

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 Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	WML	
Date Reviewed	11/13/11	11/12/11

Surg Path

UUID: 7AC30D60-097A-4FED-A928-7A4BCAFB6C8D
TCGA-B5-A3FD-01A-PR

Redacted

CLINICAL HISTORY:
Malignant neocorpus uteri.

GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries (AF1)", received fresh for frozen section and placed in formalin at _____ on _____ is a 293 gram, 13.5 x 8.5 x 5.5 cm total hysterectomy specimen with an attached 3.2 cm in diameter cervix with a 0.6 cm patent os. The specimen is opened to reveal a 3.6 x 5.2 x 2.1 cm tan-white, soft, friable, fungating mass lesion located at the uterine fundus. This mass lesion is located 3.2 cm to the anterior lower uterine segment, and 2.8 cm to the closest posterior lower uterine segment. (A4- anterior lower uterine segment, A5- posterior lower uterine segment). The mass lesion is sectioned to reveal an apparent 0.8 cm invasion into to a 2.1 cm thick trabeculated myometrium. A section with the apparent deepest invasion at the fundus is frozen as AF1 with the frozen section remnant submitted in block A1. Sections of the anterior endomyometrium and posterior endomyometrium with the aforementioned mass lesion are submitted in blocks A6-7 respectively. The mass lesions comes to 1.5 cm to the closest serosal surface. An additional representative section of the mass lesion is submitted in block A8.

The remainder of the specimen demonstrates an endometrium of 0.1 cm overlying a 2.1 cm trabeculated myometrium in the uninvolved uterus, within an endometrial cavity of 6 x 5.1 cm. The uterus uninvolved by the aforementioned mass lesion is remarkable for a 1.1 x 0.9 cm polypoid lesion in the posterior lower uterine segment. The polypoid lesion is submitted in block A9. Also in the posterior uterus are two white, whorled nodules, up to 1.8 cm in greatest dimension. The smaller white, whorled nodule is submitted in block A7 with the posterior endomyometrium. The larger white, whorled nodule submitted in block A10. The cervix is sectioned to reveal a white-pink, firm, homogeneous unremarkable cut surface. Representative sections of the cervix are submitted in blocks A2-3 (A2- anterior, A3- posterior). The serosal surface is pink-tan, smooth, glistening and grossly unremarkable.

Attached to the uterus are bilateral adnexa. The right ovary measures 3.8 x 1.5 x 0.8 cm in dimension, demonstrates a smooth unremarkable surface and is sectioned to reveal a grossly unremarkable parenchyma. Adjacent to the right ovary is a 9 cm in length x 0.6 cm in diameter fimbriated fallopian tube with a 1 cm in greatest diameter serous filled paratubal cyst. Representative sections of the unremarkable tube and ovary are submitted in block A13. The left ovary is a 4.3 x 0.8 x 0.7 cm in dimension, demonstrates a smooth unremarkable serosal surface and is sectioned to reveal an unremarkable cut surface. The left fallopian tube is 6.2 cm in length x 0.6 cm in diameter and is grossly unremarkable. Representative left tube and ovary are submitted in block A14.

BLOCK SUMMARY:

- A1- frozen section remnant AF1 (deepest invasion)
- A2- anterior cervix
- A3- posterior cervix
- A4- anterior lower uterine segment
- A5- posterior lower uterine segment
- A6- anterior endomyometrium with mass lesions
- A7- posterior endomyometrium with mass lesions
- A8- additional representative section of mass lesion
- A9- polypoid lesion in posterior lower uterine segment
- A10- posterior white whorled nodule

1CD-0-3
adeno carcinoma, endometrioid, NOS
8380/3
Site: Endometrium C54.1
lw 11/13/11

A11- anterior endomyometrium
A12- posterior endomyometrium
A13- right tube and ovary
A14- left tube and ovary

B. "Right external iliac node", received fresh and placed in formalin at on [REDACTED] is a 4.3 x 3.8 x 1.5 cm fragment of fibroadipose tissue dissected for lymph node candidates. Six lymph node candidates are identified ranging in size from 0.7 x to 1.9 cm in in greatest dimension. Lymph node candidates are submitted as follows.

