

Surg Path

CLINICAL HISTORY:

Malignant neo corpus uteri.

GROSS EXAMINATION:

A. "Uterus and cervix (AF1)", received fresh for frozen section diagnosis is a 68 gm, 8 x 5.5 x 3 cm hysterectomy specimen with attached cervix (3 cm in length x 3 cm in diameter) with a patent os of 0.6 cm. The serosal surface is pink-tan and grossly unremarkable. The paracervical soft tissue is inked entirely in blue and the specimen is opened laterally on each side. The cervical canal (2.5 cm length x 2.4 cm wide) is tan-pink, has a herringbone pattern. The endometrial canal (4.5 cm in length x 3 cm from cornu to cornu) demonstrates a large, contiguous, fungating mass on the posterior portion (beginning 1.5 cm superior to the lower uterine segment and continuing to the anterior endometrium approximately 2.6 cm from the lower uterine segment. Both lower uterine segments are grossly uninvolved. Serial sectioning of the endometrium demonstrates a focally 1 cm thick endometrium overlying a 1.1 cm thick myometrium. The area of deepest invasion is located on the posterior surface and appears to grossly invade 0.8 cm into a 1.7 cm myometrium. The deepest invasion on the anterior endometrium is 0.3 cm into a 1.7 cm myometrium.

BLOCK SUMMARY:

- A1- AF1 rep of deepest invasion
- A2- anterior cervix
- A3- posterior cervix
- A4- anterior lower uterine segment
- A5- posterior lower uterine segment
- A6-A7 representative of deepest invasion anterior endomyometrium
- A8-A9 representative deepest invasion posterior endomyometrium

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TCGA-B5-A1MV-01A-PR

Redacted



B. "Hernia sac", received fresh and placed in formalin is a 9.5 x 9 x 3.2 cm aggregate of fibroadipose tissue. The specimen is sectioned revealing benign fibroadipose tissue. Representative sections in B1-B3.

C. "Right tube and ovary", received fresh and placed in formalin is an 8 gm, 6 x 3.1 x 1.8 cm tube and ovary specimen. The fallopian tube (7.5 cm in length x 0.4 cm in diameter) is upon sectioning tan-white and grossly unremarkable. The fimbriae is also grossly unremarkable. The right ovary (2.5 x 1.6 x 0.9 cm) is white-tan, cerebriiform and upon sectioning demonstrates a 1 x 0.5 x 0.2 cm corpus albicans.

BLOCK SUMMARY:

- C1- tube and fimbriae
- C2- ovary

D. "Left tube and ovary", received fresh and placed in formalin is an 11 gm, 6.8 x 3 x 2 cm tube and ovary. The fallopian tube (7.6 cm in length x 0.4 cm in diameter) appears on sectioning grossly unremarkable the attached fimbriae is grossly unremarkable. The left ovary (3 x 1.2 x 0.8 cm) is white-tan cerebriiform and upon sectioning is grossly unremarkable.

BLOCK SUMMARY:

- D1- left tube and fimbriae
- D2- left ovary

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (clinical):	QUALIFIED	DISQUALIFIED
Reviewed by:	Kmt	hw
Date reviewed:		2/24/11

E. "Left pelvic lymph node", received fresh and placed in formalin
is a 5 x 2.3 x 1.8 cm aggregate of fibroadipose tissue which is
dissected for lymph nodes. Six lymph node candidates are identified.
Submitted as follows:

E1- one lymph node candidate (mostly fat)
E2- two lymph node candidates
E3- two lymph node candidates
E4- one lymph node candidate

F. "Left common", received fresh and placed in formalin
is a 1 x 0.6 x 0.6 cm fragment of soft brown tissue which is submitted in its
entirety in F1.

G. "Aortic", received is a 2.8 x 2 x 0.6 cm aggregate of fibroadipose tissue
which is dissected for lymph nodes. One lymph node candidate measuring 2.6 cm
in length x 0.4 cm is bisected and submitted in its entirety in G1 and G2.

H. "Right pelvic node", received fresh and placed in formalin
is a 5.5 x 4.5 x 0.8 cm aggregate of fibroadipose tissue which is
dissected for lymph nodes. The largest lymph node is 2 x 1.5 x 0.8 cm.

