

Redacted



Specimens Submitted:

- 1: Uterus, cervix, bilateral tubes and ovaries, hysterectomy and bilateral salpingo-oophorectomy
- 2: Sentinel lymph node, right hypogastric, excision
- 3: Sentinel lymph nodes, left hypogastric, excision

DIAGNOSIS:

1. Uterus, cervix, bilateral tubes and ovaries, hysterectomy and bilateral salpingo-oophorectomy:

Tumor Type:

Adenocarcinoma, endometrioid type
with squamous differentiation

Architectural Grade (For Endometrioid Types only):
I (<6% solid growth)

Nuclear Grade (For Endometrioid Types only):
Grade 2

FIGO Grade (For Endometrioid Types only):
Grade 1

Myometrial Invasion:
(= <50%)

see note

Endocervical Invasion:

Not identified

Lymphovascular invasion:

Suspicious for lymphovascular invasion

Endometrium:

Exhibits complex hyperplasia with atypia

Myometrium:

Exhibits adenomyosis

Exhibits multiple leiomyomata

Adnexa:

Unremarkable

Note: A large portion of the tumor is exophytic. Myometrial invasion is identified and does not exceed more than 4-5 mm (out of a 22 mm myometrial wall), however, due to the marked irregularity of the endomyometrial

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1CD-0-3

adenocarcinoma, endometrioid, NOS 8380/3
site: endometrium C54.1 lw 5/2/11

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		
Dual/Syn. Primary History		
Case 1: (circle)	7/2/11	DISQUALIFIED
Reviewer Initials	lw	5/2/11

junction and the involvement of adenomyosis, the exact depth of invasion cannot be determined with certainty.

2. Sentinel lymph node, right hypogastric, excision:

Lymph Nodes:

Number of nodes examined:1

Number of metastatic nodes:0

Additional H/E stained sections and immunohistochemical stains for cytokeratins (AE1:AE3) show no evidence of metastatic tumor.

3. Sentinel lymph nodes, left hypogastric, excision:

Lymph Nodes:

Number of nodes examined:1

Number of metastatic nodes:0

Additional H/E stained sections and immunohistochemical stains for cytokeratins (AE1:AE3) show no evidence of metastatic tumor.

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.