

SURGICAL PATHOLOGY REPORT * Revised Report *

Patient Name:

: 1981:.....

Med. Rec. #: DOB/Gender:

Location: Soc Sec #:

Physician(s):

(Age:

Path No.:

Client:

Collected:

Received: Reported:

Hosp #:

Pre-Operative/Clinical History

THIS IS A REVISED REPORT

Endometrial cancer

Specimen(s) Received

A: RIGHT ADNEXA

B: UTERUS WITH CERVIX

C: BIOPSY, OMENTUM

D: LEFT ADNEXA

E: RIGHT PELVIC LYMPH NODE BIOPSY

100-0-3

adeno carcinoma, incometrioid

Diagnosis Discrepano Discrepance

Prior Malignancy Histo

Gross Description

Specimen A, received fresh for frozen section labeled right adnexa.

Ovary:

Size: 7.0 x 4.5 x 4.0 cm, 40 gm.

Description: The ovary is approximately up to 3.0 cm in greatest dimension with a bulging nodule that is up to 4.8 cm in greatest dimension and shows a pink smooth surface with petechial

hemorrhage. On sectioning, the ovary is predominantly replaced by a unilocular cyst that is 2.5 cm in greatest dimension. The nodule shows a whorled tan rubbery cut surface. A section

is sampled for frozen section in (A1FS).

Fallopian Tube:

Size: 4.0 cm in length by 0.5 cm in diameter.

Description: Fimbriated. The serosa is pink-tan, glistening and intact.

Representative sections as follows:

(A1FS) Frozen section resubmitted

(A2)Fallopian tube

(A3, 4) Ovary including cyst

(A5, 6) Nodule.

Specimen B, received fresh for an OR consultation labeled uterus with cervix.

Specimen type:

Uterus with attached cervix.

Procedure:

Hysterectomy.

Specimen integrity:

intact.

Weight:

161 gm.

Measurement:

9.5 cm ectocervix to fundus x 6.8 cm comu to comu x 4.0 cm anterior to posterior.

Serosa:

Pink-tan and glistening with a bulging subserosal nodule that is up to 2.4 cm and is

markedly calcified.

Cervix:

Measurement:

2.4 x 1.5 cm.

Description:

The cervix shows a probe patent ectocervical os surrounded by pink glistening

ectocervical mucosa with a scant amount of petechial hemorrhage. Sectioning the cervix

is grossly unremarkable.

Involved/Not involved:

Not involved.

Tumor site:

Endometrium.

Tumor size:

4.0 x 4.0 cm with a maximum thickness of 0.7 cm.

Tumor description:

The tumor shows a pink papillary to friable appearance with a small amount of adherent clotted blood. The tumor is grossly confined to the upper half of the myometrium, grossly comes to within 3.8 cm of the ectocervical os and 1.3 cm of the closest posterior (black)

serosa.

Endometrium:

Thickness:

0.9 cm.

Description:

The remaining approximately 5% of uninvolved endometrium is pink-tan and glistening

and is predominantly towards the lower uterine segment.

Involved/Not involved:

involved.

Myometrium:

Thickness:

2.0 cm.

Description:

Trabeculated with few well-circumscribed intramural nodules, the largest up to 2.5 cm in

greatest dimension all with a whorled tan rubbery cut surface most of which are markedly

calcified.

Involved/Not involved:

Involved, grossly confined to the upper half of the myometrium.

Ovary, right:

Not present.

Fallopian tube, right:

Not present.

Ovary, left:

Not present.

Fallopian tube, left:

Not present.

Other organs present:

None.

A digital photo is taken.

Representative sections are as follows:

(B1)

Serosa

(B2, 3)

Anterior cervix and lower uterine segment, slice bisected

(B4)

Anterior cervix

(B5, 6)

Posterior cervix and lower uterine segment, slice bisected

(B7)

Posterior cervix

(B8-11) (B12-15) Anterior endomyometrium full thickness section including tumor with deepest point of invasion Posterior endomyometrium including tumor full thickness section including deepest point of invasion

(B16)

Representative section of partially calcified intramural nodules following light decalcification.

Specimen C, received in formalin labeled biopsy omentum, consists of a 2.5 x 1.7 x 1.8 cm portion of lobular adipose tissue. The specimen is sectioned and entirely submitted in (C1).

Specimen D, received in formalin labeled left adnexa, consists of:

Ovary:

Size: 2.4 x 1.3 x 1.0 cm, 2 gm.

