

2/25/11

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):	CHALLENGED	DISQUALIFIED
Reviewer Initials	KMA	W
Date Reviewed:	2/25/11	

Surg Path

CLINICAL HISTORY:

Malignant neoplasm of corpus uteri.

GROSS EXAMINATION:

A. "Right paraaortic lymph nodes". Received fresh and placed in formalin at [REDACTED] is a 3.4 x 2.1 x 1.1 cm aggregate of tan-yellow fibrofatty and lymphoid tissue dissected for lymph nodes. Two lymph node candidates are identified (2 x 1.2 x 0.7 cm and 1.3 x 0.8 x 0.3 cm). The largest lymph node candidate is bisected and entirely submitted in block A1. The remaining lymph node candidates entirely submitted in block A2.

B. "Right pelvic lymph nodes". Received fresh and placed in formalin at [REDACTED] is a 6.1 x 6 x 2.5 cm aggregate of tan-yellow fibrofatty and lymphoid tissue dissected for lymph nodes. Thirteen lymph node candidates are identified and range in size from 0.6 x 0.5 x 0.5 cm up to 3.6 x 1.9 x 1 cm.

BLOCK SUMMARY:

- B1-3- largest lymph node candidate, trisected
- B4-5- one lymph node candidate, bisected
- B6- one lymph node candidate, bisected
- B7- two lymph node candidates, both bisected and one inked black
- B8- four lymph node candidates
- B9- four lymph node candidates

C. "Left pelvic lymph nodes", received fresh and placed in formalin at [REDACTED] is a 5.8 x 5 x 2.5 cm aggregate of yellow-tan fibrofatty and lymphoid tissue dissected for lymph nodes. Fifteen lymph node candidates are identified and range in size from 0.6 x 0.5 x 0.4 cm up to 2.4 x 1.6 x 1.4 cm.

BLOCK SUMMARY:

- C1-3- largest lymph node candidate, trisected
- C4-5- one lymph node candidate, bisected
- C6- two lymph node candidates, both bisected and one inked black
- C7- three lymph node candidates, one bisected and inked black
- C8- four lymph node candidates
- C9- five lymph node candidates

D. "Uterus, cervix, bilateral tubes and ovaries". Received fresh and placed in formalin at [REDACTED] is a 190 gram, 11.1 x 6 x 4.7 cm uterus with bilateral attached tubes and ovaries.

The cervix is 3.2 cm in diameter and has a 1.1 cm patent os. The uterus contains a 4.6 x 3.9 x 1.8 cm tan-brown, fleshy, polypoid mass arising from the endometrium. The mass involves both the anterior and posterior endometrium but is confined to the endometrial cavity. The polypoid lesion grossly invades 0.6 cm into a 2.4 cm thick myometrium. Another discrete lesion is seen involving the anterior endometrium (3.1 x 2 x 1.8 cm) and is tan-white, firm, and has a glandular type architecture suggestive of possible adenomyosis. An additional small, polypoid lesion (1.5 x 0.7 x 0.5 cm) is identified on the endometrial surface and is submitted as per the block summary. The remaining endometrium is tan-brown, less than 0.1 cm thick, and is grossly unremarkable. The remaining myometrium is also grossly unremarkable. The cervix is tan-brown, smooth, and glistening and is grossly unremarkable. The endocervical canal is tan-brown and grossly unremarkable. The serosal surface is tan-brown and grossly unremarkable.

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The right fallopian tube (5.3 x 0.5 cm) has a tan-purple surface. The fallopian tube is sectioned, and no gross abnormalities are identified. The right ovary (2.5 x 1.5 x 0.8 cm) is tan-brown and is grossly unremarkable.

The left fallopian tube (5.5 x 0.5 cm) is tan-purple and grossly unremarkable. The left ovary is also unremarkable.

BLOCK SUMMARY:

- D1- posterior endomyometrium with large polypoid lesion
- D2- posterior endomyometrium with large polypoid lesion with respect to normal endometrium
- D3-4- anterior endomyometrium with large polypoid lesion
- D5- additional endomyometrium lesion suggestive of adenomyosis
- D6- posterior cervix and endocervical canal
- D7- posterior lower uterine segment
- D8- anterior cervix and endocervical canal
- D9- anterior lower uterine segment
- D10- additional smaller polypoid endometrial lesion
- D11- right ovary and fallopian tube
- D12- left ovary and fallopian tube

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterectomy, bilateral salpingo-oophorectomy, and bilateral lymph node sampling

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. LYMPH NODES, PARA-AORTIC, RIGHT (BIOPSY):

TWO LYMPH NODES NEGATIVE FOR MALIGNANCY (0/2).

B. LYMPH NODES, PELVIC, RIGHT (BIOPSY):

THIRTEEN LYMPH NODES NEGATIVE FOR MALIGNANCY (0/13).

C. LYMPH NODES, PELVIC, LEFT (BIOPSY):

FIFTEEN LYMPH NODES NEGATIVE FOR MALIGNANCY (0/15).

D. "UTERUS AND BILATERAL OVARIES AND FALLOPIAN TUBES" (HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY):

UTERUS: 190 GRAMS

ENDOMETRIUM:

TUMOR SITE: DIFFUSE

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.



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

[REDACTED]