

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
H.P.A. Discrepancy		X
Prior Malignancy History		X
Dx./Synchronous Primary Noted		X
Case is (check):	QUALIFIED	DISQUALIFIED
Reviewed by:	[Signature] 11/13/11	

Surg Path

UUID:05AD8EE1-E2F8-42F7-8E6A-380A8EE4770E
TCGA-B5-A3FH-01A-PR

Redacted



CLINICAL HISTORY:

Pre-op diagnosis: Malignant neocorpus uteri.

Procedure:

Laparoscopic hysterectomy.

GROSS EXAMINATION:

A. "Uterus, tubes and ovaries" (AF1-AF2), received fresh for frozen section diagnosis is a 398 gram, 13.5 x 11.0 x 9.0 cm hysterectomy specimen with attached cervix (5.0 x 3.0 cm). The specimen was opened by the surgeon. The serosal surface is markedly distorted by multiple subserosal and myometrial leiomyomata, but otherwise grossly unremarkable. Opening the specimen demonstrates a cervical canal (2.5 cm in length x 1.5 cm in diameter) which is white-tan and has a herringbone pattern. The endometrial canal (7.5 cm in length x 5.5 cm from cornu to cornu) is markedly distorted by large, calcified, submucosal leiomyomas, the largest of which (5.0 x 4.6 x 4.2 cm) is located in the anterior myometrium. Two other large, submucosal leiomyomas are located in the posterior myometrium and measure 4.5 x 3.8 x 3.2 cm and 3.0 x 3.0 x 1.9 cm. All leiomyomas are calcified. The endometrium demonstrates red-tan, hyperplastic mucosa with a fungating lesion located primarily on the anterior side (4.5 x 3.5 cm). A photograph is taken. This fungating mass is 0.9 cm of the anterior lower uterine segment. This area overlies the largest calcified leiomyoma and for this reason we will not be able to obtain full thickness sections in this area. The right fallopian tube is 6.0 cm in length x 0.5 cm in diameter and upon sectioning grossly unremarkable. The right ovary (2.0 x 1.1 x 0.6 cm) is white-tan, cerebriiform and grossly unremarkable. The left fallopian tube (6.7 cm in length x 0.5 cm in diameter) is upon sectioning grossly unremarkable. The left ovary (1.2 x 1.1 x 0.4 cm) is white-tan, cerebriiform and grossly unremarkable.

Block summary:

- A1 (AF1) - rep tumor
- A2 (AF2) - rep tumor
- A3 - anterior cervix
- A4 - posterior cervix
- A5-A6 - full thickness anterior endomyometrium with mass
- A7 - full thickness anterior endomyometrium with mass
- A8 - endometrium overlying calcified leiomyoma
- A9 - full thickness endomyometrium
- A10 - full thickness anterior endomyometrium
- A11 - anterior lower uterine segment
- A12 - posterior endomyometrium (full thickness)
- A13 - posterior endomyometrium with leiomyoma (full thickness)
- A14 - right tube and fimbrae
- A15 - right ovary
- A16 - left tube and fimbrae
- A17 - left ovary

B. "Left pelvic node", received fresh and placed in formalin on [redacted] at [redacted] is a 3.2 x 3.0 x 0.8 cm aggregate of fibroadipose tissue. This tissue is dissected for lymph nodes and submitted as follows.

Block summary:

- B1 - 5 lymph nodes
- B2 - 1 lymph node
- B3 - 2 lymph nodes
- B4 - 1 lymph node, bisected

ICD-0-3
Adenocarcinoma, endometrioid, NOS 8380/3
Site: Endometrium C54.1
11/13/11

C. "Right aortic nodes", received fresh and placed in formalin is a 3.0 x 1.8 x 0.4 cm aggregate of fibroadipose tissue which is dissected for lymph nodes. The specimen is submitted as follows.

Block summary:

C1 - 2 lymph nodes
C2 - representative adipose tissue

D. "Left aortic nodes", received fresh and placed in formalin on [REDACTED] at [REDACTED] is a 1.3 x 1.0 x 0.8 cm aggregate of fibroadipose tissue which is dissected for lymph nodes. 1 lymph node candidate is noted (0.8 x 0.6 x 0.4 cm).

Block summary:

D1 - representative fat
D2 - 1 lymph node

E. "Right pelvic nodes", received fresh and placed in formalin on [REDACTED] at [REDACTED] is a 4.5 x 4.0 x 2.8 cm aggregate of fibroadipose tissue which is dissected for lymph nodes. Several lymph nodes are found with the largest of which being 3.0 x 1.0 x 0.6 cm. The lymph nodes are submitted as follows.

Block summary:

E1 - 1 lymph node, bisected
E2 - 4 lymph nodes
E3 - 2 lymph nodes

[REDACTED]

INTRA OPERATIVE CONSULTATION:

AF1-2. "Uterus, tubes and ovaries" (full thickness anterior uterine myometrium) - adenocarcinoma favor figo 3 endometrioid. Minimal myometrial invasion less than 1/2 of the total thickness is seen in this 1 sample. [REDACTED]

REPORT REVISED ON [REDACTED] AT ([REDACTED])

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Total laparoscopic hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic and paraaortic lymph node sampling.

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.

DIAGNOSIS:

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

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: ANTERIOR ENDOMETRIUM.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.

FIGO GRADE: 3.
TUMOR SIZE: 4.5 X 3.5 X 0.1 CM.
MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.1 CM, IN A 1.6 CM THICK WALL.
LYMPHATIC/VASCULAR INVASION: NOT IDENTIFIED.
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: PREDOMINANTLY ATROPHIC.
REMAINING MYOMETRIUM: SUBMUCOSAL, INTRAMURAL AND SUBSEROUSAL LEIOMYOMATA,
LARGELY CALCIFIED (UP TO 5 CM).
CERVIX AND SEROSA: NEGATIVE FOR CARCINOMA.
SPECIMEN MARGINS: NEGATIVE FOR CARCINOMA.

OVARIES, RIGHT AND LEFT: NEGATIVE FOR CARCINOMA.
FALLOPIAN TUBE, RIGHT AND LEFT: NEGATIVE FOR CARCINOMA.

B. LEFT PELVIC LYMPH NODES (DISSECTION):

TEN LYMPH NODES ARE IDENTIFIED, NEGATIVE FOR CARCINOMA (0/10).

C. RIGHT AORTIC LYMPH NODES (DISSECTION):

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

D. LEFT AORTIC LYMPH NODES (DISSECTION):

THREE LYMPH NODES ARE IDENTIFIED, NEGATIVE FOR CARCINOMA (0/3).

E. RIGHT PELVIC LYMPH NODES (DISSECTION):

SEVEN LYMPH NODES ARE IDENTIFIED, NEGATIVE FOR CARCINOMA (0/7).

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

Performed by:

Ordering MD: