ICD-O-3
Adenocarcinoma, serous 8441/3
Site: Endometrium C54.1
gw 11/24/13

SPECIMENS:

A. OMENTUM
B. UTERUS, TUBES AND OVARIES
C. LEFT PELVIC LYMPH NODES
D. RIGHT PELVIC LYMPH NODES
E. PARA-AORTIC LYMPH NODES

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DIAGNOSIS:

A. OMENTUM:
- BENIGN FATTY TISSUE

B. UTERUS, TUBES AND OVARIES:
- HIGH GRADE PAPILLARY SEROUS CARCINOMA OF THE UTERUS
- THE TUMOR INVADES INTO MORE THAN 50% OF THE MYOMETRIAL THICKNESS (15/29MM)
- LYMPHO/VASCULAR INVASION IS IDENTIFIED
- RIGHT OVARY WITH OVARIAN ENDOMETRIOID CARCINOMA WITH MIXED SEX CORD FEATURES, SEE SYNOPTIC REPORT AND NOTE
- LEFT OVARY WITH FIBROMA/FIBROTHECOMA
- BILATERAL FALLOPIAN TUBES ARE NEGATIVE FOR TUMOR
- UTERINE LEIOMYOMATA
- CERVIX WITH TUNNEL CLUSTER, NABOTHIAN CYST, AND NO TUMOR INVOLVEMENT
- SEE SYNOPTIC REPORT

NOTE: The ovarian endometrioid carcinoma shows mixed granulosa and Sertoli tumor features. The ovarian carcinoma has morphologic features different from the serous endometrial carcinoma, therefore, this tumor should be considered as a synchronous primary carcinoma.
Case was discussed with Dr.

C. LEFT PELVIC LYMPH NODES:
- ELEVEN LYMPH NODES, NEGATIVE FOR CARCINOMA (0/11)

D. RIGHT PELVIC LYMPH NODES:
- FOUR LYMPH NODES, NEGATIVE FOR CARCINOMA (0/4)

E. PARA-AORTIC LYMPH NODES:
- FIVE LYMPH NODES, NEGATIVE FOR CARCINOMA (0/5)

SYNOPTIC REPORT - ENDOMETRIUM
Specimens Involved
Specimens: A: OMENTUM
B: UTERUS, TUBES AND OVARIES
C: LEFT PELVIC LYMPH NODES
D: RIGHT PELVIC LYMPH NODES
E: PARA-AORTIC LYMPH NODES

Prior biopsy specimen: Yes
Prior case #::
Prior biopsy diagnosis: HIGH GRADE PAPILLARY SEROUS CARCINOMA

Specimen Type: Hysterectomy plus bilateral salpingo-oophorectomy
Tumor Size: Greatest dimension: 6cm
WHO CLASSIFICATION
Serous adenocarcinoma 8441/3
Histologic Grade: HIGH GRADE PAPILLARY SEROUS CARCINOMA
Myometrial Invasion: Invasion present
Depth of invasion: 15mm
Myometrial thickness: 29mm
Venous/lymphatic invasion: Present
Cervical Involvement: No
Margins: Negative
Lymph nodes: Negative 0 / 20
Additional Findings: None identified
Peritoneal cytology: Negative
Cytology case #:
Pathologic stage (pTNM): pT 1b N 0 M x

SYNOPTIC REPORT - OVARY
Specimens Involved
Specimens: B: UTERUS, TUBES AND OVARIES

Specimen Type: TAH/BSO
Primary tumor site and size: Right Side
Involved
Largest Dimension: 1.2cm
Specimen integrity: Intact
Gross surface involvement: No
Cut surface: Solid
Gross necrosis: No
WHO CLASSIFICATION
Endometrioid tumors including variants with squamous differentiation
Adenocarcinoma, NOS 8380/3
TUMOR GRADING
Architecture pattern: 3 (Solid)
Cytologic atypia: 2
Mitotic grade: 1 (0-9)
Silverberg grading system: 2 (Score 6 or 7)
Summary of organs/tissues microscopically involved: One ovary
Venous/lymphatic invasion: Absent
Implants: N/A
Lymph node dissection: Yes Right pelvic 0 / 4 Left pelvic 0 / 11 Paraaortic 0 / 5
Peritoneal cytology if tumor limited to ovary: Negative
Cytology case #:
Additional pathologic findings: None
NY ESO-1: Pending
Pathologic staging (pTNM): pT 1a N 0 M x
Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

SUMMARY OF IMMUNOHISTOCHEMISTRY/SPECIAL STAINS

Material:
Population: Tumor Cells

Stain/Marker:	Result:	Comment:
INHIBIN-ALPHA	Positive	Focal
CYTOKERATIN 7	Negative	Controls are appropriately Positive
CYTOKERATIN 20	Negative	Controls are appropriately Positive
CYTOKERATIN AE1/3	Positive	Focal
WT-1	Positive	
P 53	Positive	

P63 NegativeControls are appropriately Positive
SYNAPTOPHYSIN NegativeControls are appropriately Positive
CHROMOGRANIN A Positive very weak
CAM 5.2 Positive Focal

The interpretation of the above immunohistochemistry stain or stains is guided by published results in the medical literature, provided package information from the manufacturer and by internal review of staining performance and assay validation within the The use of one or more reagents in the above tests is regulated as an analyte specific reagent (ASR). These tests were developed and their performance characteristic determined by the They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

Special stains and/or immunohistochemical stains were performed with appropriately stained positive and/or negative controls.

GROSS DESCRIPTION:

A. OMENTUM
Received in formalin labeled with the patient's identification and 'omentum' is a tan yellow segment of omentum 24 x 11 x 2.5cm. The specimen is serially sectioned. No lesions or nodules are grossly identified. Representatively submitted in A1-A2.

B. UTERUS, TUBES AND OVARIES
Received fresh for frozen section is a 393g TAH with BSO. The uterus is 11cm from fundus to ectocervix, 10cm from cornu to cornu and 8.5cm from anterior to posterior. The serosa is tan pink and smooth and inked black. The attached cervix is 3cm in diameter and 2.8cm in length. The ectocervix is remarkable for a 0.1cm patent slit like os. The specimen is bivalved into anterior and posterior halves to reveal a patent endocervical canal 1.6cm. The endometrial cavity is 9cm in length and 6cm from cornu to cornu and is remarkable for a 6 x 5cm tan pink friable mass occupying 90% of the endometrial cavity. The mass grossly appears to involve less than 50% of the myometrium (6mm). The trabeculated myometrium is 2cm. The attached right tan pink cerebriform ovary is 3 x 2 x 1.8m, is bivalved to reveal unremarkable parenchyma and a 0.7cm corpora albicantia. The attached right fimbriated fallopian tube is 6cm in length x 0.4cm in diameter. The tube is serially sectioned to reveal a patent lumen. The attached left tan pink cerebriform ovary is 4 x 2.5 x 2cm, is bivalved to reveal unremarkable parenchyma. The attached left fimbriated fallopian tube is 5.5cm in length x 0.9cm in diameter. The fallopian tube is serially sectioned to reveal a patent lumen. Gross photographs are taken. A portion of the specimen is submitted for tissue procurement. Representatively submitted as follows:
FSB1: posterior endomyometrium
FSB2: left ovary
FSB3: right ovary
B4: anterior cervix
B5: posterior cervix
B6-B7: anterior endomyometrium
B8: leiomyomas
B9-B13: posterior endomyometrium
B14: representative section of right ovary
B15: right fallopian tube
B16: representative section of left ovary
B17: left fallopian tube

C. LEFT PELVIC LYMPH NODES
Received in formalin labeled with the patient's identification and 'left pelvic lymph nodes' are multiple tan pink soft tissue fragments aggregating to 6.5 x 4 x 3cm. Dissection reveals eleven lymph nodes ranging from 3.4 x 2.6 x 2cm to 0.4 x 0.3 x 0.3cm.
C1: four lymph nodes
C2: five lymph nodes
C3: one lymph node

C4-C5: one lymph node
D. RIGHT PELVIC LYMPH NODES
Received in formalin labeled with the patient's identification and 'right pelvic lymph nodes' are multiple tan pink soft tissue fragments aggregating to 3.5 x 2.4 x 1.7cm. Dissection reveals four lymph nodes ranging from 3 x 3 x 1.4cm to 0.4 x 0.3 x 0.3cm.
D1: two lymph nodes
D2: one lymph node
D3: one lymph node
E. PARA-AORTIC LYMPH NODES
Received in formalin labeled with the patient's identification and 'para-aortic lymph nodes' are multiple tan pink soft tissue fragments aggregating to 3 x 2.6 x 1.5cm. Dissection reveals five lymph nodes ranging from 0.8 x 0.6 x 0.6cm to 0.4 x 0.4 x 0.3cm.
E1: three lymph nodes
E2: two lymph nodes

CLINICAL HISTORY:
None Given

PRE-OPERATIVE DIAGNOSIS:
Endometrial cancer.

INTRAOPERATIVE CONSULTATION:
FSB1-FSB2-FSB3: Uterus, tubes and ovaries: High grade carcinoma invading less than 50% (6mm/20mm) of myometrial thickness. Diagnosis called to Dr. at

ADDENDUM:
NYESO-1 by IHC: NEGATIVE (with appropriate positive control).

Gross Dictation:,
Microscopic/Diagnostic Dictation:
Microscopic/Diagnostic Dictation: Pathologist,
Final Review: Pathologist.
Final: Pathologist,
Addendum:., Pathologist,
Addendum Final:., Pathologist,

rlteria	11/14/13	Yes	No
Diagnosis Discrepancy			
rimary Tumor Site Discrepancy			
PAA Discrepancy			
rior Malignancy History			
ual/Synchronous Primary Noted			
ase is (circle):	QUALIFIED / DISQUALIFIED		
viewer Initials	Date Reviewed: 11/13/13		