

**Surg Path**

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary noted		
Case is (circle):		
Reviewer Initials		
DATE Reviewed:		
QUALIFIED		
DISQUALIFIED		

2/25/11

**CLINICAL HISTORY:**

Malignant neoplasm corpus uteri. Biopsy showed endometrial adenocarcinoma (endometrioid) FIGO grade 2.

**GROSS EXAMINATION:**

A. "Left tube and ovary (AF1)", received fresh for frozen section. An 11.5 gram adnexa consist of a 3 x 1.5 x 1 cm unremarkable ovary and 5 cm long, 0.5 cm in diameter fallopian tube that contains multiple paratubal cysts up to 0.6 cm in diameter. The fallopian tube has been frozen as AF1 with remnant A1. Representative ovary and fallopian tube in A2.

B. "Uterus and cervix (BF1-2)". Received fresh is a 145 gram uterus that contains a tan friable exophytic mass occupying the majority of the anterior and posterior 9 x 5 x 5 cm endometrial cavity. The tumor does not invade the 2.2 cm thick myometrium. The tumor does not involve the lower uterine segment. The endocervix is grossly unremarkable. The ectocervix is diffusely erythematous. The serosal surface is unremarkable. A representative of the full thickness of the uterus is frozen as BF1-2.

**BLOCK SUMMARY:**

- B1-2- frozen section remnants of BF1-2, respectively
- B3- tumor nearest anterior endocervical canal
- B4- anterior cervix
- B5- tumor nearest posterior endocervical canal
- B6- posterior cervix
- B7-10- posterior endomyometrium
- B11-13- anterior endomyometrium

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TCGA-B5-A11J-01A-PR

Redacted



C. "Right paraaortic node (CF1)", received fresh for frozen section. A 2 x 1.5 x 1 cm fragment of fibroadipose tissue is dissected for lymph nodes. A single lymph node is bisected and frozen as CF1 with remnant C1. The remainder is submitted in C2.

D. "Paneth", received fresh and placed in formalin. Three fragments of skin and subcutaneous tissue measuring 15 x 15 x 6 cm in aggregate and weighing 5830 gram is sectioned to demonstrate a 2.5 x 1.5 x 1 cm cyst containing yellow friable material within the subcutaneous tissue immediately beneath the umbilicus. Representative in D1-2.

E. "Right tube and ovary", received fresh and placed in formalin. A 13.4 gram adnexa consist of a 6 cm long, 0.6 cm in diameter fimbriated fallopian tube adhered to a 3.5 x 2 x 1.5 cm ovary. Multiple paratubal cysts up to 0.9 cm in diameter are present. Representative in E1.

F. "Left pelvic lymph node", received fresh and placed in formalin. Multiple fragments of fibroadipose tissue measuring 7 x 6 x 2 cm aggregate are dissected for lymph nodes.

**BLOCK SUMMARY:**

- F1- one lymph node sectioned
- F2- one lymph node bisected
- F3-5- a single 3.5 x 1.5 x 0.9 cm sectioned lymph node
- F6-7- one lymph node bisected
- F8- two lymph nodes, each bisected (one is inked blue)
- F9-11- a single 3.5 x 2 x 0.7 cm lymph node sectioned

G. "Right pelvic lymph node", received fresh and placed in formalin. An 8 x 7 x 2 cm aggregate of fibroadipose tissue dissected for lymph nodes.

## BLOCK SUMMARY:

- G1- five lymph node candidates
- G2- two lymph nodes, each bisected (one is inked blue)
- G3-4- one node bisected
- G5-8- one lymph node sectioned
- G9-12- one lymph node sectioned

## INTRA OPERATIVE CONSULTATION:

- A. "Left tube and ovary":  
AF1- (tube/nodule/medial salpinx)- negative for malignancy,  
Dr. [REDACTED] concurs [REDACTED]
- B. "Uterus and cervix":  
BF1-2 (mass and full thickness myometrium)- endometrioid adenocarcinoma,  
invading 0.2 cm into a 1.8 cm thick myometrium (Dr. [REDACTED]).
- C. "Right paraaortic node": CF1- negative for malignancy (Dr. [REDACTED]).

## MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

## PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPH NODES

PATHOLOGIC STAGE (AJCC 6th Edition): pT1b pNX 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:

B. UTERUS: 145 GRAMS

ENDOMETRIUM:

TUMOR SITE: FUNDUS

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA WITH AREAS OF SQUAMOUS DIFFERENTIATION AND CLEAR CELL ADENOCARCINOMA DIFFERENTIATION.

FIGO GRADE: 2

TUMOR SIZE: 9 X 5.5 X 2 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.2 CM, IN A 2.2 THICK WALL.

LYMPHATIC/VASCULAR INVASION: NEGATIVE

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: QUIESCENT

REMAINING MYOMETRIUM: LEIOMYOMA, SMALL

CERVIX: NO PATHOLOGIC DIAGNOSIS.

SEROSA: NO PATHOLOGIC DIAGNOSIS.

SPECIMEN MARGINS: NOT INVOLVED

THE FOLLOWING SPECIMENS ARE FREE OF TUMOR:

- A. LEFT FALLOPIAN TUBE: NO PATHOLOGIC DIAGNOSIS.
- C. RIGHT PARAAORTIC LYMPH NODE: NO TUMOR IN 1 LYMPH NODE (0/1).
- D. PANNICULUS: SKIN AND SUBCUTANEOUS FAT.
- E. RIGHT OVARY: ADHESIONS.
- RIGHT FALLOPIAN TUBE: NO PATHOLOGIC DIAGNOSIS.
- F. LEFT PELVIC LYMPH NODES: NO TUMOR IN 7 LYMPH NODES (0/7).
- G. RIGHT PELVIC LYMPH NODES: NO TUMOR IN 10 LYMPH NODES (0/10).

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