



RUN TIME:

Specimen Inquiry

PAGE 1

PATIENT: [REDACTED]	ACCT #: [REDACTED]	LOC: [REDACTED]	U [REDACTED]
REG DR: [REDACTED]	AGE/SX: [REDACTED]	ROOM: [REDACTED]	REG: [REDACTED]
	DOB: [REDACTED]	BED: [REDACTED]	DIS: [REDACTED]
	STATUS: ADM IN	TLOC: [REDACTED]	

COLL: TIME IN FORMALIN: 6:20 hrs.

CLINICAL INFORMATION:

Pre-Op Diagnosis:

Remarks:

- Specimen(s):
- A. Right parametrium
 - B. Left parametrium
 - C. Uterus, tubes and ovaries
 - D. Right pelvic lymph node
 - E. Left pelvic lymph node
 - F. Upper vagina

ICD-O-3
Carcinoma, endometrial NOS
8380/3
Site Endometrium
254.1
QW 4/2/13

MICROSCOPIC DIAGNOSIS

- A. RIGHT PARAMETRIUM:
- NO EVIDENCE OF MALIGNANCY
- B. LEFT PARAMETRIUM:
- NO EVIDENCE OF MALIGNANCY
- C. UTERUS, TUBES AND OVARIES:
- ADENOCARCINOMA
- SEE COMMENT FOR DETAILS
- D. RIGHT PELVIC LYMPH NODE:
- ONE REACTIVE LYMPH NODE
- E. LEFT PELVIC LYMPH NODE:
- FOUR REACTIVE LYMPH NODES
- F. UPPER VAGINA:
- ADENOCARCINOMA

COMMENT(S)

PROTOCOL FOR THE EXAMINATION OF SPECIMENS WITH CARCINOMA OF THE ENDOMETRIUM
BASED ON AJCC/UICC TNM 7TH EDITION

SPECIMEN: Uterine corpus, cervix, right ovary, left ovary, right fallopian tube, left fallopian, left parametrium, right parametrium, vaginal biopsy

PROCEDURE: Hysterectomy, bilateral salpingo-oophorectomy

** CONTINUED ON NEXT PAGE **

RUN TIME:

Specimen Inquiry

SPEC #:

PATIENT: [REDACTED]

(Continued)

COMMENT(S)

(Continued)

LYMPH NODE SAMPLING: Pelvic lymph nodes, right and left
SPECIMEN INTEGRITY: Intact
TUMOR SIZE: 4.5 cm
HISTOLOGIC TYPE: Endometrioid adenocarcinoma
HISTOLOGIC GRADE: FIGO 2
MYOMETRIAL INVASION: Present
Depth of invasion: 4 mm
Myometrial thickness: 30 mm
13% myometrial invasion
INVOLVEMENT OF CERVIX: Not identified
INVOLVEMENT OF OTHER ORGANS: Right ovary: Not involved
Left ovary: Not involved
Right fallopian tube: Not involved
Left fallopian tube: Not involved
Right parametrium: Not involved
Left parametrium: Not involved
LYMPH-VASCULAR INVASION: Not identified
PATHOLOGIC STAGING: Primary tumor: pT1a
Regional lymph nodes: pN0
Number of lymph nodes submitted: 5
Number of lymph nodes examined: 5
Number of lymph nodes involved: 0
Distant metastasis: Not applicable
ADDITIONAL PATHOLOGIC FINDINGS: Cervicitis, leiomyomas, bilateral fallopian tubes
without significant histopathologic change, bilateral
ovaries without significant histopathologic change,
bilateral tubal ovarian adhesions

GROSS DESCRIPTION:

The specimen is received in three parts. Each part is labeled with patient's name.

Parts A and B are received fresh and placed in formalin for fixation.

A. Part 1 labeled "right parametrium" is a 1.5 x 1.0 x 0.8 cm portion of yellow, lobulated adipose. The portion of fat is bisected and entirely submitted cassette A1.

B. Part 2 labeled "left parametrium" is a 1.5 x 0.9 x 0.8 cm portion of yellow, lobulated adipose with scant fibroconnective tissue. The specimen is bisected and entirely submitted cassette B1.

