

Redacted



Specimens Submitted:

- 1: UTERUS, CERVIX, BILATERAL FALLOPIAN TUBES AND OVARIES; TOTAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY
- 2: LYMPH NODES, LEFT OBTURATOR SENTINEL; EXCISION
- 3: LYMPH NODES, RIGHT EXTERNAL ILIAC; EXCISION
- 4: LYMPH NODES, RIGHT OBTURATOR; EXCISION
- 5: LYMPH NODES, RIGHT HYPOGASTRIC; EXCISION
- 6: LYMPH NODES, RIGHT COMMON ILIAC; EXCISION
- 7: LYMPH NODES, LEFT EXTERNAL ILIAC; EXCISION
- 8: LYMPH NODES, LEFT OBTURATOR; EXCISION
- 9: LYMPH NODES, LEFT HYPOGASTRIC; EXCISION
- 10: LYMPH NODES, LEFT COMMON ILIAC; EXCISION
- 11: HERNIA SAC; EXCISION

ICB-0-3

Adenocarcinoma, endometrioid, NOS 8380/3

Site: endometrium C54.1 *for*
5/2/11

DIAGNOSIS:

1. UTERUS, CERVIX, BILATERAL FALLOPIAN TUBES AND OVARIES; TOTAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:

Tumor Type:

Adenocarcinoma, endometrioid type

Architectural Grade (For Endometrioid Types only):
III (>50% solid growth)

Nuclear Grade (For Endometrioid Types only):
Grade 2

FIGO Grade (For Endometrioid Types only):
Grade 3

Myometrial Invasion:
(>50%)

The precise depth of invasion is difficult to determine due to distortion. However, grossly the tumor involves approximately 80% of the myometrial thickness.

Endocervical Invasion:

Not identified

Lymphovascular invasion:

Identified

Endometrium:

Exhibits atrophy

Myometrium:

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Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Malignancy		<input checked="" type="checkbox"/>
Case # (circle):	70 QUALIFIED / DISQUALIFIED	
Reviewer Initials:	Date Reviewed: 5/2/11	

Exhibits adenomyosis
Exhibits one leiomyoma

Adnexa:

Unremarkable
Left fallopian tube exhibits adhesions and foreign body giant cell

reaction

2. LYMPH NODES, LEFT OBTURATOR SENTINEL; EXCISION:

Lymph Nodes:

Number of nodes examined:1
Number of metastatic nodes:0

Comment: Deeper levels and CK AE1:AE3 are negative for metastasis

3. LYMPH NODES, RIGHT EXTERNAL ILIAC; EXCISION:

Lymph Nodes:

Number of nodes examined:5
Number of metastatic nodes:0

4. LYMPH NODES, RIGHT OBTURATOR; EXCISION:

Lymph Nodes:

Number of nodes examined:6
Number of metastatic nodes:0

5. LYMPH NODES, RIGHT HYPOGASTRIC; EXCISION:

Lymph Nodes:

Not identified
Benign adipose tissue only

Comment: Tissue is entirely submitted.

6. LYMPH NODES, RIGHT COMMON ILIAC; EXCISION:

Lymph Nodes:

Number of nodes examined:1
Number of metastatic nodes:0

7. LYMPH NODES, LEFT EXTERNAL ILIAC; EXCISION:

Lymph Nodes:

Number of nodes examined:4
Number of metastatic nodes:0

8. LYMPH NODES, LEFT OBTURATOR; EXCISION:

Lymph Nodes:

** Continued on next page **

Number of nodes examined:3
Number of metastatic nodes:0

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9. LYMPH NODES, LEFT HYPOGASTRIC; EXCISION:

Lymph Nodes:

Not identified

Benign adipose tissue only.

10. LYMPH NODES, LEFT COMMON ILIAC; EXCISION:

Lymph Nodes:

Number of nodes examined:3

Number of metastatic nodes:0

11. HERNIA SAC, EXCISION:

- Benign fibroadipose tissue consistent with hernia sac.

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.