BLOCK SUMMARY:

B1- four lymph node candidates
B2- one lymph node candidate, bisected
B3- one lymph node candidate, bisected
B4- remainder of fibroadipose tissue entirely submitted

C. "Right obturator node", received fresh and placed in formalin at on [REDACTED] is a 2.9 x 2.5 x 1.3 cm aggregate of fibroadipose tissue nine lymph node candidates are identified and submitted in blocks C1-2. The remainder of the fibroadipose tissue is submitted in block C3.

BLOCK SUMMARY:

C1- seven lymph node candidates
C2- two lymph node candidates
C3- remainder of fibroadipose tissue

D. "Left pelvic lymph node", received fresh and placed in formalin at on [REDACTED] is a 6.5 x 3.5 x 2.2 cm aggregate of fibroadipose tissue dissected for lymph node candidate. Thirteen lymph node candidates are identified and are submitted in blocks D1-6 with the remainder of the fibroadipose tissue submitted in blocks D7 and D8. Sections are submitted as follows.

BLOCK SUMMARY:

D1- six lymph node candidates
D2- three lymph node candidates
D3- two lymph node candidates, bisected, one inked black
D4- one lymph node candidate, bisected
D5-6- one lymph node candidate, divided into four (largest lymph 3.9 cm in greatest dimension)
D7-8- remainder of fibroadipose tissue entirely submitted

E. "Right aortic nodes", received fresh and placed in formalin at on [REDACTED] is a 3.2 x 0.9 x 3.2 cm aggregate of fibroadipose tissue dissected for lymph node candidates. Three lymph node candidates are identified ranging in size from 1.3 to 4.7 cm in greatest dimension. Lymph node candidates are submitted in blocks E1-3 with the remainder of the fibroadipose tissue submitted in block E4.

BLOCK SUMMARY:

E1- two lymph node candidates
E2-3- one lymph node candidate, sectioned
E4- remainder of fibroadipose tissue

F. "Left aortic nodes", received fresh and placed in formalin at on [REDACTED] is a 1.3 x 1.2 x 0.3 cm fragment of tan soft tissue submitted entirely in block F1.

[REDACTED]

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, bilateral tubes and ovaries": AF1 (deepest invasion-fundus)- adenocarcinoma, favor grade 2 endometrioid type.

Less than 50% myometrial invasion. No gross involvement of cervix
[REDACTED]

MICROSCOPIC EXAMINATION:
Microscopic examination is performed.

PATHOLOGIC STAGE:
PROCEDURE: Hysterosalpingo-oophorectomy and node dissection

PATHOLOGIC STAGE (AJCC 7th Edition): pT1a 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. UTERUS, CERVIX, BILATERAL TUBES AND OVARIES (Af1):

UTERUS: 293 GRAMS

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: FUNDUS.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.

FIGO GRADE: 3/3.

TUMOR SIZE: 5.2 X 3.6 X 2.1 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.7 CM, IN A 2.3 THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: NOT HYPERPLASTIC.

REMAINING MYOMETRIUM: LEIOMYOMATA AND ADENOMYOSIS.

CERVIX: NEGATIVE FOR CARCINOMA.

SEROSA: NEGATIVE FOR CARCINOMA.

SPECIMEN MARGINS: NOT INVOLVED.

OVARIES, RIGHT AND LEFT: NEGATIVE FOR CARCINOMA.

FALLOPIAN TUBE, RIGHT AND LEFT: NEGATIVE FOR CARCINOMA.

B. RIGHT EXTERNAL ILIAC NODE DISSECTION:

SIX LYMPH NODES, NEGATIVE FOR CARCINOMA (0/6).

C. RIGHT OBTURATOR NODE DISSECTION:

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

D. LEFT PELVIC LYMPH NODE DISSECTION:

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

E. RIGHT AORTIC LYMPH NODE DISSECTION:

FIVE LYMPH NODES, NEGATIVE FOR CARCINOMA (0/5).

F. LEFT AORTIC NODES:

TWO LYMPH NODES, NEGATIVE FOR CARCINOMA (0/2).

COMMENT: The tumor has areas of villoglandular differentiation, but no

definite papillary serous tumor is identified. In the posterior lower uterine segment (block A9), there is a mixed endometrial/endocervical polyp with a small focus of carcinoma. However, carcinoma is not demonstrated to involve the cervix itself.

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

Performed by:

Attending MD:

Ordering MD: