ICD-O-3
Adenocarcinoma, serous, NOS 8441/3
Site: endometrium C54.1 2/24/11 jw

[redacted]

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		

Case is (circle): QUALIFIED / DISQUALIFIED
Reviewer Initials KMT
Date Reviewed: 2/24/11 jw

[redacted]

Surg Path

CLINICAL HISTORY:
Malignant neoplasm corpus uteri. Per endometrial biopsy showed poorly differentiated adenocarcinoma.

GROSS EXAMINATION:
A. "Right paraaortic", received fresh for frozen and later placed in formalin at on is an aggregate of fibrofatty tissue which is dissected to reveal five lymph node candidates ranging from 0.3 to 1 cm. Three lymph node candidates are submitted for frozen as AF1, frozen section remnant submitted in block A1. Two lymph node candidates are submitted for frozen as AF2, frozen section remnant submitted in block A2. The remaining fibrofatty tissue is submitted in block A3.

B. "Left paraaortic node", received fresh and placed in formalin at on is a 0.9 x 0.4 x 0.5 cm lymph node, submitted in toto in block B1.

C. "Uterus, cervix, bilateral tubes and ovaries and fibroid", received fresh and placed in formalin at on is a 300 gram, 13 x 9.4 x 5.6 cm hysterectomy specimen with 2.6 cm in diameter cervix and 0.6 cm in diameter os. Separately received is a 1.1 gram, 2.9 x 2.3 x 2.1 cm fibroid nodule. Opening the uterus reveals diffusely granular and hemorrhagic endometrium with multiple friable, tan-brown irregular exophytic masses involving fundus, cornu, and anterior and posterior walls, up to 3.9 x 3.6 x 1.4 cm. The myometrium averages 1.9 cm thick. Beneath the tumor nodules the myometrium is white, firm, and fibrotic, suggestive of full thickness invasion. The endometrial cavity is 7.1 cm in length x 5.5 cm in diameter. The endocervical canal is 4.1 cm in length x 0.8 cm in diameter. The serosa is smooth and glistening with no mass or lesions.

The right ovary is 3.9 x 1.3 x 1.1 cm, the cut surface reveals 0.4 x 0.5 x 0.2 cm simple cystic lesion with no excrescences. The right fallopian tube is 5.1 cm in length x 0.5 cm in diameter with two paratubal cysts, ranging from 0.7-1.6 cm in greatest dimension.

The left ovary is 3.9 x 1.8 x 0.8 cm. Sectioning the left ovary reveals two pale nodules, 0.4-0.5 cm in greatest dimension. The left fallopian tube is 4.5 cm in length x 0.6 cm in diameter, sectioning reveals no mass or lesions.

BLOCK SUMMARY:

C1- anterior endocervical canal and lower uterine segment with respect to tumor
C2- posterior lower uterine segment and endocervical canal
C3-4- tumor with abnormal myometrium suspicious for deep invasion
C5-9 tumor with underlying myometrium
C10- representative section of intramural fibroid
C11- representative section of submucosal fibroid with respect to tumor.
C12- representative section of posterior endomyometrium
C13- representative sections of right ovary and fallopian tube
C14- representative section of left ovary and fallopian tube
C15- representative section of additionally received fibroid

[redacted]

INTRA OPERATIVE CONSULTATION:
A. "Right paraaortic": AF1- (three lymph nodes, up to 1 cm)- two of three lymph nodes, positive for metastatic carcinoma (2/3)

[redacted]

[redacted]
AF2- (two lymph nodes, up to 0.3 cm)- two lymph nodes, negative for malignancy[redacted]

MICROSCOPIC EXAMINATION:
Microscopic examination is performed.

PATHOLOGIC STAGE:
PROCEDURE: Hysterectomy, bilateral salpingo-oophorectomy, lymphadenectomy

PATHOLOGIC STAGE (AJCC 7th Edition): pT2 pN2 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. "RIGHT PARAAORTIC LYMPH NODE" (LYMPHADENECTOMY):

METASTATIC ADENOCARCINOMA IN TWO OF FIVE LYMPH NODES (2/5).

B. "LEFT PARAAORTIC NODES" (LYMPHADENECTOMY):

FIBROADIPOSE TISSUE, NO EVIDENCE OF MALIGNANCY.
NO LYMPH NODE IS IDENTIFIED.

C. "UTERUS, CERVIX, BILATERAL TUBES AND OVARIES" (HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY):

CARCINOMA OF THE ENDOMETRIUM:
TUMOR SITE: DIFFUSE.
HISTOLOGIC TYPE: SEROUS ADENOCARCINOMA, SEE COMMENT.
FIGO GRADE: 3 OF 3.
TUMOR SIZE: DIFFUSELY INVOLVES ENDOMETRIUM.
MAXIMUM DEPTH OF MYOMETRIAL INVASION: CARCINOMA INVADES NEARLY FULL THICKNESS OF MYOMETRIUM, TO WITHIN 0.25 MILLIMETERS OF SEROSAL SURFACE.
LYMPHATIC/VASCULAR INVASION: PRESENT, EXTENSIVE.
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ABSENT.
REMAINING MYOMETRIUM: LEIOMYOMA (LARGEST 6.5 CM).
CERVIX: POSITIVE FOR STROMAL INVASION BY CARCINOMA.
SEROSA: FREE OF TUMOR.
SPECIMEN MARGINS: NOT INVOLVED.

OVARIES, RIGHT AND LEFT: NEGATIVE FOR TUMOR.
RIGHT FALLOPIAN TUBE: NEGATIVE FOR TUMOR.
LEFT FALLOPIAN TUBE: FOCALLY SUSPICIOUS FOR INVOLVEMENT BY CARCINOMA.

COMMENT: The endometrial carcinoma is difficult to classify. The tumor in the lumen has a pattern suggestive of endometrioid carcinoma, but essentially all of the deeper invasive tumor in the wall has a serous morphology, with micropapillary tufts and easily identifiable psammoma bodies. Because of the preponderance of serous differentiation in the invasive component, it is classified as a serous carcinoma.

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

[redacted]

[redacted]

Performed by: Electronically signed: [redacted]

Attending MD: [redacted]

Ordering MD: [redacted]

[redacted]