BLOCK SUMMARY:

H1- three lymph nodes
H2- three lymph nodes
H3- two lymph nodes
H4- one lymph node bisected
H5- one lymph node bisected

I. "Right aortic lymph node", received fresh and placed in formalin
is a 3.5 x 3.2 x 0.8 cm aggregate of fibroadipose tissue which is
dissected for lymph nodes. Two lymph nodes are found ranging from 1.3 cm in
greatest dimension to 0.5 cm.

BLOCK SUMMARY:

I1- one lymph node bisected
I2- one lymph

Dr. /Dr. slides to Dr.

INTRA OPERATIVE CONSULTATION:

A. "Uterus and cervix": AF1 (rep) 0.8 cm into a 1.7 cm myometrium,
endometrioid adenocarcinoma FIGO grade 2.
[REDACTED]

MICROSCOPIC EXAMINATION:

Microscopic examination is performed. Depth of invasion is best seen on the
frozen section slide (AF1), as the tissue did not survive processing intact.

PATHOLOGIC STAGE:

PROCEDURE: Total hysterectomy

PATHOLOGIC STAGE (AJCC 7th Edition): pT1a pN0 pMX

NOTE: Information on pathology stage and the operative procedure is
transmitted to this Institution's Cancer Registry as required for
accreditation by the Commission on Cancer. Pathology stage is based solely
upon the current tissue specimen being evaluated, and does not incorporate
information on any specimens submitted separately to our Cytology section,
past pathology information, imaging studies, or clinical or operative
findings. Pathology stage is only a component to be considered in determining
the clinical stage, and should not be confused with nor substituted for it.
The exact operative procedure is available in the surgeon's operative report.

[REDACTED]

DIAGNOSIS:

A. UTERUS AND CERVIX (TOTAL HYSTERECTOMY):

UTERUS: 68 GRAMS

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA WITH SQUAMOUS
DIFFERENTIATION.

FIGO GRADE: 2.)

TUMOR SIZE: 4.9 X 3 X 0.8 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.8 CM IN A 1.7 CM THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC.

REMAINING MYOMETRIUM: UNREMARKABLE.

CERVIX: FREE OF TUMOR. MULTIPLE NABOTHIAN CYSTS.

SEROSA: FREE OF TUMOR.

SPECIMEN MARGINS: NOT INVOLVED.

B. HERNIA SAC (HERNIORRHAPHY):

MESOTHELIAL LINED FIBROADIPOSE TISSUE, CONSISTENT WITH HERNIA SAC.

C. RIGHT TUBE AND OVARY (SALPINGO-OOPHORECTOMY):

OVARY AND FALLOPIAN TUBE WITH NO SIGNIFICANT PATHOLOGIC ALTERATION.
NEGATIVE FOR CARCINOMA.

D. LEFT TUBE AND OVARY (SALPINGO-OOPHORECTOMY):

OVARY AND FALLOPIAN TUBE WITH NO SIGNIFICANT PATHOLOGIC ALTERATION.
NEGATIVE FOR CARCINOMA.

E. LEFT PELVIC LYMPH NODE (BIOPSY):

SIX LYMPH NODES, NEGATIVE FOR CARCINOMA (0/6).

F. LEFT COMMON LYMPH NODE (BIOPSY):

TWO LYMPH NODES, NEGATIVE FOR CARCINOMA (0/2).

G. AORTIC LYMPH NODE (BIOPSY):

TWO LYMPH NODES, NEGATIVE FOR CARCINOMA (0/2).

H. RIGHT PELVIC LYMPH NODE (BIOPSY):

ELEVEN LYMPH NODES, NEGATIVE FOR CARCINOMA (0/11).
SEE COMMENT.

I. RIGHT AORTIC LYMPH NODE (BIOPSY):

FIVE LYMPH NODES, NEGATIVE FOR CARCINOMA (0/5).

COMMENT: The right pelvic nodes (part H) have a prominent histiocytic infiltrate. Special stains for fungi and acid fast bacilli will be performed and the results reported in an addendum.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

[REDACTED]
[REDACTED]
ADDENDUM 1:

This addendum is issued to report the results of special stains. The original diagnoses remain unchanged.

Special stains (performed on block H2) for fungi (PAS) and acid-fast bacilli (TBC) are NEGATIVE.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

[REDACTED]
CI ADDENDUM 1:

Please see Image Cytometry Report [REDACTED] for results of supplementary tests.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

[REDACTED]
[REDACTED]
Performed by: [REDACTED]

Ordering MD: [REDACTED]

Consulting MDs: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]