

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RE	Date Reviewed: 7/8/11
		7/24/11

RUN DATE:
 RUN TIME:
 BY:

PATIENT: ACCT #: - LOC: U#:
 AGE/SX: /F RM/BED: REG:
 REG DR: STATUS: DIS IN TLOC: DIS:

SPEC #: Obtained: - Subm Dr:
 STATUS: Received:

CLINICAL HISTORY:
 ENDOMETRIAL CANCER

1CD-0-3
 Carcinoma, serous, NOS 8441/3
 Site: Endometrium, Nos C54.1
 7/24/11

SPECIMEN/PROCEDURE:

1. LYMPH NODE - LEFT PARA-AORTIC
2. LYMPH NODE - RIGHT COMMON ILIAC
3. LYMPH NODE - RIGHT PARA-AORTIC
4. LYMPH NODE - LEFT COMMON ILIAC
5. LYMPH NODE - LEFT PELVIC
6. LYMPH NODE - RIGHT PELVIC
7. UTERUS - WITH TUBES AND OVARIES

IMPRESSION:

- 1) LYMPH NODES, LEFT PARA-AORTIC, REGIONAL DISSECTION:
Two benign lymph nodes (0/2).
- 2) LYMPH NODES, RIGHT COMMON ILIAC, REGIONAL DISSECTION:
Two benign lymph nodes (0/2).
- 3) LYMPH NODE, RIGHT PARA-AORTIC, BIOPSY:
One benign lymph node (0/1).
- 4) SPECIMEN DESIGNATED LYMPH NODE, LEFT COMMON ILIAC, BIOPSY:
Benign fibroadipose tissue.
No lymph nodes identified (0/0).
- 5) LYMPH NODES, LEFT PELVIC, REGIONAL DISSECTION:
Three benign lymph nodes (0/3).
- 6) LYMPH NODES, RIGHT PELVIC, REGIONAL DISSECTION:
Two benign lymph nodes (0/2).
- 7) UTERUS WITH TUBES AND OVARIES; HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:
ENDOMETRIUM:
Serous carcinoma of endometrium, high grade (see checklist and comment).
Serous carcinoma invades the inner half of the myometrium (2.5 mm invasion of 13 mm total myometrial thickness; 15%).

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IMPRESSION: (continued)

- . Lymphovascular invasion is identified.
- . CERVIX AND LOWER UTERINE SEGMENT: 8070/2
 - . Endometrial intraepithelial carcinoma (EIC) focally involves posterior cervix and lower uterine segment with surface and glandular involvement; EIC does not invade endocervical stroma.
 - . Distal margin of resection margin free of EIC, dysplasia or malignancy.
- . UTERINE SEROSA:
 - . No evidence of malignancy.
- . OVARIES, BILATERAL:
 - . Atrophic physiologic changes; no evidence of malignancy.
- . FALLOPIAN TUBES, BILATERAL:
 - . No significant histopathologic abnormality; no evidence of malignancy.

ENDOMETRIAL CARCINOMA CHECKLIST**MACROSCOPIC****SPECIMEN TYPE**
hysterectomy**TUMOR SITE**

Anterior and posterior uterine walls, fundic area

TUMOR SIZE

Greatest dimension: 1.5 cm

Additional dimensions: 1.0 x 0.2 cm

OTHER ORGANS PRESENT

Right ovary

Left ovary

Right fallopian tube

Left fallopian tube

MICROSCOPIC**HISTOLOGIC TYPE**

Serous adenocarcinoma

HISTOLOGIC GRADE

High grade

MYOMETRIAL INVASION

Invasion present

Maximal depth of myometrial invasion: 2.5 mm

Thickness of myometrium in area of maximal tumor invasion: 13 mm

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IMPRESSION: (continued)

The % of myometrial involvement: 19%

EXTENT OF INVASION**PRIMARY TUMOR (pT)****TNM (FIGO)**

pT2 (II): Tumor invades cervix, but does not extend beyond uterus

pT2a (IIA): Endocervical glandular involvement only

REGIONAL LYMPH NODES (pN)**TNM (FIGO)**

pNO: No regional lymph node metastasis

Number examined: 10

Number involved: 0

DISTANT METASTASIS (pM)**TNM (FIGO)**

pMX: Cannot be assessed

MARGINS

Uninvolved by invasive carcinoma

Distance of invasive carcinoma from closest margin: 10.5 mm

(Specify margin[s]): Uterine serosa

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)

Present (slide 7H)

ADDITIONAL PATHOLOGIC FINDINGS

Endometrial intraepithelial carcinoma (EIC)

Inactive to atrophic endometrium in areas uninvolved by serous carcinoma or EIC

Pathologic TNM (AJCC 6th Edition):

pT2a NO MX

Dictated:

Entered:

COMMENT:

Endometrial intraepithelial carcinoma (EIC) represents the putative precursor to invasive serous carcinoma.