C. Part 3, "uterus, tubes and ovaries", received fresh for gross evaluation and tissue banking is a 315 gram, 11.0 x 8.5 x 6.5 cm uterus. The uterus is received with attached bilateral fallopian tubes and ovaries and weighed with the tubes and ovaries removed. The uterus is mildly distorted with multiple subserosal nodules. The ectocervix is pink-tan to white with a 1.0 cm os. The uterus is bivalved to have a polypoid appearing endometrium in the fundus. This area ranges up to 4.5 x 3.0 x 2.0 cm and is more thickened in the

** CONTINUED ON NEXT PAGE **

SPEC #:

PATIENT: [REDACTED]

(Continued)

GROSS DESCRIPTION: (Continued)

posterior fundus. The myometrium underlying this area ranges up to 3.0 cm. The polypoid lesion focally dips down into the myometrium for 0.5 cm involving approximately 20% of the myometrium. The myometrium has numerous, intramural, submucosal and subserosal nodules. A separate 1.2 cm polyp is identified on the posterior endometrium. The endometrium averages 0.1 to 0.2 cm in the normal appearing regions. The leiomyomata range up to 4.5 cm with the largest leiomyoma being subserosal. No areas of hemorrhage, calcification or necrosis are identified. The right fallopian tube is fimbriated and is 6.0 x 0.8 cm. The right ovary is 1.8 x 1.7 x 0.8 cm. The ovary has superficial adhesions. The ovary is bisected to have an unremarkable yellow-tan to white, fibrous stroma. The left fallopian tube is fimbriated and is 6.5 x 0.9 cm. The left ovary is 1.9 x 1.5 x 0.9 cm. The ovary is bisected to have a dense, yellow-tan, fibrous stroma. Representative sections are sampled as labeled:

- C1 - section of anterior cervix to include endocervical polyp
- C2 - posterior cervix
- C3-4 - one posterior fundus full cross section to include area where tumor appears to dip into myometrium
- C5-6 - one full thickness posterior fundic cross section
- C7-8 - one posterior fundus full thickness cross section
- C9-11- additional sections of irregular, posterior endometrium to myometrium
- C12 - additional sections of posterior endometrium to myometrium to include separate polyp
- C13 - anterior polypoid appearing tumor mass to myometrium
- C14-15- sections of subserosal nodules
- C16 - sections of anterior, normal appearing endometrium to myometrium sampled
- C17 - right fallopian tube and ovary sampled
- C18 - right fallopian tube attachment at uterus
- C19 - left fallopian tube and ovary sampled
- C20 - left fallopian tube attachment to uterus submitted

There are 3 additional parts on this case, parts 4, 5 and 6. Each part is received in formalin, labeled with the patient's name.

D. Part 4 is labeled "right pelvic lymph node" is a 5.0 x 4.5 x 2.0 cm aggregate of yellow, lobulated adipose tissue. The adipose is trimmed to have a 2.2 x 1.8 x 0.4 cm nodular fatty lymph node. The fat is trimmed. The node is bisected and entirely submitted cassettes D1-D2.

E. Part 5 is labeled "left pelvic lymph node" is a 4.5 x 3.0 x 2.0 cm aggregate of yellow, lobulated adipose. The adipose is trimmed to have multiple fragmented lymph nodes. The lymphoid tissue range from a 1.0 x 0.6 x 0.2 cm fragment to a linear 2.4 x 0.8 x 0.5 cm lymph node. The four larger lymph nodes are each bisected and the nodes are entirely submitted as labeled cassettes:

- E1 - smallest lymphoid fragment and one bisected lymph node
- E2 - one bisected lymph node
- E3 - one bisected lymph node
- E4 - one bisected lymph node

F. Part 6 is labeled "upper vagina" are multiple erythematous tissue biopsied. The specimen container contents are filtered and aggregate to 1.3 x 0.8 x 0.4 cm. The tissues are submitted in toto cassette F1.

** CONTINUED ON NEXT PAGE **

RUN TIME:

Specimen Inquiry

SPEC #:

PATIENT: [REDACTED]

(Continued)

MICROSCOPIC DESCRIPTION:

The tumor seen in specimen F is composed of the same type of tumor seen in the uterus.
Vaginal tissue is not identified. Operative correlation recommended.

INTRAOPERATIVE CONSULTATION:

GROSS EVALUATION UTERUS TUBES AND OVARIES:

- POLYPOID MASS IDENTIFIED IN FUNDUS, 4.5 X 3.0 X 2.0 CM
- MASS APPEARS TO EXTEND AND INVOLVE MYOMETRIUM FOR 20% OF THE MYOMETRIAL THICKNESS

INTRADEPARTMENT CONSULTATION

Intradepartmental review obtained with concurrence.

PHOTO DOCUMENTATION

Image

Signed _____ (signature on file) _____

** END OF REPORT **

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	Knt	2/16/13