1CB-0-3 Carcinoma, indometriaid, Nus 8380/3 Site: indometrium CS4.1 lm 4/19/11

ï	Surgical Pathology				
	PATIENT:	DEPART	MENT OF PAT		
	BIRTHDATE:	AGE:	v	SPECIMEN:	
	BIKINDALE;	AGE:	ī	SEA: F	
	MRN:		Rm #:	1	PHYSICIAN:
	THE STATE OF THE S		run n.		FIIIDICIAN,
	PROCEDURE DATE:	RECEIVED	DATE:	REPORT DATE:	
	,				
	COPY TO:				
	Pre-Op Diagnosis				
	Endometrial cancer				
	Post-Op Diagnosis				
	Same				
	Clinical History				
	Nothing indicated on	requisiti	ion		
	Gross Description:				
	Four parts				
	Container labeled		1 - left	t pelvic lymp	h nodes" are
	6.0 x 4.8 x 2.6 cm of				
	on palpation and sect				
	to brown nodules up t	:0 3.0 cm	in greates	t dimension.	On sectioning
	the largest nodule is nodules are bisected	a grossi	ly rat cut !	surface. The	individuai
	smaller nodules are	and submi	reced Tabel	ed "A Enrough	C. MUTTE MUOTE
	Container labeled "				nh nadaall ara
	5.0 x 4.0 x 1.7 cm of	F tan vell	ow fibroad	inc pervic rym	pn nodes are framente which
	on palpation and sect	ioning re	eveal sever	ipose cissue al noorly def	ined tan vellow
	to brown nodules up t				
	a fleshy and fatty cu				
	and submitted labeled				
	submitted labeled "C.				
	Container labeled		3 - ute	rus, cervix,	bilateral tubes
	and ovaries" is a pre				
	uterus with attached	cervix ar	d bilateral	l adnexa. The	e uterus and
	cervix together weigh				
	approximately 8.0 x 5	5.5 x 4.0	cm. The ce	ervix has a w	rinkled gray
	tan ectocervical mucc				
	sounds to a depth of	approxima	tely 6.7 cm	n. The endoce	ervical canal
	is lined by trabecula	ited gray	tan mucosa.	. The utering	e serosa is
	smooth and tan brown.	The myc	metrium is	up to 1.6 cm	and is tan

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Criteria		Yes	No.
Diagnosis Discrepand	y		X
Primary Tumor Site D	iscrepancy		7
HIPAA Discrepancy			13
Prior Malignancy Hist	ory		127
Dua!/Synchronous Pr	inag Noted		
Case is (sircle).	QUALIFIED / D	ISQUALIFIED	
Reriewed Adjate	Date Reviewo :	1.1	
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brown and fibrotic. The majority of the endometrial canal is occupied by friable granular gray tan to brown papilliferous lesion occupying an area overall 4.6 x 3.5 cm which includes both the anterior and posterior aspects as well as both lateral aspects in the fundus. On sectioning this has a gritty gray tan fibrotic cut surface grossly extending into the myometrium to within 0.3 cm of the anterior serosa. In this area the lesion measures 1.8 cm in thickness. The lesion extends grossly to within 0.3 cm of the posterior serosa as well. This is seen within 0.4 cm of the fundic serosa and within 0.2 cm of the right lateral aspect. The small amount of parametrial soft tissue on each side shows no nodularity or gross lesions. The left fallopian tube is  $4.6 \times 0.5 \times 0.5$  cm. The right fallopian tube is  $5.5 \times 0.5 \times 0.5$  cm. Each has a smooth tan brown serosa with a tan wall and a pinpoint lumen. The left ovary is  $2.0 \times 1.2 \times 0.8$ cm and has a lobular gray tan outer surface with a mottled gray tan fibrotic cut surface. The right ovary is 2.0 x 1.0 x 0.8 cm and has a lobular gray tan to brown outer surface with a mottled gray tan fibrotic cut surface having a few thin walled clear fluid filled cystic structures with smooth inner linings measuring up to 0.3 cm. Also received in the same container are two tissue cassettes each ." Representative sections are submitted labeled labeled ' as follows: A - anterior cervix; B - posterior cervix; C - lower uterine segment and shaved posterior serosa; D and E - anterior endomyometrium; F and G - posterior endomyometrium; H and I - left lateral endomyometrium; J and K - right lateral endomyometrium; L and M - fundic endomyometrium; N - left parametrium; O - right parametrium; P - left adnexa; Q - right adnexa. Container labeled " 4 - right aortic node" is a 3.6 x 1.5 x 1.0 cm aggregate of tan yellow fibroadipose tissue fragments which on palpation and sectioning reveal a few poorly defined tan yellow nodular regions up to 0.8 cm. The nodular tissue is submitted in a single cassette. Microscopic Description: Slides reviewed. Final Diagnosis Left pelvic lymph node dissection: Nine benign hyperplastic regional lymph nodes (0/9). Right pelvic lymph node dissection: Six benign hyperplastic regional lymph nodes (0/6). Hysterectomy: Parcinoma of endometrium? Tumor characteristics: Histologic type: Endometrioid carcinoma Grade: Poorly differentiated NHO Grade III. Location: Uterine fundus in general. Extent of invasion: Tumor invades more than one-half of the Maximal thickness of myometrial invasion is 13 mm myometrium. into a 16 mm thick myometrium. Extension of tumor: Does not involve endocervix or cervical stroma. Lymphovascular space invasion: Present. Surgical margin status: Cervical margin: Negative. Left parametrial margin: Negative. Right parametrial margin: Negative. Lymph node status (utilizing all specimens submitted).

Sites: Bilateral pelvic, right aortic. Number of lymph nodes examined: 19 Number of lymph nodes containing metastatic carcinoma: 0 (0/19) Other: Cervix/endocervix: No pathologic diagnosis. Endometrium: Complex hyperplasia with atypia. Myometrium: No additional abnormalities. Uterine serosa-bilateral fallopian tubes and ovaries: Adhesions. SPC-A PAS 9 Right aortic lymph node dissection: Four benign hyperplastic regional lymph nodes (0/4). Stage: pT1b, N0 CPT: 88307 x 3, 88309 Comments This test has been finalized at the Campus. <Sign Out Dr. Signature>

, M.D.