

Redacted

Patient Name:

DOB:

Accession:

MRN:

PAN:

Surgical Pathology Report

Final

100-0-3

Adenocarcinoma, Endometrioid, NOS 8380/3

Site: Endometrium C54.1 w 10/29/11

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Malignancy		
Case Is (Circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BS	
Date Reviewed	10/29/11	

SURGICAL PATHOLOGY REPORT FINAL

Patient Name:

Address:

Gender: F

DOB:

(Age:)

Service: Gynecology

Location:

MRN:

Hospital #

Patient Type:

Accession #:

Taken:

Received:

Accessioned:

Reported:

Physician(s):

Other Related Clinical Data:

DIAGNOSIS:

UTERUS, ENDOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- ADENOCARCINOMA, WELL TO MODERATELY DIFFERENTIATED, ENDOMETRIOID TYPE WITH SQUAMOUS DIFFERENTIATION (FIGO GRADE 1-2)

- ADENOCARCINOMA INVADERS TO A DEPTH OF 2 MM WHERE THE TOTAL WALL THICKNESS MEASURES 12 MM

- NO LYMPHOVASCULAR SPACE INVASION IS IDENTIFIED

- THE LOWER UTERINE SEGMENT IS FREE OF CARCINOMA

UTERUS, MYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- ADENOCARCINOMA BY DIRECT EXTENSION

- ADENOMYOSIS

UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY

- MILD ACUTE AND CHRONIC INFLAMMATION

OVARY, LEFT, SALPINGO-OOPHORECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

FALLOPIAN TUBE, LEFT, SALPINGO-OOPHORECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

OVARY, RIGHT, SALPINGO-OOPHORECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

FALLOPIAN TUBE, RIGHT, SALPINGO-OOPHORECTOMY

- MILD HYDROSALPINX

LYMPH NODES, LEFT PELVIC, EXCISION

- NO CARCINOMA IDENTIFIED IN EIGHTEEN LYMPH NODES (0/18)

LYMPH NODES, RIGHT PELVIC, EXCISION

- NO CARCINOMA IDENTIFIED IN EIGHT LYMPH NODES (0/8)

LYMPH NODES, RIGHT PERIAORTIC, EXCISION

- NO CARCINOMA IDENTIFIED IN THREE LYMPH NODES (0/3)

"LYMPH NODES," LEFT PERIAORTIC, EXCISION

- FIBROADIPOSE TISSUE WITH NO CARCINOMA IDENTIFIED

- NO LYMPH NODES PRESENT (SPECIMEN ENTIRELY SUBMITTED)

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material indicated in the diagnosis).

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***Report Electronically Reviewed and Signed Out By
M.D.***

Intraoperative Consultation:

"Called to pick up 'cervix, uterus, bilateral tubes and ovaries,' consisting of 6 x 4 x 2 cm, 85 gram uterus with unremarkable cervix measuring 3 cm in diameter with slit-shaped os. Bilateral unremarkable adnexae are also present. Opened to show an anterior based polypoid mass filling the endometrial cavity. There is no definitive invasion seen. Shown to surgeon. Tissue for _____ and tissue bank. Rest for permanents," by _____ Ph. D.

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

History:

The patient is a _____ year old woman with a history of endometrial carcinoma (FIGO grade 1) (_____.). Operative procedure: Exploratory laparotomy, total anterior hysterectomy, bilateral salpingo-oophorectomy, and lymph node dissection.

