

DIAGNOSIS:

A. Uterus, bilateral ovaries, and fallopian tubes; hysterectomy and bilateral salpingo-oophorectomy: Invasive FIGO grade III (of III)

endometrial adenocarcinoma, undifferentiated and endometrioid types,

is identified in a background of atypical complex hyperplasia

forming a mass (6.0 x 3.7 x 1.8 cm) located in the anterior uterine wall. The tumor invades 1.8 cm into the myometrium (total myometrial thickness, 2.1 cm). The tumor does not involve the

endocervix. The cervix shows squamous metaplasia. The bilateral

ovaries and fallopian tubes are not involved. The left ovary shows

a corpus luteum cyst. The right ovary and bilateral fallopian tubes

are without diagnostic abnormality. [AJCC pT1cN0MX]

B-E. Lymph nodes, left pelvic, excisions: Multiple left pelvic

lymph nodes (1 external iliac, 2 internal iliac, 1 common iliac, 8

obturator) are negative for tumor.

F-I. Lymph nodes, right pelvic, excisions: Multiple right pelvic

lymph nodes (5 external iliac, 1 common iliac, 5 obturator) are

negative for tumor. Specimen F received as "right pelvic lymph

nodes, internal" did not contain nodal tissue.

J, K. Lymph nodes, right and left para-aortic, excisions: Multiple

para-aortic lymph nodes (6 right, 11 left) are negative for tumor.

L. Omentum, omentectomy: Negative for tumor.

M. Appendix, appendectomy: Negative for tumor.

Per originating TSS,
undifferentiated %
L10 %



N-R. Peritoneum; right diaphragm, right para colic gutter, left para colic gutter, bladder peritoneum, and cul de sac; staging biopsies: Negative for tumor, all five specimens.

This final pathology report is based on the gross/macroscopic examination and frozen section histologic evaluation of the specimen(s).

ADDENDUM:

The endometrial cancer does not display angiolymphatic invasion in the myometrium.

Of note, there is focal squamous cell carcinoma in situ present in the cervix. This area, seen both on frozen section and file slides, arises in association with squamous metaplasia and was initially felt to represent a type of atypical reserve cell hyperplasia at the transformation zone. However, in immunostains (using tissue block A4), while p53 staining is minimal, there is "full thickness" MIB-I and p63 staining in the area of histologic concern supporting the diagnosis of squamous cell carcinoma in situ. This explains the outside Pap smear findings of atypical squamous cells on (see report . . .

GROSS DESCRIPTION:

A. Received fresh labeled "uterus, right and left tubes and

ovaries" is a 230.0 gram uterus with attached bilateral tubes and ovaries and an unremarkable cervix. The uterine serosa is smooth

There is a 6.0 x 3.7 x 1.8 cm mass in the anterior of the endometrial cavity with 2.1 cm myometrial thickness. There is a 3.0

x 2.0 x 1.0 cm right ovary with a smooth outer surface and solid cut

surface with a 4.0 x 0.7 cm right fallopian tube. There is a 3.2 x

1.5 x 1.3 cm left ovary with a smooth outer surface and a solid cut

surface with a 4.0 x 0.7 cm left fallopian tube. Representative

sections submitted.

B. Received fresh labeled "left pelvic nodes, internal" is a 2.0 x

1.5 x 1.5 cm aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

C. Received fresh labeled "left pelvic nodes, external" is a 3.5 x

2.1 x 0.9 cm aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

D. Received fresh labeled "left pelvic nodes, common" is a 3.0 x

1.9 x 1.0 cm aggregate of Adipose and lymphatic tissue. All

lymphatic tissue submitted.

E. Received fresh labeled "left pelvic nodes, obturator" is a 7.0 x

4.1 x 2.4 cm aggregate of adipose and lymphatic tissue. All

lymphatic tissue submitted.

F. Received fresh labeled "right pelvic lymph nodes, internal" is a

2.5 x 1.0 x 0.3 cm aggregate of adipose tissue. No lymphatic tissue

identified. All tissue submitted.

G. Received fresh labeled "right pelvic lymph nodes, external" is a
4.0 x 2.0 x 0.5 cm aggregate of adipose and lymphatic tissue. All
lymphatic tissue submitted.

H. Received fresh labeled "right pelvic lymph nodes, common" is a
2.5 x 1.0 x 0.2 cm aggregate of adipose and lymphatic tissue. All
lymphatic tissue submitted.

