

ICD-0-3

Adenocarcinoma, serous, NOS 8441/3

Site: Endometrium C54.1 2/24/11 *hw*

UUID: C88D6955-D74A-4A05-ACC3-F0DE49CC68A9
TCGA-B5-A1N2-01A-PR

Redacted

Surg Path

CLINICAL HISTORY:

Per serous carcinoma uterus.

GROSS EXAMINATION:

A. "Right common iliac node", received fresh for frozen and later placed in formalin at on is a 3 x 1.5 x 0.3 cm lymph node. Representative sections submitted for frozen as AF1, frozen section remnant submitted in block A1. Remaining lymph node is submitted in block A2.

B. "Uterus, cervix, bilateral tubes and ovaries", received fresh and placed in formalin at on is a 390 gram (post fixed weight), 14.5 x 2 x 7.5 cm uterus with a 2.2 cm in diameter cervix with a 1 cm patent os. The serosa is pink-tan with eight subserosal nodules, ranging from 0.3 to 3.6 cm in greatest dimension. A 1.1 x 0.9 x 0.3 cm pedunculated subserosal nodule is present. The serosa is inked black. A 0.5 x 0.3 x 0.2 cm cyst is seen in the anterior endocervical canal, 1.3 cm away from the ectocervix. The surrounding tissue of the cervix is inked blue.

A 10.2 x 8.5 cm area of irregularity is noted in the endometrial cavity, centered in the fundus of the uterus and involving right and left cornu. The majority of the lesion overlies the 6.2 x 8.5 x 4.5 cm submucosal diffusely calcified white whorled like nodule. The lesion extends to 4.7 cm away from the anterior ectocervix. On cut surface the endometrium is 0.2 cm in thickness and the myometrium is 1.6 cm in thickness. The lesion grossly extends into the inner third of the myometrium. A 3.8 x 2.2 x 2.8 cm endometrial polyp is seen adjacent to the right cornu. The polyp is 0.5 cm away from the primary lesion. Further sectioning reveals three intramural white whorled like nodules ranging from 0.5 through 1.4 cm in greatest dimension. A 1.1 x 0.9 x 0.7 cm calcified submucosal nodule is seen in the posterior segment of the uterus.

The right fallopian tube is 8.5 cm in length x 0.6 cm in diameter, sectioning reveals no masses or lesions. The right ovary is 3.5 x 2.4 x 1.3 cm with a 1.5 x 1.1 x 0.9 cm simple cyst. Sectioning reveals yellow lobulated cut surface with a simple uniloculated cyst with no excrescences. The left fallopian tube is 8.3 cm in length and 0.8 cm in diameter, sectioning reveals no masses or lesions. The left ovary is 3 x 1.6 x 0.5 cm. The cut surface is yellow-tan and lobulated with no grossly evident masses or lesions.

BLOCK SUMMARY:

- B1- pedunculated nodule on the serosa
- B2- anterior endocervical canal and lower uterine segment
- B3- representative section of cyst in the anterior lower uterine segment
- B4- posterior lower uterine segment and endocervical canal
- B5-6- representative full thickness sections of the lesion
- B7-10- representative sections of the lesion
- B11- lesion with respect to anterior lower uterine segment
- B12- representative full thickness of normal anterior segment of the uterus
- B13- representative full thickness section of posterior segment of uterus
- B14- representative sections of right fallopian tube and ovary with cyst
- B15- representative sections of left fallopian tube and ovary
- B16- representative section of intramural nodules
- B17- representative section of subserosal nodule
- B18- representative section of endometrial polyp

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
ICD-9/ICD-10 Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Qual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Grade (circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	<i>hw</i>	
Date Reviewed:		2/24/11

INTRA OPERATIVE CONSULTATION:

A. "Right common iliac node": AF1 (representative)-metastatic carcinoma present

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY, LYMPH NODE BIOPSY

PATHOLOGIC STAGE (AJCC 7th Edition): pT3a pN1 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. "RIGHT COMMON ILIAC NODE" (BIOPSY):

METASTATIC ADENOCARCINOMA IN ONE LYMPH NODE (1/1/).

SIZE OF METASTASIS: 0.6 CM AT LEAST.

FOCAL EXTRACAPSULAR EXTENSION IS PRESENT.

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

UTERUS, 390 GRAMS:

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: SEROUS ADENOCARCINOMA.

FIGO GRADE: NOT APPLICABLE.

TUMOR SIZE: 10.2 CM IN GREATEST DIMENSION.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: SEE COMMENT.

LYMPHATIC/VASCULAR INVASION: PRESENT, EXTENSIVE.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ENDOMETRIAL POLYP.

REMAINING MYOMETRIUM: ADENOMYOSIS.

MULTIPLE BENIGN LEIOMYOMAS, UP TO 6.2 CM

CERVIX: CARCINOMA INVOLVES ENDOCERVICAL MUCOSA.

CERVICAL STROMA FREE OF CARCINOMA.

SEROSA: FREE OF CARCINOMA.

SPECIMEN MARGINS: NOT INVOLVED.

RIGHT OVARY: CARCINOMA PRESENT WITHIN OVARIAN STROMA.
BENIGN BRENNER TUMOR, 0.9 CM.

LEFT OVARY: NO CARCINOMA IDENTIFIED.
BENIGN BRENNER TUMOR, 0.9 CM.

FALLOPIAN TUBES, RIGHT AND LEFT: NO PATHOLOGIC DIAGNOSIS.

COMMENT: The maximum depth of definitive tumor tissue invasion is approximately 2 mm in a 1.6 cm thick myometrium. Carcinoma is extensively present within the outer half of the myometrium, but at this depth the tumor appears to be confined within vascular spaces.

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

[REDACTED]

[REDACTED]

Performed by:

Electronically signed:

Ordering MD: