



Sex: Female
D.O.B.:

Collected:
Received:
Reported:

SURGICAL PATHOLOGY REPORT

*** ADDENDUM REPORT ***

Upon clinician, this case was reviewed and additional immunohistochemical staining was performed on blocks B1, B2 and D7.

The fallopian tube shows focal positivity for p53 and MIB1, with features consistent with serous tubal intraepithelial carcinoma. There are also foci positive for p53 and MIB1 on the ovarian surface (block B2). These areas have features consistent with tubal intraepithelial carcinoma, as apposed to p53 signature or a tubal in transition lesion. The endometrial cancer, as shown in block D7, is strongly positive for p53 and negative for WT-1, consistent with a serous carcinoma, high-grade of endometrial origin.

I would recommend the patient be treated according to these findings.

Addendum Report Issued By:

DIAGNOSIS

DIAGNOSIS:

A. Presumed pelvic soft tissue, "adhesion", excision:
Benign fibrofatty tissue; no malignancy identified.

B. Fallopian tube and ovary, right, salpingo-oophorectomy:
Atrophy, advanced; negative for malignancy.
Epithelial dysplasia, marked, focal, fallopian tube and ovarian surface (see comment).

C. Fallopian tube and ovary, left, salpingo-oophorectomy:
Atrophy, advanced; negative for malignancy.

D. Uterus, radical hysterectomy:
Adenocarcinoma.
Tumor Characteristics:

1. Histologic type: Endometrioid adenocarcinoma.
2. Histologic grade: 3 (poorly differentiated).
3. Tumor site: Primarily anterior uterine wall.
4. Tumor size: Greatest dimension: Approximately 3.0 cm.
5. Myometrial invasion: Present, depth of invasion 15 mm into 17 mm thick myometrium.
6. Involvement of cervix: Not identified.
7. Extent of involvement of other organs: See remainder of report.
Right parametrium: Negative.
Left parametrium: Negative.

8. Lymphovascular space invasion: Not identified.

Surgical Margin Status:

1. Margins: Uninvolved by invasive carcinoma; distance of invasive carcinoma from closest margin: 2 mm (peritoneal serosal margin).
Other:
1. Pathologic stage: pT1b, N0.

E. Lymph nodes, right external iliac, excision:
Negative for malignancy, two nodes.

F. Lymph nodes, right obturator, excision:
Negative for malignancy, six nodes.

G. Lymph nodes, right common and lower aortic, excision:
Negative for malignancy, eight nodes.

H. Lymph nodes, left external iliac, excision:
Negative for malignancy, four nodes.

I. Lymph nodes, left obturator, excision:
Negative for malignancy, five nodes.

J. Lymph node, left common and lower aortic, excision:

ICB-0-3
GCF: adenocarcinoma, endometrioid 8380/3
Path: carcinoma, serous, NOS 8441/3
(per addendum) Site: endometrium C54-1
W/1/6/12

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	W/1/6/12	
Date Reviewed	12/6/12	

Negative for malignancy, one node.

- K. Omentum, omentectomy:
Negative for malignancy.
A single small negative lymph node is present.

COMMENTS:

There is a microscopic focus of markedly atypical epithelium in one cross section of the right fallopian tube and a similar focus on the surface of the right ovary. Neither focus reaches the level of a diagnostic serous carcinoma, and no other foci are identified. These areas, however, raise the possibility that other serous surfaces may show similar foci, and follow-up is suggested.

Sections have also been reviewed by Dr. _____ who is in agreement.

CLINICAL INFORMATION

CLINICAL HISTORY:

Preoperative Diagnosis: Endometrial cancer.

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Adhesion.
- B. Right ovary/tube.
- C. Left ovary/tube.
- D. Uterus and cervix.
- E. Right external iliac lymph node.
- F. Right obturator lymph node.
- G. Right common and lower aortic lymph node.
- H. Left external iliac lymph node.
- I. Left obturator lymph node.
- J. Common and lower aortic lymph node.
- K. Omentum.

SPECIMEN DATA

GROSS DESCRIPTION:

The specimen is received in eleven formalin filled containers labeled with the patient's name.

A. Container A is additionally labeled adhesion and contains a 1.0 x 0.5 x 0.3 cm. tan-brown soft tissue entirely submitted in cassette A labeled.

B. Container B is additionally labeled right ovary and tube and contains a 3.0 x 1.7 x 0.6 cm. yellow-tan lobulated ovary received with attached paraovarian soft tissue and segment of fimbriated fallopian tube. The fallopian tube is 4.8 cm. in length and ranges from 0.4 to 0.7 cm. in diameter and is otherwise unremarkable. The ovary features a yellow-tan fibrous cut surface with multiple gray-white corpora albicantia. Representative sections to include the entire ovary are submitted in cassettes B1-3 labeled _____ designated as follows: B1—cross sections of fallopian tube; B2 and 3—ovary, entirely.