Description: The outer surface is smooth. Sectioning shows a 0.5 cm simple cyst filled with clear fluid.

Fallopian Tube:

Size: 4.0 cm in length by 0.5 cm in diameter.

Description: Fimbriated. The serosa is pink-tan, glistening and intact.

Representative sections as follows:

Fallopian tube (D1)

(D2) Ovary.

Specimen E, received in formalin labeled biopsy, right pelvic lymph node, consists of a 0.7 x 0.3 x 0.3 cm yellow-pink, glistening, rubbery tissue fragment. The specimen is bisected and entirely submitted in (E1).

Intraoperative Consultation

Specimen A, frozen section diagnosis of "fibroma" is rendered by Dr.

An OR consultation is performed on specimen B: "at least superficial myometrial invasion" is rendered by Dr. I

Microscopic Description

Summary of Pathologic Findings Endometrial Carcinoma

Procedure:

Abdominal hysterectomy with bilateral salpingo-cophorectomy.

Lymph node sampling:

Performed, pelvic.

Histologic type:

Endometrioid adenocarcinoma with clear cell differentiation.

clear out 210% pm T35. Nu

FIGO grade (I-III):

III.

Myometrial invasion:

Present, tumor invades 11 mm of full 16 mm myometrial thickness, > 50%.

Uterine serosal involvement: Absent.

Cervical/endocervical involvement: Absent (extends to the lower uterine segment).

Local/regional extra-uterine tumor direct extension or metastases: Absent.

Lymphatic/vascular invasion:

Present.

Resection margins:

Not involved.

Regional lymph nodes:

Right pelvic lymph node:

No. involved:

Total nodes examined:

0

No. with tumor:

1 0.

Distant metastasis:

Cannot assess.

Pathologic stage:

TNM:

pT1b pN0.

FIGO:

IB.

Additional pathologic findings:

Right ovarian fibroma.

Right ovarian serous adenofibroma.

The following immunohistochemical stains are performed on the endometrial carcinoma:

Estrogen receptor

Positive

Progesterone receptor

Negative

Cytokeratin AE1/AE3

Positive

WT-1

Negative

P16

Patchy positivity

P53

Negative.

The above immunohistochemical profile is consistent with endometrioid differentiation.

Diagnosis

RIGHT OVARY:

FIBROMA.

SEROUS ADENOFIBROMA.

LEFT OVARY:

CYSTIC FOLLICLES.

RIGHT AND LEFT FALLOPIAN TUBES:

NO PATHOLOGIC DIAGNOSIS.

UTERUS, HYSTERECTOMY:

ENDOMETRIUM:

POORLY DIFFERENTIATED ENDOMETRIOID ADENOCARCINOMA WITH CLEAR CELL DIFFERENTIATION.

MYOMETRIUM:

TUMOR INVADES FOCALLY GREATER THAN 50%.

LEIOMYOMAS WITH CALCIFICATION.

CERVIX:

NO PATHOLOGIC DIAGNOSIS.

OMENTUM:

NO TUMOR IDENTIFIED.

RIGHT PELVIC LYMPH NODE (1):

NO TUMOR IDENTIFIED.



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Comment
Positive and negative controls react satisfactorily.

FDA required disclaimer: These tests were developed and their performance characteristics determined by They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes and should not be regarded as investigational or for research. This laboratory is certified under the Clinical Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

required information for predictive/prognostic markers: 1. Type of specimen fixation and detection system: Tissue is fixed in 10% formalin. Indirect biotin-free detection kit is used. 2. Clones used: ER (clone 6F11) Novocastra; PR (clone PGR 636) DakoCytomation; CD117 (polyclonal, DakoCytomation); HER2 (clone 4B5, Ventana, FDA approved); KI-67 (clone K3, Cell Marque) p53 (clone DO7, Novocastra), MSH6 (clone BC-44, Biocare), MSH2 (CellMarque clone G219-1129), MLH1 (Cell Marque clone G168-728), PMS2 (clone MRQ-28, Cell Marque). 3. Criteria for positive results: ER and PR: ≥1% of tumor cells with nuclear staining; HER2: >30% of cells show complete membrane staining; p53: ≥10% of tumor cells with nuclear staining; MMR Proteins: complete absence of tumor nuclear staining.

CPT Code(s)

B:

C: E:

Amendments

Amended:

Previous Signous vate: