RUN DATE:
RUN TIME:
BY:

Specimen Inquiry

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

SPEC #: PN: Obtained: Subm Dr:
STATUS: SOUT Received:

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 BS Date Reviewed 10 28 11		

lw 11/1/11

CLINICAL HISTORY:
CLINICAL HISTORY NOT SUBMITTED;

SPECIMEN/PROCEDURE:
1. => - RIGHT ADNEXA; TAH/BSO/PELVIC LND
2. => - LEFT ADNEXA
3. UTERUS
4. LYMPH NODE - LEFT EXTERNAL ILIAC
5. LYMPH NODE - LEFT OBTURATOR
6. LYMPH NODE - LEFT PARA-AORTIC
7. LYMPH NODE - RIGHT EXTERNAL ILIAC
8. LYMPH NODE - RIGHT OBTURATOR
9. LYMPH NODE - RIGHT PARA-AORTIC
10. => - HERNIA SAC

IMPRESSION:

1) ADNEXA, RIGHT SALPINGO-OOPHORECTOMY:
   . Ovary with atrophic physiologic changes; no evidence of malignancy.
   . Fallopian tube with paratubal cysts; no evidence of malignancy.

2) ADNEXA, LEFT SALPINGO-OOPHORECTOMY:
   . Ovary with atrophic physiologic changes and surface fibrous adhesions; no evidence of malignancy.
   . Fallopian tube with paratubal cysts; no evidence of malignancy.

3) UTERUS, TOTAL ABDOMINAL HYSTERECTOMY:
   . ENDOMYOMETRIUM:
   . Endometrial adenocarcinoma, endometrioid type; FIGO grade III; predominantly nuclear grade 2 with focal nuclear grade 3 (see checklist and comment).
   . Invasive carcinoma involves the anterior and posterior uterine wall and lower uterine segment.
   . Adenocarcinoma invades the outer half of the myometrium.
   . Extensive lymphovascular invasion is identified within the outer half of the myometrium; carci ma is present within lymphovascular spaces approximately 1.0 mm from the uterine serosal surface.
   . CERVIX:
   . Benign squamous and endocervical glandular components with cystic cervicitis.
   . No evidence of significant dysplasia or malignancy.
   . UTERINE SEROSA:

** CONTINUED ON NEXT PAGE **

ICD-O-3
adenocarcinoma, endometrioid NOS 8380/3
Site: endometrium C54.1 lw 11/1/11

IMPRESSION: (continued)
. No evidence of malignancy.

4) LYMPH NODES, LEFT EXTERNAL ILIAC, REGIONAL DISSECTION:
. Two benign lymph nodes (0/2).

5) LYMPH NODES, LEFT OBTURATOR, REGIONAL DISSECTION:
. Eight benign lymph nodes (0/8).

6) LYMPH NODE, LEFT PARA-AORTIC, BIOPSY:
. One benign lymph node (0/1).

7) LYMPH NODES, RIGHT EXTERNAL ILIAC, REGIONAL DISSECTION:
. Four benign lymph nodes with focal endosalpingiosis (0/4).

8) LYMPH NODES, RIGHT OBTURATOR, REGIONAL DISSECTION:
. Three benign lymph nodes (0/3).

9) LYMPH NODES, RIGHT PARA-AORTIC, REGIONAL DISSECTION:
. Five benign lymph nodes (0/5).

10) SOFT TISSUE, HERNIA SAC (NOT FURTHER SPECIFIED), HERNIORRHAPHY:
. Benign fibromembranous and fibroadipose tissue compatible with hernia sac.

ENDOMETRIAL CARCINOMA CHECKLIST

MACROSCOPIC

SPECIMEN TYPE
Hysterectomy

TUMOR SITE
Specify location(s), if known: Anterior and posterior uterine wall

TUMOR SIZE
Greatest dimension: 6.0 cm
Additional dimensions: 5.5 x 1.1 cm

OTHER ORGANS PRESENT
Right ovary
Left ovary
Right fallopian tube
Left fallopian tube

MICROSCOPIC

HISTOLOGIC TYPE
Endometrioid adenocarcinoma, not otherwise characterized

** CONTINUED ON NEXT PAGE **

IMPRESSION: (continued)

HISTOLOGIC GRADE
G3: More than 50% nonsquamous solid growth

MYOMETRIAL INVASION
Invasion present
Maximal depth of direct myometrial invasion: 11.0 mm
Thickness of myometrium in area of maximal tumor invasion: 18.0 mm
The % of myometrial involvement: 61%