C. Container C is additionally labeled left ovary/tube and contains a 2.5 x 1.8 x 1.1 cm. yellow-tan lobulated ovary received with attached paraovarian soft tissue and segment of fimbriated fallopian tube. The fallopian tube is 4.5 cm. in length and ranges from 0.4 to 0.7 cm. in diameter and is otherwise unremarkable. Normal appearing pink-tan glistening endometrium is present on the posterior aspect and averages 0.3 cm. in thickness. The ovary features a yellow-tan fibrous cut surface with multiple gray-white corpora albicantia. Representative sections to include the entire ovary are submitted in cassettes C1-3 labeled _____ designated as follows: C1—cross sections of fallopian tube; C2 and 3—ovary, entirely.

D. Container D is additionally labeled uterus and cervix and contains a 58.1 gram, uterus with attached cervix devoid of adnexa. The 4.5 cm. in length by 4.5 x 3.0 cm. uterine corpus is surfaced by pink-tan smooth and glistening serosa. The 2.8 cm. in length by 3.5 x 3.0 cm. uterine cervix is partially surfaced by pink-tan glistening ectocervical mucosa and features a central 0.7 cm. patent os. The parametrial soft tissues are inked and taken en face. The endocervical canal is pink-tan and glistening and indurated. The endometrium is lined by pink-tan granular tumor involving primarily the anterior wall that extends 1.5 cm. into a 1.7 cm. thick myometrium. Additional myometrial nodules or lesions are not identified. Representative sections are submitted in cassettes D1-11 labeled _____ designated as follows: 1—right parametrium, en face; 2—left parametrium, en face; 3—anterior endoectocervix; 4—posterior endoectocervix; 5—anterior lower uterine segment; 6—posterior lower uterine segment; 7-10 full thickness anterior endomyometrium to include mass and deepest extensive invasion; 11—full thickness posterior endomyometrium to include most normal appearing endometrium; additionally, a yellow, green and blue cassette are submitted for

E. Container E is additionally labeled right external iliac lymph node and contains a 2.5 x 2.0 x 1.3 cm. yellow-tan fibrofatty soft tissue. On palpation, two firm fatty possible lymph nodes are identified 0.7 and 2.0 cm. in greatest dimension. The largest possible lymph node is inked and bisected and the lymph nodes are submitted in cassette E labeled to include one uninked possible lymph node, in toto and one inked and bisected lymph node.

F. Container F is additionally labeled right obturator lymph node and contains a 4.5 x 3.3 x 1.5 cm. aggregate of yellow-tan fibrofatty soft tissue. On palpation, six firm fatty possible lymph nodes are identified ranging from 0.5 up to 3.0 cm. in greatest dimension. They are entirely submitted in cassettes F1-3 labeled designated as follows: F1--four whole possible lymph nodes; F2--one whole possible bisected lymph node; F3--one whole possible quadrisectioned lymph node.

G. Container G is additionally labeled right common and lower aortic lymph nodes and contains a 4.1 x 3.2 x 1.4 cm. aggregate of yellow-tan fibrofatty soft tissue. On palpation, eight firm fatty possible lymph nodes are identified ranging from 0.3 up to 2.0 cm. in greatest dimension. They are entirely submitted in cassettes G1-2 labeled to include four whole possible lymph nodes in each cassette.

H. Container H is additionally labeled left external iliac lymph node and contains a 3.8 x 3.8 x 1.4 cm. aggregate of yellow-tan fibrofatty soft tissue. On palpation, four firm fatty possible lymph nodes are identified ranging from 0.9 up to 4.0 cm. in greatest dimension. They are entirely submitted in cassettes H1-3 labeled designated as follows: H1--two whole possible lymph nodes; H2--one whole possible bisected lymph node; H3--one whole possible trisectioned lymph node.

I. Container I is additionally labeled left obturator lymph node and contains a 3.5 x 3.3 x 1.2 cm. aggregate of yellow-tan fibrofatty soft tissue. On palpation, five firm fatty possible lymph nodes are identified ranging from 0.5 up to 1.5 cm. in greatest dimension. They are entirely submitted in cassettes I1 and 2 labeled designated as follows: I1--three whole possible lymph nodes; I2--two whole possible lymph nodes.

J. Container J is additionally labeled left common and lower aortic lymph node and contains a 4.0 x 2.5 x 1.5 cm. aggregate of yellow-tan fibrofatty soft tissue. On palpation, one firm fatty possible lymph node, 2.5 cm. in greatest dimension. The possible lymph node is bisected and entirely submitted in cassette J labeled

K. Container K is additionally labeled omentum and contains an 18.0 x 7.5 x 1.5 cm. yellow-tan finely lobulated fibrofatty soft tissue consistent with omentum. Sectioning reveals a yellow-tan finely lobulated, fibrofatty cut surface with no nodules or lesions. Representative sections are submitted in