

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials: <i>RB</i>	Date Reviewed: <i>5/31/11</i>	
<i>lw 6/10/11</i>		

Surgical Pathology Report Final

1CS-0-3

adenocarcinoma, serous, Nos
8441/3

Site: endometrium C54.1

lw 6/10/11

SURGICAL PATHOLOGY REPORT FINAL

Patient Name:
Address:

Service: Gynecology

Gender:
DOB:

(Age:

Patient Type:

Reported:

Physician(s):

Other Related Clinical Data:

DIAGNOSIS:

- UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY
 - SEROUS PAPILLARY ADENOCARCINOMA, BY DIRECT EXTENSION FROM THE ENDOMETRIAL PRIMARY, WITH STROMAL INVASION
- UTERUS, ENDOMYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY
 - SEROUS PAPILLARY ADENOCARCINOMA (SEE SYNOPSIS)
 - CARCINOMA INVADERS MYOMETRIUM TO A DEPTH OF 6 MM, OUT OF A MYOMETRIAL THICKNESS OF 8 MM (AT THE LOWER UTERINE SEGMENT)
- UTERUS, MYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY
 - LEIOMYOMA (0.5 CM)
- OVARY, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY
 - NO EVIDENCE OF MALIGNANCY
- OVARY, LEFT, BILATERAL SALPINGO-OOPHORECTOMY
 - NO EVIDENCE OF MALIGNANCY
- FALLOPIAN TUBE, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY
 - NO EVIDENCE OF MALIGNANCY
- FALLOPIAN TUBE, LEFT, BILATERAL SALPINGO-OOPHORECTOMY
 - NO EVIDENCE OF MALIGNANCY
- LYMPH NODES, LEFT EXTERNAL ILIAC, DISSECTION
 - NO EVIDENCE OF MALIGNANCY IN SIX LYMPH NODES (0/6)
- LYMPH NODES, LEFT OBTURATOR, DISSECTION
 - NO EVIDENCE OF MALIGNANCY IN SEVEN LYMPH NODES (0/7)
- LYMPH NODES, RIGHT EXTERNAL ILIAC, DISSECTION
 - NO EVIDENCE OF MALIGNANCY IN ELEVEN LYMPH NODES (0/11)
- LYMPH NODES, RIGHT OBTURATOR, DISSECTION
 - NO EVIDENCE OF MALIGNANCY IN FIVE LYMPH NODES (0/5)
- LYMPH NODES, RIGHT PERIAORTIC, DISSECTION
 - NO EVIDENCE OF MALIGNANCY IN FIVE LYMPH NODES (0/5)
- LYMPH NODES, LEFT PERIAORTIC, DISSECTION
 - NO EVIDENCE OF MALIGNANCY IN THREE LYMPH NODES (0/3)
- SOFT TISSUE, LEFT PARAMETRIUM, EXCISION
 - FIBROADIPOSE AND SMOOTH MUSCLE TISSUE
 - NO EVIDENCE OF MALIGNANCY
- SOFT TISSUE, OMENTUM, EXCISION



- 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).

Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up uterus, cervix, right and left fallopian tubes with ovaries," consisting of a 10.5 x 4.5 x 3 cm uterus with both adnexa. Opened to show a soft polypoid tumor in mid-fundus, that appears to invade the myometrium. Tumor and normal tissue sampled for tissue bank and Told to surgeon.

Rest for permanents," I

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

History:

The patient is a . . . year old woman with a history of endometrial carcinoma. Operative procedure: EUA, TAH, BSO, pelvic lymph node dissection, omentectomy.