Entered:

GROSS DESCRIPTION:

- 1) Received labeled with the patient's name and "left para-aortic". Received is a 2.2 x 1.5 x 0.5 cm aggregate of yellow gold to pink tan fibroadipose tissue. Dissected for possible lymph nodes. Two possible lymph nodes identified, ranging from 0.5 to 0.9 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 1A: One possible lymph node.
Cassette 1B: One lymph node, bisected.

- 2) Received labeled with the patient's name and "right common iliac". Received are two portions of yellow gold to pink tan fibroadipose tissue, ranging from 2 to 2.4 cm in greatest dimension. Dissected for possible lymph nodes. Two possible lymph nodes identified, ranging from 1 to 1.1 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 2A: One lymph node, bisected.
Cassette 2B: One lymph node, bisected.

- 3) Received labeled with the patient's name and "right para-aortic". Received are three portions of yellow gold to pink tan fibroadipose tissue, ranging from 0.5 to 2 cm in greatest dimension. Dissected for possible lymph nodes. One possible lymph node is identified that is 2.4 x 1 x 0.3 cm. Specimen is entirely submitted in cassette 3A.

- 4) Received labeled with the patient's name and "left common iliac". Received are two portions of yellow gold to pink tan fibroadipose tissue, ranging from 1.5 to 1.6 cm in greatest dimension. Dissected for possible lymph nodes. No lymph nodes grossly identifiable. Specimens are entirely submitted in cassette 4A.

- 5) Received labeled with the patient's name and "left pelvic lymph nodes". Received are three portions of yellow gold to pink tan fibroadipose tissue, ranging from 1.5 to 4 cm in greatest dimension. Dissected for possible lymph nodes. Three possible lymph nodes identified, ranging from 0.9 to 3 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 5A: One lymph node, bisected.
Cassette 5B: One lymph node, bisected.
Cassette 5C: One lymph node, bisected.

- 6) Received labeled with the patient's name and "right pelvic lymph nodes". Received is a 3.2 x 2.4 x 1.1 cm aggregate of yellow gold to pink tan fibroadipose tissue. Dissected for possible lymph nodes. Two possible lymph nodes identified, ranging from 1.6 to 1.9 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 6A: One lymph node, bisected.

GROSS DESCRIPTION: (continued)

Cassette 6B: One lymph node, bisected.

- 7) Received fresh, labeled with the patient's name, unit number and "uterus, tubes and ovaries", is an 82 gram specimen consisting of an unopened uterus (7.0 x 5.0 x 3.0 cm), right fallopian tube (5.0 cm in length x 0.4 cm in diameter), right ovary (2.0 x 1.4 x 0.8 cm), left fallopian tube (5.0 cm in length x 0.4 cm in diameter), left ovary (2.2 x 1.2 x 0.7 cm). The exocervix (3.0 x 2.5 cm) is covered by smooth, glistening, pink-red mucosa. The external os is slit-like and measures 0.8 cm in diameter. The endocervical canal (2.5 cm in length) has a tan-pink herringbone mucosa. The endometrial cavity (3.5 cm from cornu to cornu, 3.0 cm in length) has a tan-pink endometrial lining. There is an approximately 1.5 x 1.0 x 0.2 cm polypoid tumor of heaped-up pink-red tissue on the upper anterior endometrial wall which appears to extend into the upper posterior wall. The tumor has a thickness of approximately 0.2 cm and appears to encroach upon the underlying myometrium. No areas of deep myometrial invasion are identified grossly. The tumor is located approximately 2.0 cm from the lower uterine segment in the right upper cornual region. Myometrium measures 1.5 cm in maximum thickness. The serosa is dull pink-tan and without adhesions. The fallopian tubes are patent and have fimbriated ends. The right ovary has a mildly convoluted yellow to pink-tan surface with multiple corpora albicantia. The left ovary has a mildly convoluted yellow to pink-tan outer surface with a single smooth walled cyst (0.6 cm in greatest dimension) and multiple corpora albicantia. A representative portion of endometrial tumor and uninvolved tissue are submitted for research. The specimen is representatively sampled and submitted as follows:

CASSETTE SUMMARY:

Cassette 7A:	Anterior cervix.
Cassette 7B:	Anterior lower uterine segment.
Cassette 7C:	Posterior cervix.
Cassette 7D:	Posterior lower uterine segment.
Cassette 7E-7J:	Anterior wall, full thickness.
Cassette 7K-7N:	Posterior wall, full thickness.
Cassette 7P:	Right ovary.
Cassette 7Q:	Right ovary, fallopian tube.
Cassette 7R:	Left ovary.
Cassette 7S:	Left ovary, fallopian tube.

Dictated .
Entered: .

COPIES TO:

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SPEC #:

PATIENT:

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(Continued)

COPIES TO: (Continued)

CPT Codes:

LYMPH NODE BX

SOFT TISSUE, LIPOMA/ADIPOSE

LYMPH NODE, REGIONAL RESECT,

UTERUS W/VO ADNEXAE, TUMOR-

ICD9 Codes:

182.0

Resident Physician:

I have personally reviewed the material
(specimen/slide) and approve this final report.

Electronically Signed by: _____

** END OF REPORT **