I. Received fresh labeled "right pelvic lymph nodes, obturator" is
a 5.0 x 4.0 x 2.0 cm aggregate of adipose and lymphatic tissue. All
lymphatic tissue submitted.

J. Received fresh labeled "right para-aortic lymph nodes" is a 3.1
x 3.0 x 2.0 cm aggregate of adipose and lymphatic tissue. All
lymphatic submitted.

K. Received fresh labeled "left para-aortic lymph nodes" is a 5.5 x
3.5 x 3.0 cm aggregate of adipose and lymphatic tissue. All
lymphatic tissue submitted.

L. Received fresh labeled "omentum" is a 30.0 x 7.0 x 2.0
cm
portion of omentum. No masses are identified grossly.
Lymph nodes
are not identified. Representative sections submitted.

M. Received fresh labeled "appendix" is a 6.8 x 0.6 cm
vermiform
appendix with smooth serosa. There is no gross
perforation. The
lumen contains no fecalith. Representative sections
submitted.

N. Received fresh labeled "right diaphragm" is a 0.4 x
0.3 x 0.2 cm

aggregate of pink-tan soft tissue which is entirely submitted.

O. Received fresh labeled "right paracolic gutter" is a 1.0 x 0.6 x 0.2 cm aggregate of pink-tan soft tissue which is entirely submitted.

P. Received fresh labeled "left paracolic gutter" is a 1.1 x 0.5 x 0.2 cm aggregate of pink-tan soft tissue which is entirely submitted.

Q. Received fresh labeled "bladder peritoneum" is a 1.5 x 1.0 x 0.3 cm aggregate of pink-tan soft tissue which is entirely submitted.
Grossed by

R. Received fresh labeled "cul de sac" is a 1.5 x 0.7 x 0.3 cm aggregate of pink-tan soft tissue which is entirely submitted.
Grossed by

BLOCK SUMMARY:

Part A: Uterus, right and left tubes and ovaries

- 1 Endometrium tx
- 2 Endometrium tx/myometrium
- 3 Lower uterine segment
- 4 Cervix 6:00
- 5 Lt tube/ovary
- 6 Rt tube/ovary

Part B: Left Pelvic Nodes internal

- 1 Lt pelvic LN internal 3 (B1)

Part C: Left Pelvic Nodes external

- 1 Lt external LN 2 (C1)

Part D: Left Pelvic Nodes common

- 1 Lt common LN 1 (D1)

Part E: Left Pelvic Nodes obturator

- 1 Lt obturator LN 2 (E1)
- 2 Lt obturator LN 1 (E2)

- 3 Lt obturator LN 3 (E3)
- 4 Lt obturator LN 2 (E4)
- 5 Lt obturator LN 1 (E5)

Part F: Right Pelvic nodes internal
1 Rt internal LN(0) (F1)

Part G: Right Pelvic nodes external
1 Rt external LNs(2) (G1)
2 Rt external LNs(3) (G2)

Part H: Right Pelvic nodes common
1 Rt common LN(1) (H1)

Part I: Right Pelvic nodes obturator
1 Rt obturator LNs(3) (I1)
2 Rt obturator LN(1of2) (I2)
3 Rt obturator LN(2of2) (I2)
4 Rt obturator LN(1of2) (I3)
5 Rt obturator LN(2of2) (I3)

Part J: Right Para-aortic Lymph Nodes
1 Rt para aortic LN 1 (J1)
2 Rt para aortic LN 2 (J2)
3 Rt para aortic LN 2 (J3)
4 Rt para aortic LN 1 (J4)

Part K: Left Para-aortic Lymph Nodes
1 Lt para-aortic LNs(3) (K1)
2 Lt para-aortic LN(1) (K2)
3 Lt paraaortic LN(1of2) (K3)
4 Lt paraaortic LN(2of2) (K3)
5 Lt para-aortic LNs(2) (K4)
6 Lt para-aortic LNs 4 (K5)
7 Lt para-aortic LNs 6 (K6)

Part L: Omentum
1 Omentum-1
2 Omentum-2

Part M: Appendix
1 Appendix

Part N: Multiple biopsies right diaphragm
1 Rt diaphragm biopsy

Part O: Multiple biopsies right para colic gutter

1 Rt para colic gutter biopsy

Part P: Multiple biopsies left para colic gutter

1 Lt para colic gutter biopsy

Part Q: Multiple biopsies bladder peritoneum

1 Bladder peritoneum biopsy

Part R: Multiple biopsies cul de sac

1 Cul de sac biopsy

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	12/8/10