Specimen(s) Received:

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

Gross Description

The specimen was received in nine formalin-filled containers each labeled "The first container is labeled "#1, uterus, cervix, right/left fallopian tubes and ovaries." It consists of a total abdominal hysterectomy and bilateral salpingo-oophorectomy. Specimen is already opened from the intraoperative consultation. The uterus measures 10.5 cm from cervix to fundus, 4.5 cm from cornu and cornu, and 3 cm from anterior to posterior. The right ovary measures 4.3 x 1.5 x 1 cm, and the right fallopian tube measures 3 cm in length and a diameter of 0.5 cm. The left ovary measures 3.5 x 1.3 x 0.8 cm in greatest dimension, and the left fallopian tube measures 3.8 cm in length with a diameter of 0.6 cm. The external surface appears smooth with some adhesions and hemorrhage but no lesion is seen grossly. On opening, the cervix appears normal with a rectangular endocervical canal which measures 2.5 cm length. The endometrial cavity is triangular in shape and hemorrhagic; a polypoid, friable mass is seen but does not appear to invade the myometrium grossly, measuring 1.5 x 1 x 0.5 cm in greatest dimension. The rest of the endometrial thickness measures 0.2 cm. The myometrial thickness measures 1.2 cm. A small leiomyoma is seen, measuring 0.5 cm. No other gross lesions are seen. Labeled A1 - anterior cervix; A2 - anterior lower uterine segment; A3, A4 - anterior endomyometrium; A5 - posterior cervix; A6 - posterior lower uterine segment; A7, A8 - sections of the posterior endomyometrium; A9 - section of the endometrium; A10 - right ovary and fallopian tube; A11 - left ovary and fallopian tube; A12 - parametrial soft tissue from both sides. Jar 2. The second container is labeled "left external iliac lymph node." It consists of multiple irregular pieces of tan to off-white tissue, with some firm areas

which are putative lymph nodes. Submitted in total. Labeled B1 - two lymph nodes; B2 - two lymph nodes; B3, B4 - one lymph node. Jar 0.
 The third container is labeled "left parametrium." It consists of irregular pieces of soft tissue with areas of hemorrhage, measuring 2.5 x 2 x 1.5 cm in greatest dimension and submitted in total in cassette C1. Jar 0.
 The fourth container is labeled "left obturator lymph node." It consists of multiple putative lymph nodes. It measures 1.5 x 1 x 1 cm in aggregate and submitted in total in cassette D1 to D3. Jar 0.
 The fifth container is labeled "right external lymph nodes." It consists of multiple irregular pieces of fibroadipose tissue. There are multiple putative lymph nodes identified. It measures 2.5 x 2 x 1.5 cm in aggregate. Submitted in total in cassette E1 to E3. Jar 0.
 The sixth container is labeled "right obturator lymph node." It consists of one piece of irregular tissue which appears firm in consistency, measuring 2.5 x 2 x 1 cm in greatest dimension. Bivalved. Submitted in total. Labeled F1, F2. Jar 0.
 The seventh container is labeled "right periaortic lymph node." It consists of an irregular piece of tan to off-white fibroadipose tissue, measuring 1.5 x 1 x 1 cm in aggregate. Submitted in total. Labeled G1. Jar 0.
 The eighth container is labeled "omentum." It consists of an omentectomy specimen measuring 21 x 6.5 x 1.5 cm in greatest dimension. It consists of fibroadipose tissue with areas of hemorrhage. No nodules or gross lesions are identified. Labeled H1 to H5. Jar 2.
 The ninth container is labeled "left periaortic lymph node." It consists of multiple irregular pieces of tan to off-white firm tissue which appears to be lymph node. It measures 1.5 x 1 x 1 cm in aggregate. Submitted in total. Labeled I1. Jar 0.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, serous papillary type

FIGO GRADE

high grade

TUMOR INVASION

Invasive tumor is present with invasion into the luminal 2/3 of the myometrium

TUMOR SIZE

The tumor invades to a depth of 6 mm

The myometrial thickness is 8 mm

ENDOCERVICAL INVOLVEMENT

The endocervix is involved by invasive tumor in the mucosa and stroma

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 involved by tumor in 0 nodes

The total number of lymph nodes examined is 37

DISTANT METASTASIS (M)

Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)

Invasion of the stromal connective tissue of the cervix (T2b/IIB)

STAGE GROUPING

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.