

Adenocarcinoma, endometrial, serotony 8382/3

Site: endometrium

2/25/11 11 54/1

Criteria	Yes	No
Diagnostic 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		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	425/11	

Surg Path

## CLINICAL HISTORY:

Malignant neoplasm corpus uteri-182.0  
Grade I endometrial carcinoma per BMP.

## GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries (AF1)". Received fresh for frozen section and later placed in formalin [REDACTED] is a 97 gram, 6.5 x 5 x 2 cm uterus with attached bilateral adnexa. The specimen is opened to demonstrate a 7 x 4 x 0.7 cm mass grossly extending 0.5 cm into a 1.5 cm thick myometrium. The uninvolved endomyometrium is not grossly identified. There is also a 3.5 x 3 x 2 cm subserosal leiomyoma in the fundic area. The cervix and subserosal are smooth and grossly unremarkable. The right adnexa consists of a 2 x 1 x 1 cm ovary and a 2 cm long x 0.5 cm diameter fimbriated fallopian tube. No discrete abnormalities are noted within the right adnexa. The left adnexa consists of a 2 x 1 x 1 cm ovary and a 2 cm x 0.5 cm in diameter portion of fimbriated fallopian tube. No discrete abnormalities are identified.

## BLOCK SUMMARY:

- A1- frozen section remnant AF1 (representative tumor) with deepest gross invasion
- A2-A3- additional representative anterior endomyometrium with tumor.
- A4-A5- additional representative posterior endomyometrium with tumor.
- A6- representative subserosal leiomyoma.
- A7- anterior cervix.
- A8- posterior cervix.
- A9- representative right tube and ovary.
- A10- representative left tube and ovary.

B. "Right sentinel lymph node". Received fresh and placed in formalin [REDACTED] is a 1.5 x 0.8 x 0.5 cm portion of fibroadipose tissue, entirely submitted in block B1.

C. "Left sentinel lymph node". Received fresh and placed in formalin [REDACTED] is a 2 x 1.5 x 1 cm portion of fibroadipose tissue, entirely submitted in block C1.

D. "Left pelvic lymph node". Received fresh and placed in formalin at [REDACTED] is a 2 x 2 x 1 cm fibroadipose tissue, entirely submitted in block D1.

E. "Right pelvic lymph node". Received fresh and placed in formalin at [REDACTED] is a 4.5 x 2.5 x 2 cm fibroadipose tissue, which contains four apparent lymph nodes measuring up to 3.5 cm. The largest node is submitted in blocks E1-E2. Three lymph node candidates in block E3 and remaining tissue is submitted in block E4.

F. "Endometrial contents from vagina". Received fresh and placed in formalin [REDACTED] is a 0.5 x 0.5 x 0.3 cm aggregate of tan-white tissue fragment is submitted in block F1.

## INTRA OPERATIVE CONSULTATION:

- A. "Uterus, cervix, bilateral tubes and ovaries":  
AF1- representative tumor with deepest invasion- endometrial adenocarcinoma, grade I with 3.5 to 4 mm myometrial invasion in a 1.2

UID:4FA787AE-FF1B-4E8A-99F9-1D26099B2CA1  
TCGA-B5-A11V-01A-PR  
Redacted

cm thick wall [REDACTED]

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY AND LYMPH NODE SAMPLING

PATHOLOGIC STAGE (AJCC 7th Edition): pT1B 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.

DIAGNOSIS:

A. "UTERUS, BILATERAL OVARIES AND FALLOPIAN TUBES" (HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY):

UTERUS: 97 GRAMS

CARCINOMA OF THE ENDOMETRIUM: ✓

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA (SECRETORY TYPE).

FIGO GRADE: 1.

TUMOR SIZE: 7 X 4 X 0.7 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.7 CM, IN A 1.3 THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHY.

REMAINING MYOMETRIUM: LEIOMYOMA

CERVIX: NO PATHOLOGIC DIAGNOSIS.

SEROSA: NO PATHOLOGIC DIAGNOSIS.

SPECIMEN MARGINS: NOT INVOLVED.

OVARIES, RIGHT AND LEFT: NEGATIVE FOR MALIGNANCY.

FALLOPIAN TUBES, RIGHT AND LEFT: NEGATIVE FOR MALIGNANCY.

B. LYMPH NODE, SENTINEL, RIGHT (BIOPSY):

ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY (0/1).

C. LYMPH NODE, SENTINEL, LEFT (BIOPSY):

BENIGN FIBROADIPOSE TISSUE.

NO LYMPH NODE SEEN.

NEGATIVE FOR MALIGNANCY.

D. LYMPH NODES, LEFT PELVIC (BIOPSY):

THREE LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/3).

E. LYMPH NODES, RIGHT PELVIC (BIOPSY):

FOUR LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/4).

F. VAGINA, ENDOMETRIAL CONTENTS (BIOPSY):

[REDACTED]

ENDOMETRIOID ADENOCARCINOMA, FIGO GRADE I.

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

[REDACTED]

ADDENDUM 1.

Per [REDACTED] the specimen submitted as "F" was uterine contents that spilled into the vagina during the operative procedure. The vagina IS NOT involved by tumor, and the hysterectomy margins are negative as described in specimen A. The tumor staging information is correct as reported above. The diagnoses remain unchanged.

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

[REDACTED]

[REDACTED]

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

[REDACTED]

[REDACTED]