EXTENT OF INVASION
PRIMARY TUMOR (pT)
TNM (FIGO)
pT1 (I): Tumor confined to corpus uteri
pT1c (IC): Tumor invades one-half or more of the myometrium

REGIONAL LYMPH NODES (pN)
TNM (FIGO)
pN0: No regional lymph node metastasis
Number examined: 23

DISTANT METASTASIS (pM)
TNM (FIGO)
pMX: Cannot be assessed

MARGINS
Uninvolved by invasive carcinoma
Distance of invasive carcinoma from closest margin: carcinoma present within lymphovascular spaces approximately 1.0 mm from uterine serosal surface

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)
Present; extensive

ADDITIONAL PATHOLOGIC FINDINGS
Endosalpingiosis involving lymph node and focally involving uterine subserosal tissue
Endometrial atrophy and chronic endometritis

Pathologic TNM (AJCC 6th Edition): pT1c N0 MX

Dictated by:
Entered:

COMMENT:
This endometrial adenocarcinoma shows solid non-squamous growth pattern (slightly >50%) and shows glandular component with abundant mucin production (so-called "mucin-rich" endometrioid carcinoma). Carcinoma directly invades the outer half of the myometrium and shows extensive lymphovascular permeation within the outer half of the myometrium.

** CONTINUED ON NEXT PAGE **

COMMENT: (continued)
Representative sections reviewed by , M.D. who concurs.
Entered:

SPECIAL STAINS/PROCEDURES:
The following special stain is performed with appropriate positive and negative controls on block 3E, 3G and 3H:

Mucicarmine:
Abundant mucin predominantly present within dilated glandular lumens within endometrioid adenocarcinoma.

Dictated by:

GROSS DESCRIPTION:
1) Received fresh, labeled with the patient's name, medical unit number and "right adnexa", is a salpingo-oophorectomy specimen including an ovary (3.0 x 1.7 x 1.5 cm) and attached segment of fallopian tube with fimbriated end (8.0 cm long and 0.4 cm in diameter). There are multiple paratubal cysts filled with white to yellow viscus material (ranging from 0.1 to 0.9 cm in greatest dimension). Upon sectioning of the ovary, there are multiple corpora albicantia in the parenchyma and a thin smooth walled cyst (0.7 cm in diameter) filled with white fluid.

CASSETTE SUMMARY:
Cassette 1A: Representative sections of the ovary.
Cassette 1B: Representative sections of fallopian tube.

2) Received fresh, labeled with the patient's name, medical unit number and "left adnexa", is a salpingo-oophorectomy specimen including an ovary (3.0 x 1.6 x 1.6 cm), attached segment of fallopian tube with fimbriated end (6.2 cm long and 0.4 cm in diameter). A small segment of fallopian tube is taken by the surgeon for research. There are multiple white to yellow paratubal cysts (0.1 to 1.0 cm in greatest dimension). Upon sectioning, there are multiple corpora albicantia in the parenchyma of the ovary, and also a thin-walled cyst (0.7 cm in diameter) with clear fluid in the parenchyma. The surface of the ovary is white and smooth without papillary projections.

CASSETTE SUMMARY:
Cassette 2A: Representative sections of the ovary.
Cassette 2B: Representative sections of the fallopian tube.

3) Received fresh, labeled with the patient's name, medical unit number and "uterus", is a 128 gram total hysterectomy specimen, consisting of an opened uterus (10.5 x 6.0 x 3.8 cm). The uterus is opened by the surgeon and a superficial portion of endometrial tumor and uninvolved fallopian tube is taken for research. The orientation of the uterus is difficult to determine. The presumed anterior surface of the uterus is

** CONTINUED ON NEXT PAGE **

GROSS DESCRIPTION: (continued)

inked black and possible posterior external surface of the uterus is inked blue. The ectocervix (2.5 x 1.8 cm) is covered by white smooth glistening mucosa with focal submucosa hemorrhage. The external OS is oval and measures 1.0 x 0.7 cm. The endocervical canal is 2.5 cm long and covered by pink tan mucosa with multiple cysts, which is consistent with Nabothian cyst. There is an elevated pale tan firm endometrial tumor (6.0 x 5.5 cm and 1.0 cm above the surface) with irregular friable surface involving the anterior surface and part of right posterior surface of the endometrial cavity. Tumor grossly appears to involve the lower uterine segment at the presumed twelve o'clock position. Grossly, tumor does not appear to involve the endo-ectocervical canal. Upon sectioning, the maximum thickness of the tumor is 1.2 cm. The area of deepest invasion of tumor is located in the lower anterior uterine wall; in this area tumor appears to invade at least the inner half of the myometrium. The myometrium measures approximately 1.4 cm at the location with deepest tumor invasion. The endometrium uninvolved by tumor (posterior surface of the endometrial cavity) measures 0.1 cm in thickness. The maximum thickness of the myometrium is 1.6 cm. The serosal surface of the uterus is pink tan smooth without adhesions.

