

Diagnosis Discrepancy			
Primary Tumor Site Discrepancy			
HIPAA Discrepancy			
Prior Malignancy History			
Dual/Synchronous Primary Tumor			
Case is (circle):	QUALIFIED	DISQUALIFIED	
Reviewer Initials: <i>RS</i>	Date reviewed: <i>10/28/11</i>		

*lw 10/30/11*



RUN DATE:  
 RUN TIME:  
 BY:

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

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

**CLINICAL HISTORY:**  
 ENDOMETRIAL CANCER

*ICD-0-3*

**SPECIMEN/PROCEDURE:**

1. LYMPH - LT PARA AORTIC
2. LYMPH - RT PARA AORTIC
3. LYMPH - RT EXTERNAL ILIAC
4. LYMPH - RT COMMON ILIAC
5. LYMPH - RT OBTURATOR
6. LYMPH - LT EXTERNAL ILIAC
7. LYMPH - LT OBTURATOR
8. UTERUS - W/ CER.VIX; BILAT TUBES AND OVARIES

*carcinoma endometrioid, NOS 8380/3*  
*Site: Endometrium C54.1 lw 10/30/11*

**IMPRESSION:**

- 1) LEFT PARA-AORTIC LYMPH NODES:  
 . Three lymph nodes are negative for tumor (0/3).
- 2) RIGHT PARA-AORTIC LYMPH NODES:  
 . Four lymph nodes are negative for tumor (0/4).
- 3) RIGHT EXTERNAL ILIAC LYMPH NODES:  
 . Four lymph nodes are negative for tumor (0/4).
- 4) RIGHT COMMON ILIAC LYMPH NODE:  
 . One lymph node is negative for tumor (0/1).
- 5) RIGHT OBTURATOR LYMPH NODES:  
 . Four lymph nodes are negative for tumor (0/4).
- 6) LEFT EXTERNAL ILIAC LYMPH NODES:  
 . Mature fibroadipose tissue.  
 . No lymph node material identified.
- 7) LEFT OBTURATOR LYMPH NODES:  
 . Five lymph nodes are negative for tumor (0/5).
- 8) UTERUS, TUBES AND OVARIES:  
 . ENDOMETRIUM:

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**IMPRESSION: (continued)**

- . Adenocarcinoma of endometrium, endometrioid type, with focal squamous differentiation, FIGO grade I, nuclear grade 2 (2.5 cm) showing 2.0 mm or less of myometrial invasion where the myometrium measures 16.0 mm.
- . No vascular space invasion is identified.

**MYOMETRIUM:**

- . Superficial invasion by endometrial carcinoma (less than 50%).
- . Adenomyosis.

**CERVIX:**

- . Slight chronic cervicitis.
- . No tumor is identified.

**OVARIES BILATERAL:**

- . Serous cystadenoma (1.2 cm) involving the right ovary.
- . The left ovary is trophic.

**FALLOPIAN TUBES BILATERAL:**

- . No pathologic diagnosis.

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

Specify location(s), if known: Corpus

**TUMOR SIZE**

Greatest dimension: 2.5 cm

Additional dimensions: 2.0 x 1.5 cm

**OTHER ORGANS PRESENT**

Right ovary  
Left ovary  
Right fallopian tube  
Left fallopian tube

**MICROSCOPIC****HISTOLOGIC TYPE**

Endometrioid adenocarcinoma, with squamous differentiation

**HISTOLOGIC GRADE**

G1: 5% or less nonsquamous solid growth

**MYOMETRIAL INVASION**

Invasion present

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**IMPRESSION: (continued)**

Maximal depth of myometrial invasion: 2.0 mm

Thickness of myometrium in area of maximal tumor invasion: 16.0 mm

The % of myometrial involvement: 12%

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

pT1b (IB): Tumor invades less than one-half of the myometrium

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

pNO: No regional lymph node metastasis

Number examined: 21

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

pmX: Cannot be assessed

**MARGINS**

Uninvolved by invasive carcinoma

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

Absent

**ADDITIONAL PATHOLOGIC FINDINGS**

Other (specify): Serous cystadenoma of ovary; adenomyosis

Pathologic TNM (AJCC 6th Edition): pT1b N0 MX

Dictated by:

Entered:

**GROSS DESCRIPTION:**

- 1) Received labeled with the patient's name and "left para-aortic", are two portions of yellow-gold to pink-tan fibroadipose tissue, ranging from 1.5 to 2.5 cm in greatest dimension. Specimens are dissected for possible lymph nodes. Three possible lymph nodes are identified, ranging from 0.4 to 0.6 cm in greatest dimension. Entirely submitted in cassette 1A.
- 2) Received labeled with the patient's name and "right para-aortic", is a 3.5 x 1.7 x 0.5 cm portion of yellow-gold lobulated adipose tissue, dissected for possible lymph nodes. Four possible lymph nodes are identified, ranging from 0.5 to 1.0 cm in greatest dimension. Entirely submitted in cassette 2A.