Specimen(s) Received:

- A: CERVIX, UTERUS, BILATERAL FALLOPIAN TUBES AND OVARIES
- B: LYMPH NODES, LEFT PELVIC
- C: LYMPH NODES, RIGHT PELVIC
- D: LYMPH NODE, RIGHT PERIAORTIC
- E: LYMPH NODE, LEFT PERIAORTIC

Gross Description

The specimens are received in five formalin-filled containers, each labeled "_____.". The first container is labeled "cervix, uterus, bilateral fallopian tubes, and ovary." It contains a previously bisected uterus and attached bilateral adnexa. The uterus measures 7 x 6 x 2.5 cm. The cervix is unremarkable with a slit-shaped os measuring 1 cm in diameter. The endometrial canal is lined by tan-white, unremarkable mucosa, measuring 2 cm in length with an average diameter of 0.3 cm. There is a large, polypoid mass arising from the anterior endometrial wall measuring 3.5 cm in greatest dimension. The mass does not appear to involve the lower uterine segment. Sectioning of the mass reveals invasion into the superficial myometrium. The average myometrial thickness measures 1.5 cm. The serosa appears intact and smooth. The left ovary is unremarkable and measures 3 x 1.2 x 1 cm. Sections show yellow-tan parenchyma without cysts. The left fallopian tube measures 5 cm in length with an average diameter of 0.3 cm. It is grossly unremarkable. The right ovary measures 3.5 x 1 x 0.8 cm and is grossly unremarkable. The right fallopian tube measures 4 cm in length with an average diameter of 0.3 cm. Sections show unremarkable cross sections. Labeled A1, anterior cervix and lower uterine segment; A2 to A5, sections of the tumor; A6, posterior cervix and lower uterine segment; A7, posterior uterine wall; A8, left ovary and fallopian tube; A9, right ovary and fallopian tube. Jar 2.

The second container is labeled "left pelvic lymph node." It contains multiple fragments of fibrofatty tissue measuring 6 x 2 x 1 cm in aggregate from which multiple possible lymph nodes, the largest measuring 2 x 1 x 0.4 cm, are dissected. Labeled B1, largest lymph node; B2 to B7, possible lymph nodes. Jar 1.

The third container is labeled "right pelvic lymph node." It contains multiple fragments of fibroadipose tissue measuring 7 x 3 x 1 cm in aggregate from which two lymph nodes measuring 2 x 1 x 0.4 cm and 3 x 1.2 x 0.8 cm, are dissected. Labeled C1 to C4. Jar 1.

The fourth container is labeled "periaortic, right." It contains a piece of fibroadipose tissue measuring 2.5 x 1 x 0.4 cm. No lymph nodes are identified. Labeled D1. Jar 0.

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The fifth container is labeled "periaortic, left." It contains a piece of fibroadipose tissue measuring 1.5 x 0.8 x 0.8 cm. No lymph nodes are identified. Labeled E1. Jar 0.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, endometrioid type with squamous differentiation

FIGO GRADE

Well to moderately (FIGO grade 1-2)

TUMOR INVASION

Invasive tumor is present with superficial invasion into the luminal 1/3 of the myometrium

TUMOR SIZE

The tumor invades to a depth of 2 mm
The myometrial thickness is 12 mm

LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)

The lower uterine segment is not involved by tumor

ENDOCERVICAL INVOLVEMENT

The endocervix is not involved by tumor

LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is absent

REGIONAL LYMPH NODES (N)

No regional lymph node metastasis (N0)

The regional lymph nodes are free of tumor in 29 nodes
Extranodal extension by tumor is not applicable; no nodal metastases are present

DISTANT METASTASIS (M)

Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)

Tumor invades less than one-half of the myometrium (T1b/IB)

STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T1b/N0/MX

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

The performance characteristics of some immunohistochemical stains, fluorescence in-situ hybridization tests and immunophenotyping by flow cytometry cited in this report (if any) were determined by the Surgical Pathology Department at _____ as part of an ongoing quality assurance program and in compliance with federally mandated regulations drawn from the Clinical Laboratory Improvement Act of 1988 (CLIA '88). Some of these tests rely on the use of "analyte specific reagents" and are subject to specific labeling requirements by the US Food and Drug Administration. Such diagnostic tests may only be performed in a facility that is certified by the Department of Health

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and Human Services as a high complexity laboratory under CLIA '88. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. Nevertheless, federal rules concerning the medical use of analyte specific reagents require that the following disclaimer be attached to the report:

This test was developed and its performance characteristics determined by the Surgical Pathology Department of . It has not been cleared or approved by the U. S. Food and Drug Administration.