CASSETTE SUMMARY:

Cassettes 3A-3B:	Representative section anterior ectocervix, endocervical canal and lower uterine segment at 12 o'clock, contiguous section.
Cassettes 3C-3D:	Representative section of posterior ectocervix, endocervical canal and lower uterine segment at 6 o'clock, adjacent section.
Cassettes 3E-3J:	Representative sections of the anterior uterine wall with tumor (Cassette 3E with possible deepest tumor invasion).
Cassettes 3K-3N:	Representative sections of posterior uterine wall from lower portion to the fundus.

4) Received labeled with the patient's name and "left external iliac", are two portions of yellow-gold to pink-tan fibroadipose tissue ranging from 2.5 to 4.6 cm in greatest dimension. Two possible lymph nodes are identified, ranging from 0.7 to 2.4 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 4A:	One lymph node, bisected.
Cassette 4B:	One lymph node, bisected.

5) Received labeled with the patient's name and "left obturator", is a 4.6 x 4.0 x 1.7 cm aggregate of yellow-gold to pink-tan fibroadipose tissue, dissected for possible lymph nodes. Eight possible lymph nodes are identified, ranging from 0.5 to 2.4 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:

Cassette 5A:	Three possible lymph nodes.
Cassette 5B:	One lymph node, bisected.
Cassette 5C:	One lymph node, bisected.
Cassette 5D:	One lymph node, bisected.
Cassette 5E:	One lymph node, bisected.

** CONTINUED ON NEXT PAGE **

GROSS DESCRIPTION: (continued)

Cassette 5G: One lymph node, serially sectioned, entirely submitted.

6) Received labeled with the patient's name and "left para-aortic", are three portions of yellow-gold to pink-tan fibroadipose tissue, ranging from 1.0 to 2.4 cm in greatest dimension. Specimen is dissected for possible lymph nodes. One possible lymph node identified that is 1.0 x 0.5 x 0.3 cm. The specimen is bisected and entirely submitted in cassette 6A.

7) Received labeled with the patient's name and "right external iliac", is a 5.0 x 4.0 x 2.0 cm aggregate of yellow-gold to pink-tan fibroadipose tissue, dissected for possible lymph nodes. Four possible lymph nodes are identified, ranging from 0.6 to 2.5 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:
Cassette 7A: Two possible lymph nodes.
Cassette 7B: One lymph node, bisected.
Cassette 7C: One lymph node, serially sectioned, entirely submitted.

8) Received labeled with the patient's name and "right obturator", are two portions of yellow-gold to pink-tan fibroadipose tissue, ranging from 2.5 to 3.8 cm in greatest dimension. Specimen is dissected for possible lymph nodes. Three possible lymph nodes are identified, ranging from 1.7 to 2.1 cm in greatest dimension. The specimen is submitted as follows:

CASSETTE SUMMARY:
Cassette 8A: One lymph node, bisected.
Cassette 8B: One lymph node, bisected.
Cassette 8C: One lymph node, bisected.

9) Received labeled with the patient's name and "right para-aortic", is a 3.0 x 2.7 x 1.0 cm aggregate of yellow-gold to pink-tan fibroadipose tissue, dissected for possible lymph nodes. Three possible lymph nodes are identified, ranging from 0.4 to 1.0 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:
Cassette 9A: Three possible lymph nodes.
Cassette 9B: Two possible lymph nodes.

10) Received in formalin, labeled "hernia sac" and with the patient's name, is an irregular unoriented pouch-like portion of purple-tan to pink-tan glistening membranous tissue, 11.0 x 6.5 x 1.0 cm. The specimen is serially sectioned at close intervals, there are no obvious masses, lesions or suspicious areas identified. The specimen is representatively sampled and submitted in one cassette.

Dictated by:
Entered:

** CONTINUED ON NEXT PAGE **

COPIES TO:
No PCP/Family Physician

CPT Codes:

MUCICARMINE-
LYMPH NODE BX
UTERUS W/WO ADNEXAE,TUMOR-
HERNIA SAC, ANY LOCATION,
LYMPH NODE, REGIONAL RESECT

ICD9 Codes:

Resident Physician:

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

Electronically Signed by: _____

** END OF REPORT **