



RUN DATE  
 RUN TIME:

Specimen Inquiry

PATIENT:

REG DR:

ACCT #:

AGE/SX: /F

STATUS: DIS IN

LOC:

RM/BED:

TLOC:

U#:

REG:

DIS:

SPEC #:

STATUS: SOUT

Obtained:

Received:

Subm Dr:

CLINICAL HISTORY:

ENDOMETRIAL CANCER

SPECIMEN/PROCEDURE:

1. UTERUS - WITH CERVIX, TUBES, & OVARIES
2. LYMPH NODE - RIGHT EXTERNAL ILIAC
3. LYMPH NODE - LEFT EXTERNAL ILIAC
4. LYMPH NODE - RIGHT OBTURATOR
5. LYMPH NODE - LEFT OBTURATOR
6. LYMPH NODE - RIGHT COMMON ILIAC
7. LYMPH NODE - LEFT COMMON ILIAC
8. LYMPH NODE - RIGHT PARA-AORTIC
9. LYMPH NODE - LEFT PARA-AORTIC

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 Nod		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	ES	1008-11
Date Reviewed	10/30/11	

100-0-3

adenocarcinoma, endometrioid, NOS 8380/3  
 Site: Endometrium C54.1  
 10/30/11

IMPRESSION:

- 1) UTERUS, BILATERAL FALLOPIAN TUBES AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
  - ENDOMETRIUM:
    - Endometrial adenocarcinoma, endometrioid type with squamous differentiation.
    - FIGO grade II, nuclear grade II.
    - Lower uterine segment involvement, absent.
    - Noninvasive endometrium, complex hyperplasia with atypia.
  - MYOMETRIUM:
    - Myometrial invasive, < 50% (5 mm of 20 mm, 25%).
    - Lymphovascular space invasion, absent.
    - Leiomyomas.
  - CERVIX:
    - Cervical involvement, absent.
  - UTERINE SEROSA:
    - Negative of endometrial adenocarcinoma.
  - BILATERAL OVARIES:
    - Atrophic, negative for endometrial adenocarcinoma.
  - BILATERAL FALLOPIAN TUBES:
    - Negative for endometrial adenocarcinoma.
- 2) LYMPH NODE, RIGHT EXTERNAL ILIAC, DISSECTION:
  - Five lymph nodes, negative for endometrial adenocarcinoma (0/5).
- 3) LYMPH NODE, LEFT EXTERNAL ILIAC, DISSECTION:
  - Three lymph nodes, negative for endometrial adenocarcinoma (0/3).
- 4) LYMPH NODE, RIGHT OBTURATOR, DISSECTION:

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## IMPRESSION: (continued)

Eight lymph nodes, negative for endometrial adenocarcinoma (0/8).

- 5) LYMPH NODE, LEFT OBTURATOR, DISSECTION:  
Six lymph nodes, negative for endometrial adenocarcinoma (0/6).
- 6) LYMPH NODE, RIGHT COMMON ILIAC, DISSECTION:  
Two lymph nodes, negative for endometrial adenocarcinoma (0/2).
- 7) LYMPH NODE, LEFT COMMON ILIAC, BIOPSY:  
One lymph node, negative for endometrial adenocarcinoma (0/1).
- 8) LYMPH NODE, RIGHT PARA-AORTIC, DISSECTION:  
Five lymph nodes, negative for endometrial adenocarcinoma (0/5).
- 9) LYMPH NODE, LEFT PARA-AORTIC, DISSECTION:  
Three lymph nodes, negative for endometrial adenocarcinoma (0/3).

ENDOMETRIAL CARCINOMA CHECKLIST:

## MACROSCOPIC

## SPECIMEN TYPE

Radical hysterectomy

## TUMOR SITE

Specify location(s): Anterior and posterior

## TUMOR SIZE

Greatest dimension: 4.0 cm

Additional dimensions: 3.0 x 1.5 cm

## OTHER ORGANS PRESENT

Right ovary

Left ovary

Right fallopian tube

Left fallopian tube

## MICROSCOPIC

## HISTOLOGIC TYPE

Endometrioid adenocarcinoma, with squamous differentiation

## HISTOLOGIC GRADE

G2: 6% to 50% nonsquamous solid growth

## MYOMETRIAL INVASION

Invasion present

Maximal depth of myometrial invasion: 5 mm

Thickness of myometrium in area of maximal tumor invasion: 20 mm

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**IMPRESSION: (continued)**

The % of myometrial involvement: 25%

**EXTENT OF INVASION****PRIMARY TUMOR (pT)**

pT1b (IB): Tumor invades less than one-half of the myometrium

**REGIONAL LYMPH NODES (pN)**

pNO: No regional lymph node metastasis  
Number examined: 33

**DISTANT METASTASIS (pM)**

pMX: Cannot be assessed

**MARGINS**

Uninvolved by invasive carcinoma

**VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)**

Absent

**ADDITIONAL PATHOLOGIC FINDINGS**

Atypical complex hyperplasia

Pathologic TNM: pT1b (1B) NO MX

Dictated by:

Entered:

**GROSS DESCRIPTION:**

- 1) Received fresh, labeled "uterus, cervix, tubes and ovaries", is a 134 gram specimen including an unopened uterus (8.7 x 5.0 x 4.5 cm), right fallopian tube (6.0 cm long by 0.8 cm in diameter), right ovary (3.0 x 1.8 x 1.0 cm), left fallopian tube (5.5 cm long by 0.8 cm in diameter), and left ovary (2.8 x 1.5 x 1.1 cm). The ectocervix (3.5 x 3.5 cm) is covered by smooth, tan-pink, glistening, unremarkable mucosa. The external os is slit-like, 1.2 cm long. The endocervical canal (2.5 cm long) has a tan-pink, slightly hemorrhagic mucosa. The endometrial cavity contains a 4.0 x 3.4 x 1.5 cm irregular tan-pink heaped up, friable tumor mass arising from the posterior endomyometrium with apparent extension onto the anterior endomyometrium as well. There is also a 1.0 x 0.8 x 0.7 cm smooth well-circumscribed tan-white nodule arising from the anterior endomyometrium. The myometrium is 2.0 cm in maximum thickness. The mass is located approximately 2.0 cm from the lower uterine segment. The nodule is located approximately 3.0 cm from the lower uterine segment. The fallopian tubes are brown-purple with fimbriated ends and paratubal cysts ranging from 0.1 - 0.2 cm in diameter. The ovaries are tan-yellow-white, slightly lobulated and unremarkable. The anterior serosal surface is inked blue and the posterior serosal surface is inked black. On the posterior fundal serosal surface, there is a 0.8 x 0.5 x 0.4 cm tan-white, well-circumscribed nodule. A portion of the fallopian tube and tumor mass submitted for research. In the posterior myometrium, there is a 1.8 x 1.2 x 1.2 cm tan-white, well-circumscribed nodule with a hemorrhagic center. There is a 0.8 x 0.6

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## GROSS DESCRIPTION: (continued)

x 0 6 cm tan-white whorled submucosal nodule in the anterior endomyometrium

## CASSETTE SUMMARY:

Cassette 1A: Anterior cervix.  
Cassette 1B: Anterior lower uterine segment.  
Cassette 1C: Posterior cervix.  
Cassette 1D: Posterior lower uterine segment  
Cassettes 1E, 1G: Posterior endomyometrium with 1E tumor half and 1G serosal half.  
Cassettes 1H, 1J: Posterior endomyometrium with 1H tumor half and 1J serosal half.  
Cassettes 1K, 1L: Posterior endomyometrium with 1K tumor half and 1L serosal half  
Cassettes 1M, 1N: Posterior endomyometrium with 1M tumor half and 1N serosal half.  
Cassette 1P: Posterior endomyometrium.  
Cassette 1Q-1V: Anterior endomyometrium.  
Cassette 1W: Right ovary and fallopian tube  
Cassette 1X: Left ovary and fallopian tube.  
Cassette 1Y-1Z: Additional sections from tumor.

- 2) Received labeled with the patient's name and "right external iliac". Received is a 7.5 x 6.5 x 1.4 cm portion of yellow gold to pink tan fibroadipose tissue. Dissected for possible lymph nodes. Five possible lymph nodes are identified, ranging from 1.5 to 5.3 cm in greatest dimension. Upon sectioning the larger appears to have a significant amount of fat replacement present. Specimens are submitted as follows:

## CASSETTE SUMMARY:

Cassette 2A: One lymph node bisected.  
Cassette 2B: One lymph node bisected.  
Cassette 2C: One lymph node bisected  
Cassette 2D, 2E: One lymph node bisected, entirely submitted.  
Cassette 2G, 2H: Representative sections of largest lymph node.

- 3) Received labeled with the patient's name and "left external iliac". Received is a 7.4 x 6.5 x 2 cm portion of yellow gold to pink tan fibroadipose tissue. Dissected for possible lymph nodes. Three possible lymph nodes identified, ranging from 1.5 to 6.4 cm in greatest dimension. The largest lymph node has a large amount of fat replacement present. Specimen is submitted as follows

## CASSETTE SUMMARY:

Cassette 3A: One lymph node bisected.  
Cassette 3B: One lymph node bisected.  
Cassette 3C, 3D: Representative sections of largest lymph node.

- 4) Received labeled with the patient's name and "right obturator". Received are two portions of yellow gold to pink tan fibroadipose tissue, ranging from 2.4 to 3.2 cm in greatest dimension. Specimens are dissected for possible lymph nodes. Nine possible lymph nodes identified, ranging from 0.5 to 4.5 cm in greatest dimension. Submitted as follows:

## CASSETTE SUMMARY:

Cassette 4A: Five possible lymph nodes  
Cassette 4B: One lymph node bisected.

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## GROSS DESCRIPTION: (continued)

Cassette 4C One lymph node bisected.  
Cassette 4D: One lymph node representatively submitted.  
Cassette 4E, 4G One lymph node representatively submitted

- 5) Received labeled with the patient's name and "left obturator" Received is a 6.5 x 6 x 2.2 cm aggregate of yellow gold to pink tan fibroadipose tissue Dissected for possible lymph nodes Five possible lymph nodes identified, ranging from 1.9 to 5.5 cm in greatest dimension. Submitted as follows:

## CASSETTE SUMMARY:

Cassette 5A: One lymph node bisected.  
Cassette 5B: One lymph node bisected.  
Cassette 5C: One lymph node bisected.  
Cassette 5D: One lymph node representatively submitted.  
Cassette 5E, 5G: One lymph node representatively submitted.

- 6) Received labeled with the patient's name and "right common iliac", is a 5.6 x 3 x 1.4 cm portion of yellow gold to pink tan fibroadipose tissue. Dissected for possible lymph nodes. Two possible lymph nodes identified, ranging from 2.5 to 3.2 cm in greatest dimension. Submitted as follows:

## CASSETTE SUMMARY

Cassette 6A One lymph node bisected.  
Cassette 6B, 6C: One lymph node serially sectioned entirely submitted.

- 7) Received labeled with the patient's name and "left common iliac". Received is a 2.4 x 1.6 x 0.9 cm portion of yellow gold to pink tan fibroadipose tissue. Dissected for possible lymph nodes One possible lymph node identified that is, 1.5 x 1 x 0.6 cm. Specimen is bisected and entirely submitted in cassette 7.

- 8) Received labeled with the patient's name and "right para-aortic". Received is a 5 x 2.4 x 1.4 cm portion of yellow gold to pink tan lobulated fibroadipose tissue. Dissected for possible lymph nodes. Five possible lymph nodes identified, ranging from 1 to 2.6 cm in greatest dimension. Submitted as follows:

## CASSETTE SUMMARY:

Cassette 8A Two possible lymph nodes  
Cassette 8B: One lymph node bisected.  
Cassette 8C: One lymph node bisected.  
Cassette 8D: One lymph node bisected.

- 9) Received labeled with the patient's name and "left para-aortic". Received is a yellow gold to pink tan portion of fibroadipose tissue that is, 4.9 x 2.3 x 1.4 cm. The specimen is dissected for possible lymph nodes. Three possible lymph nodes identified, ranging from 1.7 to 2.4 cm in greatest dimension. Submitted as follows:

## CASSETTE SUMMARY

Cassette 9A One lymph node bisected  
Cassette 9B One lymph node bisected.  
Cassette 9C: One lymph node bisected

SPEC #:

PATIENT:

Page: 6  
(Continued)

GROSS DESCRIPTION: (continued)

Dictated by:

Entered:

COPIES TO:

No PCP/Family Physician

CPT Codes:

LYMPH NODE BX (1)/

UTERUS W/NO ADNEXAE, TUMOR-

LYMPH NODE, REGIONAL RESECT/

ICD9 Codes:

Resident Physician.

I have personally reviewed the material  
(specimen/slide) and approve this final report.

Electronically Signed by: \_\_\_\_\_

\*\* END OF REPORT \*\*