PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Endometrial cancer.

LMP DATE: Not provided.

PROCEDURE: Exploratory laparoscopy, total abdominal hysterectomy, bilateral salpingo-oophorectomy, pelvic and periaortic lymph node dissection.

SPECIFIC CLINICAL QUESTION: Not provided.

OUTSIDE TISSUE DIAGNOSIS: Not provided.

PRIOR MALIGNANCY: Not provided.

CHEMORADIATION THERAPY: Not provided.

OTHER DISEASES: Not provided.

ADDENDA:

Addendum

Antibody/Antigen	Result	Collection Date:
ER (blocks 1A and 10)	Diffuse intermediate expression	
PR (block 1A)	Diffuse moderate to strong expression	
(block 10)	Negative component within a moderate to strong intensely staining neoplasm	
Ki-67 (blocks 1A and 10)	Expression in 97% of the tumor cells	
P53 (blocks 1A and 10)	Patchy strong staining and intermediate staining.	

Utilizing formalin-fixed (8-96 hour range), paraffin embedded tissue, immunohistology is performed with the following selected antibodies and designated antibody clone(s), directed against the following antigenic target(s), with adequate positive and negative internal and external controls. Antibodies are optimized appropriate for fixation times.

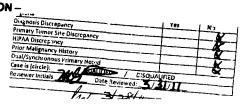| ANTIBODY	CLONE	TARGET ANTIGEN	VENDOR
ER	SP1	Estrogen Receptor	
PR	1E2	Progesterone receptor	
Ki-67	30-9	Proliferation Marker	
P53	DO-7	Serous Carcinoma	

Comment:

In block 10, the strongly expressing P53 tumor cells coincide with the negative PR expressing tumor cells. The findings are consistent with a high grade endometrioid adenocarcinoma with a heterologous staining pattern suggesting a more aggressive

FINAL DIAGNOSIS:

PART 1: UTERUS WITH BILATERAL ADNEXA (334 GRAMS), TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY –

A. HIGH-GRADE POORLY DIFFERENTIATED ADENOCARCINOMACARCINOMA OF ENDOMETRIUM, INVOLVING APPROXIMATELY 50% OF ENDOMETRIAL SURFACE AND INVADING APPROXIMATELY 35% OF MYOMETRIUM (GRADE 3, STAGE 1A).

B. FOCAL LYMPHOVASCULAR INVASION IDENTIFIED.

C. BACKGROUND ENDOMETRIUM SHOWS SIMPLE AND COMPLEX ATYPICAL HYPERPLASIA AND DISORDERED PROLIFERATIVE PATTERN.

D. ENDOMETRIAL POLYP.

E. ADENOMYOSIS.

F. CHRONIC CERVICITIS, SQUAMOUS METAPLASIA, REACTIVE CHANGES AND MICROGLANDULAR HYPERPLASIA.

G. BILATERAL OVARIES AND FALLOPIAN TUBES, NEGATIVE FOR TUMOR.

PART 2: RIGHT PELVIC LYMPH NODES, DISSECTION –
TEN LYMPH NODES NEGATIVE FOR TUMOR (0/10).

PART 3: RIGHT COMMON AND PERIAORTIC LYMPH NODES, DISSECTION –
TWO LYMPH NODES NEGATIVE FOR TUMOR (0/2).

PART 4: LEFT PELVIC LYMPH NODES, DISSECTION –
ONE LYMPH NODE NEGATIVE FOR TUMOR (0/1).

PART 5: LEFT PELVIC LYMPH NODES, DISSECTION –
TWELVE LYMPH NODES NEGATIVE FOR TUMOR (0/12).

PART 6: LEFT COMMON AND PERIAROTIC LYMPH NODES, DISSECTION –
SEVEN LYMPH NODES NEGATIVE FOR TUMOR (0/7).

	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials Date Reviewed: 3/31/11		

COMMENT:

Pelvic cytology (████████████ is negative for malignant cells.

Although tumor grossly appears to involve 90% of endometrial surface, microscopically approximately half of the submitted sections shows adenocarcinoma and the remaining half shows simple and complex atypical hyperplasia and disoredered proliferative endometrium.

Immunostains to further characterize the nature of this tumor (endometrioid versus serous) are requested and the results will be reported in an addendum.

Representative sections of pelvic lymph nodes will be reviewed by the ████████████████████████████████

CASE SYNOPSIS:

SYNOPTIC - PRIMARY UTERINE ENDOMETRIAL CARCINOMA & CARCINOSARCOMA : HYSTERECTOMY SPECIMENS

TUMOR TYPE:	Endometroid adenocarcinoma, NOS

HISTOLOGIC GRADE (epithelial neoplasm) [combined architectural and nuclear]:

Poorly differentiated (FIGO 3)

ARCHITECTURAL GRADE:	Poorly differentiated
NUCLEAR GRADE:	Grade 3
TUMOR SIZE:	Maximum dimension: 70 mm

PERCENT OF ENDOMETRIAL SURFACE INVOLVEMENT:

Anterior endomyometrium: 50 %, Posterior endomyometrium: 50 %

DEPTH OF INVASION:	Less than 1/2 thickness of myometrium
ANGIOLYMPHATIC INVASION:	Yes
LYMPH NODES POSITIVE:	Number of lymph nodes positive:: 0
LYMPH NODES EXAMINED:	Total number of lymph nodes examined: 32
T STAGE, PATHOLOGIC:	pT1a
N STAGE, PATHOLOGIC:	pN0
M STAGE, PATHOLOGIC:	Not applicable
FIGO STAGE:	IA