Adenocarcinoma, Indometriord, NOS 8380/3 Site: Indometrium C54.1 2/24/11

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CLINICAL HISTORY:

Malignant neoplasm corpus uteri, 182.0.

GROSS EXAMINATION:

A. "Uterus, cervix, tubes and ovaries (AF1)" --ceived fresh for frozen section and placed in formalin at 3.5 cm uterus with a 2.5 cm diameter cervix with 0.8 cm diameter patent os. is a 92 gram, 6.2 x 3.5 x Attached to the uterus is a 6 \times 1 cm grossly unremarkable right fallopian tube and $4.5 \times 1.2 \times 1.2$ cm grossly unremarkable right ovary. Also attached is a 6.5×1 cm grossly unremarkable left fallopian tube, and $4.6 \times 1.5 \times 1.2$ cm grossly unremarkable left ovary. The cervix is grossly unremarkable. The serosal surface of the uterus is smooth, glistening, and grossly

The 3.7 \times 2.7 cm endometrial cavity is entirely filled by an exophytic, friable mass. The mass appears to grossly involve the anterior and posterior lower uterine segments. It comes within 3 cm of the distal cervix. The exophytic mass is 1.5 cm deep and appears to grossly invade approximately 0.4 cm into a 1.3 cm thick myometrium. There are no other lesions noted in the myometrium or remainder of the specimen.

BLOCK SUMMARY:

representative section of right ovary A1-

representative section of right fallopian tube A2-

representative section of left ovary A3-A4-

representative section of left fallopian tube A5-

representative section of anterior cervix A6-

anterior lower uterine segment with respect to mass A7-

posterior cervix A8-

mass with respect to posterior lower uterine segment

A9-13representative sections of mass

frozen section remnant with deepest invasion, AF1 A14-

B. "Left external lymph node", received fresh and placed in formalin at is a $3 \times 2 \times 1$ cm aggregate of fibroadipose tissue dissected for candidate lymph nodes.

BLOCK SUMMARY:

B1- largest candidate lymph node, 1.8 cm in greatest dimension B2- two candidate lymph nodes, 0.8 cm in greatest dimension

B3- remaining fibroadipose tissue

C. "Left obturator node", received fresh and placed in formalin at is a 5 \times 2.5 \times 1.5 cm aggregate of fibroadipose tissue dissected for candidate lymph nodes.

BLOCK SUMMARY:

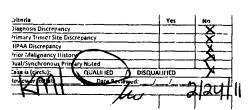
C1- largest candidate lymph node, 1.4 cm in greatest dimension, bisected C2- two candidate lymph nodes, 1.5 cm in greatest dimension

C3- three candidate lymph nodes, 1.2 cm in greatest dimension

C4- three candidate lymph nodes, 0.8 cm in greatest dimension

C5- remaining fibroadipose tissue

D. "Right pelvic node", received fresh and placed in formalin at is a 5 \times 3 \times 1.8 cm aggregate of fibroadipose tissue dissected for



candidate lymph nodes.

BLOCK SUMMARY:

D1- two candidate lymph nodes, 1.2 cm in greatest dimension

D2- four candidate lymph nodes, 0.8 cm in greatest dimension

D3- three candidate lymph nodes, 1 cm in greatest dimension

D4- six candidate lymph nodes, 0.5 cm in greatest dimension

D5- remaining fibroadipose tissue

E. "Left aortic node", received fresh and placed in formalin at is a 1.5 \times 1 \times 0.8 cm aggregate of fibroadipose tissue dissected for candidate lymph nodes.

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BLOCK SUMMARY:

E1- three candidate lymph nodes, 0.5 cm in greatest dimension E2- remaining fibroadipose tissue

F. "High left aortic node", received fresh and placed in formalin at on is a $1.5 \times 1 \times 0.6$ cm candidate lymph node, bisected, and submitted in block F1.

G. "Right aortic lymph node", received fresh and placed in formalin at is a $2.5 \times 1.5 \times 1$ cm aggregate of fibroadipose tissue dissected for candidate lymph nodes.

BLOCK SUMMARY:

G1- $3 \times 0.8 \times 0.6$ cm lymph node, bisected

G2- two candidate lymph nodes, 0.6 cm in greatest dimension

G3- remaining fibroadipose tissue

Dr. :/Dr. :/slides to Dr.

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, tubes, and ovary": AF1- (representative mass)- high-grade malignancy. The tumor invades less than half of the myometrial thickness (one section examined) (Dr.).

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterectomy, bilateral salpingo-oophorectomy, lymph node sampling PATHOLOGIC STAGE (AJCC 7th Edition): pTla pN0 pMX

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

DIAGNOSIS:

A. UTERUS, CERVIX, TUBES AND OVARIES (HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY):

UTERUS: 92 GRAMS

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.

FIGO GRADE: 3.

TUMOR SIZE: 3.7 X 2.7 X 1.5 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.4 CM, IN A 1.3 THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ABSENT.

REMAINING MYOMETRIUM: ADENOMYOSIS.

CERVIX: FREE OF TUMOR.

SEROSA: FREE OF TUMOR.

SPECIMEN MARGINS: NOT INVOLVED.

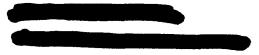
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OVARIES, RIGHT AND LEFT: FREE OF TUMOR. FALLOPIAN TUBE, RIGHT AND LEFT: FREE OF TUMOR.

- B. LEFT EXTERNAL LYMPH NODE (LYMPH NODE DISSECTION): TWO LYMPH NODES, NEGATIVE FOR CARCINOMA (0/2).
- C. LEFT OBTURATOR NODE (LYMPH NODE DISSECTION): ELEVEN LYMPH NODES, NEGATIVE FOR CARCINOMA (0/11).
- D. RIGHT PELVIC NODE (LYMPH NODE DISSECTION): EIGHTEEN LYMPH NODES, NEGATIVE FOR CARCINOMA (0/18).
- E. LEFT AORTIC NODE (LYMPH NODE DISSECTION):
 THREE LYMPH NODES, NEGATIVE FOR CARCINOMA (0/3).
- F. HIGH LEFT AORTIC NODE (BIOPSY):

 ONE LYMPH NODE, NEGATIVE FOR CARCINOMA (0/1).
- G. RIGHT AORTIC LYMPH NODE (LYMPH NODE DISSECTION): FOUR LYMPH NODES, NEGATIVE FOR CARCINOMA (0/4).

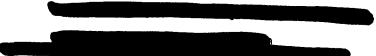
I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).



CI ADDENDUM 1: Please see Image Cytometry Report tests.

for results of supplementary

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).



Performed by:

Ordering MD: