SURGICAL PATHOLOGY REVISED REPORT

ICD-O-3
adenocarcinoma, endometrioid, NOS 8380/3
Site endometrium C 54.1

Case Number :

1/31/11
lw

Diagnosis:
A: Tube and ovary, right, salpingo-oophorectomy
- Right ovary with serous cystadenoma
- Right fallopian tube without diagnostic histopathologic change
- No malignancy identified

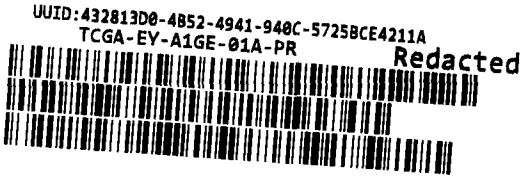
Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials: KMH	Date Reviewed: 1/31/11	

B: Uterus and cervix, hysterectomy:

Location of tumor: Endometrium

Histologic type: Endometrioid adenocarcinoma with squamous differentiation arising in complex atypical hyperplasia

Histologic grade (FIGO): 1 (architecture grade 1, nuclear grade 2)



Extent of invasion: Tumor is limited to endometrium

Myometrial invasion: Not identified

Serosal involvement: Not identified

Lower uterine segment involvement: Not identified

Cervical involvement: Mot identified

Adnexal involvement (see below): Not identified

Cervical/vaginal margin and distance: Widely negative

Lymphovascular Space Invasion: Not identified

Regional lymph nodes (see other specimens):
Total number involved: 0
Total number examined: 37

Other Pathologic findings:
Cervix Benign endocervical polyp; acute and chronic inflammation
Myometrium Adenomyosis

Tumor estrogen receptor and progesterone receptor immunohistochemistry results: pending; will be issued in an addendum report

AJCC Pathologic stage (Updated 2008 FIGO staging classification): pT1a pN0 pMx

FIGO (2008 classification) Stage grouping: IA

These stages are based on information available at the time of this report, and are subject to change pending additional information and clinical review

Ovary, left, oophorectomy:
- Endometriosis
- Epithelial inclusion cysts
- Stromal hyperplasia

Fallopian tube, left, salpingectomy:
- No diagnostic histopathologic change

C: Lymph node, right peri-aortic, removal
- No carcinoma identified in five lymph nodes (0/5)

D: Lymph node, left peri-aortic, removal
- No carcinoma identified in five lymph nodes (0/5)

E: Lymph node, right pelvic, removal
- No carcinoma identified in twelve lymph nodes (0/12)

F: Lymph node, left pelvic, removal
- No carcinoma identified in fifteen lymph nodes (0/15)

Clinical History:
with endometrial cancer.

Gross Description:
Received are six appropriately labeled containers.

Container A is additionally labeled "right tube and ovary." It holds a 127.5 gram intact 9.3 x 9.2 x 2.1 cm cyst with an attached 7.5 x 0.6 cm fimbriated fallopian tube. The external surface of the cyst is smooth, pink/tan and glistening. Opening the cyst reveals a unilocular cyst containing thin serous fluid. The lining of the cyst is smooth and glistening with no papillations or excrescences appreciated. There are no solid areas appreciated. There are several smaller cysts within the cyst wall which average 0.1 cm in thickness. Representative sections are submitted in blocks A1-A6.

Container B:

Adnexa: The left adnexa is received attached to the specimen.
Weight: 450 grams
Shape: pear shaped
Dimensions:
height: 15.5 cm
anterior to posterior width: 7.5 cm
breadth at fundus: 10.5 cm
Serosa: smooth, glistening, tan/pink with areas of erythema; The posterior serosa is received markedly superficially disrupted into the myometrium.
Cervix:
length of endocervical canal: 3.7 cm
ectocervix: white/pink, smooth and glistening with multiple mucus-filled cysts and focal erythema
endocervix: trabecular, yellow and glistening with a 2.4 x 1.4 x 0.6 cm
fleshy endocervical polyp on the anterior surface
Endomyometrium:
length of endometrial cavity: 7.7 cm
width of endometrial cavity at fundus: 6.5 cm
tumor findings:
dimensions: 8 x 7.5 x 2.5 cm
appearance: fleshy, shaggy, tan/pink
location and extent: The tumor occupies both anterior and posterior surfaces and extends to the lower uterine segment; grossly, the tumor does not involve the endocervical canal.
myometrial invasion: no apparent invasion
thickness of myometrial wall at deepest gross invasion: 3.2 cm; The myometrium is markedly thinned with no intramural masses or nodules appreciated. No gross invasion is appreciated.

other findings or comments: none

Adnexa:
Left ovary:
dimensions: 2.4 x 1.2 x 0.9 cm
external surface: smooth, tan/pink and glistening
cut surface: grossly unremarkable
Left fallopian tube:
dimensions: 5.7 x 0.5 cm
other findings: There is a patent lumen on sectioning.

Lymph nodes: submitted separately

Other comments: none

Digital photograph taken: no

Tissue submitted for special investigations: Tumor is given to Tissue Procurement.

Block Summary:
B1 - anterior cervix
B2 - anterior endocervical canal with polyp
B3-B4 - full thickness section of body, bisected; superficial and deep, respectively
B5-B6 - full thickness section, fundus, bisected; superficial and deep, respectively
B7 - posterior cervix
B8 - posterior endocervical canal with lower uterine segment
B9-B10 - posterior endomyometrium/body
B11-B12 - posterior endomyometrium/fundus
B13 - left adnexa, representative

Container C is additionally labeled "right peri-aortic lymph node." It holds a 4 x 3 x 2 cm aggregate of yellow/tan cauterized fibrofatty tissue containing lymph node candidates measuring up to 2.1 cm in greatest dimension.

Block summary:

C1 - three lymph node candidates
C2 - one lymph node candidate, bisected
C3 - one lymph node candidate, sectioned
C4-C5 - remainder of fat,

Container D is additionally labeled "left peri-aortic lymph node." It holds a 4.3 x 2.2 x 0.9 cm aggregate of focally cauterized lobulated yellow/tan fibrofatty tissue containing lymph node candidates measuring up to 1.2 cm in greatest dimension.

Block Summary:

D1 - two lymph node candidates
D2 - one lymph node candidate
D3 - remainder of fat,

Container E is additionally labeled "right pelvic lymph node." It holds a 5.2 x 4.8 x 1.8 cm aggregate of cauterized yellow/tan fibrofatty tissue which is dissected for lymph node candidates. Fatty lymph node candidates measuring up to 4.8 cm in greatest dimension are identified.

Block summary:

E1 - five lymph node candidates
E2 - one lymph node candidate
E3-E4 - one lymph node candidate, bisected
E5-E8 - one lymph node candidate, sectioned
E9-E12 - remainder of fat,

Container F is additionally labeled "left pelvic lymph node." It holds a 6.8 x 5.2 x 1.6 cm aggregate of focally cauterized yellow/tan fibrofatty tissue which is dissected for lymph node candidates. Multiple fatty replaced lymph node candidates are identified. Lymph node candidates measuring up to 3.7 cm in greatest dimension are identified.

Block summary:

F1 - four lymph node candidates
F2 - two lymph node candidates
F3 - two lymph node candidates
F4 - one lymph node candidate
F5 - one lymph node candidate, bisected
F6-F7 - one lymph node candidate, bisected
F8-F9 - one lymph node candidate, sectioned
F10-F16 - remainder of fat, ...

Light Microscopy:
Light microscopic examination is performed by Dr.

Signature
Resident Physician:
Attending Pathologist: I have personally conducted the evaluation of the above specimens and have rendered the above diagnosis(es).

Procedures/Addenda:
Addendum

Addendum
Immunohistochemical studies for estrogen and progesterone receptors are performed; the results are as follows:
Estrogen receptor: Approximately 80% of tumor cells show moderate (2+/3) nuclear staining.
Progesterone receptor: Approximately 10-20% of cells show weak or moderate (1+ or 2+/3) nuclear staining.

Some of the immunohistochemical reagents used in this case may be classified as analyte specific reagents (ASR). These were developed and have performance characteristics determined by the [redacted]. These reagents have not been cleared or approved by the US Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.