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**GROSS DESCRIPTION: (continued)**

- 3) Received labeled with the patient's name and "right external iliac", is a 3.3 x 2.7 x 1.0 cm aggregate of yellow-gold lobulated adipose tissue, dissected for possible lymph nodes. Three possible lymph nodes are identified, ranging from 1.0 to 2.0 cm in greatest dimension. Entirely submitted in cassette 3A.
- 4) Received labeled with the patient's name and "right common iliac", is a 1.5 x 1.0 x 0.3 cm portion of yellow-gold lobulated adipose tissue, dissected for possible lymph nodes. One lymph node is grossly identifiable that is 0.6 x 0.4 x 0.2 cm and is entirely submitted in cassette 4A.
- 5) Received labeled with the patient's name and "right obturator" are two portions of yellow-gold lobulated adipose tissue, ranging from 3.0 to 3.4 cm in greatest dimension. dissected for possible lymph nodes. Three possible lymph nodes are identified, ranging from 1.5 to 3.0 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 5A: Two possible lymph nodes.

Cassette 5B,5C: One lymph node, serially sectioned and entirely submitted.

- 6) Received labeled with the patient's name and "left external iliac", is a 1.5 x 1.0 x 0.2 cm portion of yellow-gold lobulated adipose tissue, dissected for possible lymph nodes. No lymph nodes are grossly identifiable. Specimen is entirely submitted in cassette 6A.
- 7) Received labeled with the patient's name and "left obturator", is a 3.2 x 2.5 x 1.2 cm portion of yellow-gold lobulated adipose tissue, dissected for possible lymph nodes. Five possible lymph nodes are identified, ranging from 0.7 to 2.5 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 7A: Three possible lymph nodes.

Cassette 7B: One lymph node, bisected.

Cassette 7C: One lymph node, bisected.

- 8) Received fresh in a container with the patient's name, medical record number and "uterus, cervix, tubes and ovaries," is an 80 gram specimen including a previously opened uterus 8 x 4.5 x 3.5 cm, right fallopian tube 3 cm in length x 0.4 cm in diameter, right ovary 2 x 1.5 x 1 cm, left fallopian tube 3 cm in length x 0.6 cm in diameter, left ovary 2 x 1.5 x 0.3 cm. The ectocervix 2 x 2 cm is covered by tan white smooth glistening mucosa. The external OS is slit-like and measures 0.6 cm in greatest dimension. Attached is a 1.3 x 0.8 x 0.4 cm vaginal cuff only on the posterior cervix. The endocervical canal is 2 cm in length, has an irregular bumpy mucosa. The endometrial cavity is 2 cm from cornu to cornu x 4 cm in length and has a tan pink hemorrhagic endometrium. There is a 2.5 x 2 x 1.5 cm tan pink tan white raised mucosal mass on the anterior posterior and superior wall of the endometrium. The mass is located 2.5 cm from the lower uterine segment. The myometrium measures 2

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**GROSS DESCRIPTION: (continued)**

cm in maximal thickness. The serosa is shiny and glistening with focal adhesions. The fallopian tubes are patent and have fimbriated ends. On the left fallopian tube is a cyst 2 cm in greatest dimension., filled with clear fluid with smooth cystic wall. The ovaries are tan white and firm. Cut surface of the right ovary reveals a smooth walled cyst filled with clear fluid, 1.2 cm in greatest dimension. The anterior serosa is inked blue, the posterior serosa is inked black, the superior serosa is inked yellow. Sections are submitted as follows:

**CASSETTE SUMMARY:**

Cassettes 8A-8B:	Posterior cervix with vaginal cuff, posterior lower uterine segment.
Cassettes 8C-8D:	Anterior cervix, anterior lower uterine segment.
Cassettes 8E-8H:	Posterior endometrium through the mass.
Cassettes 8J-8L:	Anterior endometrium through the mass.
Cassette 8M:	Right fallopian tube and ovary.
Cassette 8N:	Left fallopian tube and ovary.
Cassette 8RT:	Tumor for research.
Cassette 8RN:	Normal tissue for research.

Dictated by:

Entered:

COPIES TO:

Undefined Provider

**CPT Codes:**

UTERUS W/WO ADNEXAE,

, LYMPH NODE, REGIONAL RESECT (5+)

**ICD9 Codes:**

Resident Physician:

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

Electronically Signed by: \_\_\_\_\_

\*\* END OF REPORT \*\*