar 3.

The third container is also labeled "left external iliac lymph nodes." It holds an aggregate of adipose tissue fragments measuring 4.5 x 4.0 x 1.5 cm. Sectioned to show putative lymph nodes measuring from 1.1 to 2.2 cm in greatest dimension. Lymph nodes submitted entirely. Labeled C1 - one bisected lymph node; C2 - one bisected lymph node; C3 - one bisected lymph node; C4 - one bisected lymph node; C5 - one bisected lymph node; C6 and C7 - one bisected lymph node. Jar 1.

The fourth container is also labeled "left parietal lymph nodes." It holds an adipose tissue fragment measuring 7.5 x 3 x 1.2 cm. Sectioned to show multiple lymph nodes measuring from 0.3 to 4.5 cm in greatest dimension. Lymph nodes submitted entirely. Labeled D1 - three lymph nodes; D2 - one bisected lymph node; D3 - lymph nodes; D4 and D5 - one bisected lymph node; D6 to D9 - one lymph node. Jar 1.

The fifth container is also labeled "right external iliac lymph nodes." It holds adipose tissue fragments measuring 6.7 x 7 x 1.5 cm. Sectioned to show lymph nodes measuring from 10.3 to 3 cm in greatest dimension. Lymph nodes submitted entirely. Labeled E1 and E2 - one bisected lymph node; E3 - one bisected lymph node; E4 - two lymph nodes; E5 and E6 - one bisected lymph node; E7 - lymph nodes. Jar 1.

The sixth container is also labeled "right parietal lymph nodes." It holds adipose tissue fragments measuring 7 x 5 x 1.7 cm. Sectioned to show multiple lymph nodes measuring from 0.4 to 4 cm in greatest dimension. Lymph nodes submitted entirely. Labeled F1 - two lymph nodes; F2 - one bisected lymph node; F3 to F7 - one serially sectioned lymph node. Jar 1.

The seventh container is also labeled "right periaortic lymph nodes." It holds two adipose tissue fragments measuring 3 x 2 x 1 cm. Sectioned to show one lymph node measuring 2 cm in greatest dimension. Lymph nodes bisected and entirely submitted in G1. Jar 1.

The eighth container is also labeled "left periaortic lymph node." It holds one lymph node measuring 1.7 x 1.2 x 1.0 cm. The lymph node is bisected and entirely submitted in H1. Jar 0.

The ninth container is also labeled "omental biopsy." It holds adipose tissue fragments measuring 4 x 3.5 x 0.3 cm. Sectioning reveals no obvious lesion. The specimen is submitted entirely in I1 to I3. Jar 0.

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 51 to 100% solid growth pattern (FIII)

TUMOR INVASION

Invasive tumor is present with invasion of the outer 1/3 of the myometrium

TUMOR SIZE

The tumor invades to a depth of 16 mm

The myometrial thickness is 18 mm

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The lower uterine segment is involved by tumor

The endocervix is LVSI with adjacent stromal invasion

Lymphovascular space invasion by tumor is present and widespread in scope

No regional lymph node metastasis (N0)

The regional lymph nodes are involved by tumor in 0 nodes

The total number of lymph nodes examined is 28

Extranodal extension by tumor is not applicable; no nodal metastases are present

Tumor invades cervix but does not extend beyond uterus (T2/II)

Invasion of the stromal connective tissue of the cervix (T2b/11B)

The overall pathologic AJCC stage of the tumor is T2b/N0/M0 (Stage IIB)

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

[illegible]

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