ICD-O-3
Adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1 2/25/11 lw

[redacted]

[redacted]

**Surg Path**

CLINICAL HISTORY:
Malignant neoplasm of corpus uteri.

GROSS EXAMINATION:
A. "Left pelvic lymph node". Received is an 8 x 7 x 1 cm fragment of tan-yellow fibrofatty tissue with multiple lymph node candidates. The specimen is dissected for lymph node candidates which are submitted as follows:

BLOCK SUMMARY:

A1-A2- multiple lymph node candidates.
A3-A4- one lymph node candidate.
A5-A11- multiple lymph node candidates.

B. "Right pelvic node". Received is an 8.5 x 6.5 x 2.5 cm aggregate of fibrofatty tissue which contains multiple lymph node candidates. The lymph nodes are dissected and submitted as follows:

BLOCK SUMMARY:

B1-3 one lymph node candidate each, bisected.
B4- multiple lymph node candidates.
B5- two lymph node candidates.
B6-8 one lymph node candidate, quadrasected.
B9-10 one lymph node candidate each, bisected.
B11- multiple lymph node candidates.

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C. "Uterus". Received is a 167.4 gram, 8 x 7.5 x 5 cm uterus with attached bilateral adnexa which is most remarkable for heaped shaggy pink-gray mucosa on the anterior and posterior endometrium (anterior=3.7 x 2.9 cm and posterior 3.9 x 1.1 cm). There appears to be invasion of the underlying myometrium superficially.

The remaining endometrial cavity (3.2 cm from cornu to cornu and 7 cm in length), has a 0.2 cm thick endometrium overlying a 2.6 cm mildly trabecular pink myometrium. The uterine serosa is smooth and glistening with no adhesions. The endocervix and ectocervix are also smooth and glistening with a 0.4 cm patent cervical os.

The left adnexa consists of a tan-white bosselated ovary (2.7 x 1.3 x 0.9 cm) and a tan-pink fimbriated fallopian tube (6.7 x 0.5 cm) which has multiple small paratubal cysts (largest=0.6 cm in greatest dimension). Sectioning of the ovary demonstrates an unremarkable tan-pink cut surface with corpora albuginea. Sectioning of the fallopian tube is unremarkable.

The right adnexa consists of tan-white bosselated ovary (2.3 x 1.7 x 1.7 cm) which is on section grossly unremarkable, and fimbriated fallopian tube (6.7 x 0.5 cm to 0.9 cm) which is also normal.

BLOCK SUMMARY:
C1-C2- anterior and posterior cervix, respectively.
C3-C4- anterior and posterior lower uterine segment, respectively.
C5-C6- anterior and posterior endomyometrium, respectively.
C7-C8- additional anterior endomyometrium.
C9- additional posterior endomyometrium.
C10- right ovary and fallopian tube.
C11- left ovary and fallopian tube.

| Criteria | Yes | No |
|---|---|---|
| Diagnosis Discrepancy | | X |
| Primary Tumor Site Discrepancy | | X |
| HIPAA Discrepancy | | X |
| Prior Malignancy History | | X |
| Dual/Synchronous Primary Noted | | X |
| Case is (circle): | QUALIFIED | DISQUALIFIED |
| Reviewer Initials: | Date Reviewed: | 2/25/11 |

[redacted]

MICROSCOPIC EXAMINATION:
Microscopic examination is performed.

PATHOLOGIC STAGE:
PROCEDURE: Hysterectomy, bilateral salpingo-oophorectomy, and pelvic lymph node dissections.

PATHOLOGIC STAGE (AJCC 6th Edition): pT1B pN0 pMX

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

DIAGNOSIS:
A. "LEFT PELVIC LYMPH NODES" (LYMPHADENECTOMY):

EIGHTEEN LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/18).

B. "RIGHT PELVIC LYMPH NODES" (LYMPHADENECTOMY):

TEN LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/10).

C. "UTERUS" (HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY):

WELL DIFFERENTIATED ENDOMETRIOID ADENOCARCINOMA OF THE ENDOMETRIUM.
TUMOR SITE: DIFFUSE.
HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.
FIGO GRADE: 1 OF 3.
TUMOR SIZE: 3.7 AND 3.9 CM (TWO LARGEST GROSS NODULES).
MAXIMUM DEPTH OF MYOMETRIAL INVASION: SEE COMMENT.
LYMPHATIC/VASCULAR INVASION: ABSENT.
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA (EIN).
REMAINING MYOMETRIUM: ADENOMYOSIS.
CERVIX: FREE OF TUMOR.
SEROSA: FREE OF TUMOR.
SPECIMEN MARGINS: NOT INVOLVED

RIGHT AND LEFT OVARIES: FREE OF TUMOR.
LEFT FALLOPIAN TUBE: FREE OF TUMOR.
RIGHT FALLOPIAN TUBE: FREE-FLOATING TUMOR IN LUMEN, SEE COMMENT.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

[redacted]

COMMENT:
The depth of invasion is difficult to determine due to extensive involvement of adenomyosis. There is carcinoma present at a maximum depth of 0.7 centimeters in a 2.6 centimeter thick myometrium, but the vast majority of the tumor in the myometrium is within adenomyosis, which is considered non-invasive disease. There are foci that likely represent invasion, but these are very small areas and the overall depth of true invasion is likely no more than 0.1-0.3 centimeters.

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