

Site: Endometrium C54.1 2/25/11

Surg Path

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 (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	2/25/11	
Date Reviewed		

## CLINICAL HISTORY:

Malignant neoplasm corpus uteri.

## GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries", received fresh and placed in formalin at [REDACTED] is a 103 gram, 8 x 5 x 4 cm uterus with a 0.6 cm patent cervical os. The specimen is opened to reveal a 2.8 x 2.5 x 0.7 cm exophytic mass within the anterior fundus which appears to invade 0.3 cm into a 1.9 cm thick myometrium. The posterior uterine serosal surface is remarkable for a 1 x 1 cm area of adhesions. The endocervical canal and ectocervix is grossly unremarkable. The right adnexa measures 4.5 x 4 x 1.5 cm and is remarkable for a 4.1 x 0.5 cm fallopian tube with several large paratubal cysts with a smooth transparent lining measuring 2.2 cm in greatest dimension. No definite right ovarian tissue is identified. The left adnexa measures 5 x 3.5 x 1 cm and consists of a 5.5 x 0.4 cm fimbriated fallopian tube and a 2.2 x 0.7 x 0.7 cm grossly unremarkable ovary. The left adnexa is remarkable for a 3 x 1.5 cm area of adhesions contiguous with those of the uterine serosa. Representative sections are submitted as follows:

- A1-3- representative sections of tumor at deepest invasion
- A4- anterior cervix and lower uterine segment
- A5- posterior cervix and lower uterine segment
- A6- representative serosal and left adnexal adhesions
- A7- representative right fallopian tube and paratubal cyst lining
- A8- potential right ovary tissue
- A9- left ovary and fallopian tube

B. "Cul-de-sac nodule", received fresh and placed in formalin at [REDACTED] is a 2.5 x 2 x 0.3 cm aggregate of tan-brown soft tissue which is entirely submitted in block B1.

Dr. /Dr. /slides to Dr.

## MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

## PATHOLOGIC STAGE:

PROCEDURE: Hysterectomy, bilateral salpingo-oophorectomy

PATHOLOGIC STAGE (AJCC 6th Edition): pT3b pNX 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, CERVIX, BILATERAL TUBES AND OVARIES (HYSTERECTOMY AND SALPINGO-OOPHORECTOMY):

ADENOCARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: ANTERIOR FUNDUS

HISTOLOGIC TYPE: ENDOMETRIOID

UUID:1EF2CB28-A515-4E9D-9148-CC1A2DF77F60  
TCGA-B5-A11U-01A-PR

Redacted



FIGO GRADE: 3 OF 3 (POORLY DIFFERENTIATED)  
TUMOR SIZE: 2.8 CM.  
MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.5 CM, IN A 2.2 CM THICK WALL.  
LYMPHATIC/VASCULAR INVASION: PRESENT.  
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ABSENT  
REMAINING MYOMETRIUM: LEIOMYOMA, 3 MM  
CERVIX: FREE OF TUMOR  
SEROSA: FREE OF TUMOR  
UTERUS WEIGHT: 103 GRAMS.  
SPECIMEN MARGINS: NOT INVOLVED

RIGHT AND LEFT OVARIES: ADHESIONS AND BENIGN SEROUS CYSTS.  
RIGHT AND LEFT FALLOPIAN TUBES: NO PATHOLOGIC DIAGNOSIS  
NO EVIDENCE OF MALIGNANCY.

B. CUL-DE-SAC NODULE (EXCISION):

METASTATIC POORLY DIFFERENTIATED ENDOMETRIOID ADENOCARCINOMA.

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:

NOTE: The tumor is unreactive for synaptophysin and chromogranin. The diagnosis remains unchanged.

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]