



SPECIMEN

- A. Uterus, cervix, bilateral tubes and ovaries, bilateral parametria, upper vagina
- B. Additional left vaginal margins
- C. Right pelvic lymph node
- D. Right periaortic lymph nodes
- E. Left pelvic lymph nodes
- F. Left periaortic lymph nodes
- G. Omentum
- H. Left pericolic biopsy
- I. Bladder peritoneum
- J. Cul-de-sac peritoneum
- K. Right pelvic biopsy
- L. Left pelvic biopsy
- M. Right pericolic biopsy
- N. Left diaphragm biopsy
- O. Right diaphragm biopsy

1CD-0-3

adenocarcinoma, papillary serous 8460/3
Site: endometrium C 54.1 fw
9/3/11

CLINICAL NOTES

PRE-OP DIAGNOSIS: Endometrial cancer.

HISTORY: Endometrial and cervical biopsies papillary serous adenocarcinoma.

FROZEN SECTION DIAGNOSIS

- A - There is tumor present in both the endometrium and cervix, cannot be certain on frozen section if separate processes or part of same process. There is both invasion and areas of high-grade carcinoma. [** **]

GROSS DESCRIPTION

- A. Received fresh for frozen section and tissue procurement labeled "uterus, cervix, bilateral tubes and ovaries, bilateral parametria, upper vagina" is a 100 gm., 4.7 x 4.0

GROSS DESCRIPTION

x 4.0 cm. symmetrical uterine corpus with attached 3 cm. cervix and bilateral adnexa. The serosa is smooth to scabrous tan pink-red. The pericervical soft tissue margin is inked blue. The 4.0 x 3.8 cm. tan white ectocervix surrounds a patulous 2.5 x 1.0 cm. os. A rubbery tan red polypoid lesion protrudes from the os. On opening the posterior cervix contains an irregular, 3.5 x 2.0 cm. rubbery tan pink-red lesion. On sectioning the lesion is glistening tan white and appears to measure up to 1.3 cm. in thickness. The lesion appears to extend to within 0.8 cm. of the inked peripheral margin of the cervix. A rim of apparent tan white vaginal mucosa circumferences the ectocervix. The triangular, 4.0 x 3.2 cm. uterine cavity contains tan white tumor predominating within the fundus both anteriorly and posteriorly. On sectioning, the lesion has a maximal thickness of 1.1 cm. and appears confined to the

upper

50% of the myometrium. Frozen sections are performed of cervix (FS1) and endometrium (FS2). A portion of tumor from the cervical area is retrieved for tissue procurement in addition to normal endometrium. The myometrium is tan pink and measures up to 1.8 cm. in thickness. A few well circumscribed rubbery whorled tan white subserosal and intramural leiomyomata averaging 0.6 cm. in greatest dimension are present. Bilaterally, the rubbery tan pink-gold ovaries average 2.0 x 1.8 x 0.7 cm. Ovarian stroma is pale tan

with

identifiable corpora albicantia. The fimbriated pink purple right and left fallopian tubes average 5.3 cm. in length and 0.6 cm. in diameter with pinpoint stellate lumina. Representative sections including the vaginal cuff margin and parametrial tissue are submitted in 25 blocks as labeled. RS-25

BLOCK SUMMARY: 1 - vaginal cuff margin, 12 to 3 o'clock; 2 -
[** **]
o'clock; 3 - [** *] o'clock; 4 - [** **] o'clock; 5 -
anterior cervix; 6 -
anterior lower uterine segment (point of continuity with cervix
inked black); 7 through 10 - representative anterior endomyometrium
including tumor sequentially from fundus to LUS; 11 - posterior

GROSS DESCRIPTION

cervix; 12 - posterior LUS (point of continuity with cervix inked orange); 13 and 14 - additional sections of posterior cervix containing tumor; 15 through 18 - posterior endomyometrium sequentially from fundus to LUS; 19 - right tube and ovary; 20 - left tube and ovary; 21 through 23 - right parametrial tissue; 24 through 25 - left parametrial tissue.

B. Received fresh in saline labeled "additional left vaginal margin" is an unoriented, 4.6 x 0.6 x 0.4 cm.
strip
of soft white pink tissue surfaced along one aspect by a tan white epithelium. The specimen is inked, sectioned and entirely submitted
in two blocks. AS-2

C. Received fresh in saline labeled "right pelvic lymph nodes" is a 6.0 x 4.8 x 1.9 cm. aggregate of soft, lobulated golden yellow adipose tissue. A few soft tan pink-gold tissues in keeping with lymph nodes measuring up to 3 cm. in greatest dimension are recovered. The lymphoid tissues are entirely
submitted in five blocks as labeled. RS-5

BLOCK SUMMARY: 1 - two whole nodes; 2 and 3 - one bisected node per cassette; 4 and 5 - one bisected node (one half per cassette).

D. Received fresh in saline labeled "right periaortic lymph nodes" is a 3.2 x 2.2 x 0.7 cm. portion of soft, lobulated golden yellow adipose tissue. Three slightly rubbery tan red-gold tissues in keeping with lymph nodes measuring up to 2.4 cm. in greatest dimension are recovered. The lymphoid tissues are entirely submitted in two blocks as labeled. RS-2

BLOCK SUMMARY: 1 - two whole nodes; 2 - one bisected node.

E. Received fresh labeled "left pelvic lymph node" is a 4.5 x 3.7 x 2.2 cm. aggregate of soft, lobulated golden

GROSS DESCRIPTION

yellow adipose tissue. Several soft tan pink-gold tissues in keeping with lymph nodes measuring up to 3.4 cm. in greatest dimension are recovered. The lymphoid tissues are entirely submitted in five blocks as labeled. RS-5

BLOCK SUMMARY: 1 - whole nodes; 2 - one trisected node; 3 and 4 - one bisected (one half per cassette); 5 - largest node in its entirety).

F. Received fresh labeled "left periaortic lymph nodes" is a 4.2 x 2.5 x 0.9 cm. portion of soft, lobulated golden yellow adipose tissue. Two soft to slightly rubbery tan pink-gold tissues in keeping with lymph nodes measuring up to 3.6 cm. in greatest dimension are recovered. The lymphoid tissues are entirely submitted in two blocks as labeled. RS-2

BLOCK SUMMARY: 1 - one bisected node; 2 - one trisected node.

G. Received fresh labeled "omentum" is a 27.0 x 13.0 x 2.5 cm. portion of soft, lobulated golden yellow adipose tissue. On sectioning the cut surfaces are homogenous glistening golden yellow without mass lesions. The surface of the tissue is slightly roughened in appearance. Representative random sections are submitted in four blocks. RS-4

H. Received fresh labeled "left pericolic biopsy" is an irregular, 3.5 x 2.8 x 0.2 cm. soft white pink-gold tissue which is sectioned and entirely submitted in two blocks. AS-2

I. Received fresh labeled "bladder peritoneum" is an irregular, 1.6 x 1.0 x 0.2 cm. soft white pink-red membranous tissue which is sectioned and entirely submitted in one block. AS-1

1.2 J. Received fresh labeled "cul-de-sac peritoneum" is a
x 0.8 x 0.2 cm. fragment of soft white pink-red tissue

GROSS DESCRIPTION

which is trisected and entirely submitted in one block. AS-1
K. Received fresh labeled "right pelvic biopsy" is a
markedly cauterized, 1.3 x 0.5 x 0.3 cm. fragment of soft
white pink-red tissue which is trisected and entirely submitted in
one block. AS-1
L. Received fresh labeled "left pelvic biopsy" is a 0.8 x
0.3 x 0.15 cm. soft white pink-red tissue which is
bisected
and entirely submitted in one block. AS-1
M. Received fresh labeled "right pericolic biopsy" is a
focally cauterized, 2.2 x 1.2 x 0.3 cm. fragment of soft
white pink-gold tissue which is sectioned and entirely submitted in
one block. AS-1
1.3 N. Received fresh labeled "left diaphragm biopsy" is a
x 0.3 x 0.15 cm. fragment of soft tan white-gold tissue
which is trisected and entirely submitted in one block. AS-1
O. Received fresh labeled "right diaphragm biopsy" is a
1.1 x 0.5 x 0.15 cm. fragment of soft tan gold tissue
which
is trisected and entirely submitted in one block. AS-1

MICROSCOPIC DESCRIPTION

A. The entire endometrium, lower uterine segment and
endocervix are occupied by papillary serous carcinoma. A
rare psammoma body is noted. The tumor infiltrates just greater
than one half of the cervical stroma (57%) and just over one half
of
the myometrium (54%). It is difficult to know with certainty
whether this originated within the endometrium or the endocervix.
In
the template below, it is being treated as an endometrial primary
since these tumors are more frequent in this location. Please see
the template below:
Histologic type: Papillary serous carcinoma.
Histologic grade: Poorly differentiated.

MICROSCOPIC DESCRIPTION

Myometrial invasion:

6 mm. depth of invasion

11 mm. depth of myometrial thickness

54% of myometrial wall

Cervix: Also contains invasive carcinoma to a depth of 8 mm. with

a

maximal stromal thickness of 14 mm. (57%).

Primary tumor (pT) TNM: pT3b

Margins of resection: Tumor noted within vaginal stroma at margin of resection.

Vascular invasion: Not detected.

Regional lymph nodes (pN): As per parts C through F, metastatic disease is present to 2 of 17 lymph nodes, [** **], pN1.

Distant metastasis (pM): Cannot be assessed.

Other findings: Adenomyosis and leiomyomata of the uterus. Right and left ovaries and fallopian tubes, bilateral parametria all negative for tumor.

B-O. Microscopic examination performed.

5, 14, 15, 4x4, 3x10

DIAGNOSIS

A. Uterus, cervix, bilateral tubes and ovaries, bilateral parametria, upper vagina, total abdominal hysterectomy and bilateral

salpingo-oophorectomy - Uterus with papillary serous adenocarcinoma involving entire endometrium, lower uterine segment and endocervix, invading just greater than one half of the myometrium. Tumor present in vaginal stroma at margin of resection.

Leiomyomata and adenomyosis also noted.

Right and left ovaries and fallopian tubes, negative for tumor.

B. Additional left vaginal margins, excision - Vaginal tissue

DIAGNOSIS

negative for tumor.
 C. Right pelvic lymph nodes, dissection - Metastatic disease present
 to 1 of 5 lymph nodes, [** *].
 D. Right paraaortic lymph nodes, dissection - Three lymph nodes all negative for metastatic disease, 0/3.
 E. Left pelvic lymph nodes, dissection - Seven lymph nodes one of which contains metastatic adenocarcinoma, [** *].
 F. Left paraaortic lymph nodes, dissection - Two lymph nodes negative for metastatic disease, 0/2.
 G. Omentum, excision - Omental fat negative for tumor.
 H. Left pericolic biopsy - Adipose tissue negative for tumor.
 I. Bladder peritoneum, J. Cul-de-sac, K. Right pelvic, L. Left pelvic, M. Right pericolic, N. Left diaphragm and O. Right diaphragm, biopsies - Fibrofatty tissue all negative for tumor.

----- [** *]
 [**First Name (Name Pattern1) 1**] [**Initials (NamePattern
] [Last Name (NamePattern1) *], M.D. (Electronic Signature)

--- End Of Report ---

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Note		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	W 9/3/11	
Date Reviewed	10/10/11	