

Redacted



Sex: Female  
D.O.B.:  
MRN #  
Ref Physician

SPECIMEN INFORMATION

Collected: Accession #  
Received: Acct / Reg #  
Reported:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

A. Omentum, excision:  
Negative for malignancy.

B. Uterus, bilateral adnexa, hysterectomy with bilateral salpingo-oophorectomy:  
Tumor Characteristics:

1. Histologic type: Serous adenocarcinoma of endometrium.
2. Histologic grade: High.
3. Tumor site: Endometrium.
4. Tumor size: 2.7 by 2.5 cm.
5. Myometrial invasion: Not identified.
6. Involvement of cervix: Not identified.
7. Extent of involvement of other organs: Invasive carcinoma not present although lymphovascular space invasion is, see below.
8. Lymphovascular space invasion: Extensive lymphovascular space invasion throughout myometrium as well as within the left ovary.

Surgical Margin Status:

1. Margins uninvolved: Uterine serosa, parametria, cervix.
2. Margins involved: None.

Lymph Node Status:

1. See parts C-F.
- Other:
1. Other significant findings: Bilateral ovaries and fallopian tubes with small hyalinized nodule of left ovary.
2. pTNM stage: pT1a N2 (FIGO IIIC2).

C. Left paraaortic lymph nodes, excision:  
Six lymph nodes, negative for metastatic disease.

D. Left pelvic lymph nodes, excision:  
One of seventeen lymph nodes positive for metastatic carcinoma.

E. Right pelvic lymph nodes, excision:  
One of 26 lymph nodes positive for metastatic carcinoma.

F. Left paraaortic lymph nodes, excision:  
Six of eight lymph nodes positive for metastatic carcinoma.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Tumors		X
Case is (Type):	QUALIFIED	DISQUALIFIED
Reviewed by:	10/25/11	

Electronic Signature:

COMMENTS:

Appropriately controlled immunohistochemical staining performed on block B7 for P53 is strongly positive in tumor cells consistent with serous carcinoma.

CLINICAL INFORMATION

## CLINICAL INFORMATION

### CLINICAL HISTORY:

Preoperative Diagnosis: Uterine carcinoma

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

### SPECIMENS:

- A. Omentum
- B. Uterus, cervix, bilateral tubes and ovaries
- C. Left paraaortic lymph nodes
- D. Left pelvic lymph nodes
- E. Right pelvic lymph nodes
- F. Right paraaortic lymph nodes

## SPECIMEN DATA

### GROSS DESCRIPTION:

A. Part A received in formalin labeled \_\_\_\_\_ and #1 omentum, is a 42.3 x 16.3 x 1.2 cm irregular fibroadipose tissue consistent with omentum. The cut surface consists of predominantly yellow lobulated adipose tissue with a scant amount of gray white fibrous tissue. No lesions are identified. The specimen is serially sectioned and representative sections are submitted in blocks 1-4 labeled \_\_\_\_\_

B. Part B received labeled \_\_\_\_\_, and #2 uterus, cervix, bilateral S&O, is an 88 gram previously opened hysterectomy specimen consisting of a 5.4 x 4.5 x 2.7 cm uterine body and an attached 4.3 x 3.5 x 2.7 cm cervix. The bilateral adnexa are attached to the cornus.

The serosa is smooth and tan pink. The ectocervix is smooth, focally hemorrhagic and gray white with a 0.7 cm slit-like os, and is surrounded by gray white vaginal mucosa. The endocervical canal is tan and approximately 1.8 cm in length. The endometrial cavity is approximately 0.8 cm from cornu to cornu and 2.1 cm in length. There is a 2.7 x 2.5 cm polypoid tan red mass in the anterior fundus. The mass does not extend into the lower uterine segment. The mass does not appear to involve the underlying myometrium. The uninvolved endometrium is granular tan red and averages 0.1 cm in thickness. The myometrium is trabeculated tan pink and averages 1.8 cm in thickness. There are three intramural whorled gray white dense nodules ranging from 0.4 to 1.8 cm in greatest dimension. No areas of hemorrhage or necrosis are identified in the nodules.

The 2.6 x 1.3 x 0.7 cm left ovary has a lobulated tan yellow outer surface. The cut surface is tan pink with gray white corpora albicans and a 0.9 cm smooth lined gray white hardened cyst. The attached 3.8 x 0.5 cm fimbriated left fallopian tube has a tan pink serosa and a pinpoint lumen.

The 2.3 x 1.7 x 0.7 cm right ovary has a lobulated tan yellow outer surface. The cut surface is tan pink with gray white corpora albicans. The attached 2.9 x 0.5 cm fimbriated fallopian tube has a tan pink serosa and a pinpoint lumen.

The specimen is inked, serially sectioned and representative sections are submitted as labeled: 1—anterior cervix; 2—posterior cervix; 3—anterior lower uterine segment; 4—posterior lower uterine segment; 5 and 6—full thickness endometrial mass in each; 7 and 8—mass to underlying myometrium in each; 9—uninvolved endomyometrium; 10—myometrial nodules; 11—left parametrium; 12—right parametrium; 13—hardened area of left ovary, following decalcification; 14—left ovary and fallopian tube; 15—right ovary and fallopian tube. The blocks are labeled \_\_\_\_\_

Also received in the same container is a green, blue and yellow cassette labeled \_\_\_\_\_ for genomic research study.

C. Part C received in formalin labeled \_\_\_\_\_ and #3 left paraaortic lymph nodes, is a 4.9 x 1.7 x 0.8 cm irregular fibroadipose tissue bearing multiple irregular tan yellow firm tissues consistent with probable lymph nodes ranging from 0.3 x 0.3 x 0.2 cm to 2.8 x 1.3 x 0.7 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1—four whole probable lymph nodes; 2—one lymph node bisected; 3 to 5—one lymph node trisected. The blocks are labeled \_\_\_\_\_

D. Part D received in formalin labeled \_\_\_\_\_ and #4 left pelvic lymph nodes, is an 8.8 x 5.7 x 1.5 cm aggregate of fibroadipose tissue bearing multiple irregular tan yellow firm tissues consistent with probable lymph nodes ranging from 0.3 x 0.2 x 0.2 cm to 4.4 x 1.7 x 0.8 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1—two whole probable lymph nodes; 2 and 3—three whole probable lymph nodes in each; 4 to 8—one lymph node bisected in each; 9 and 10—one lymph node bisected; 11 and 12—one lymph node bisected; 13 to 15—one lymph node trisected; 16 to 19—one lymph node serially sectioned. The blocks are labeled \_\_\_\_\_

E. Part E received in formalin labeled \_\_\_\_\_ and #5 right pelvic lymph nodes, is a 7.7 x 7.4 x 1.9 cm aggregate of fibroadipose tissue bearing several irregular tan yellow firm tissues consistent with probable lymph nodes ranging from 0.3 x 0.3 x 0.2 cm to 5.4 x 1.3 x 0.5 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1 and 2—four whole probable lymph nodes in each; 3 and 4—three whole probable lymph nodes in each; 5 to 11—one lymph node bisected in each; 12 and 13—one lymph node bisected; 14 and 15—one lymph node bisected; 16 to 19—one lymph node serially sectioned; 20 to 23—one lymph node serially sectioned; 24 to 28—one lymph node serially sectioned. The blocks are labeled \_\_\_\_\_

F. Part F received in formalin labeled \_\_\_\_\_ and #6 right paraaortic lymph nodes, is a 4.8 x 4.4 x 0.7 cm aggregate of fibroadipose tissue measuring multiple irregular tan yellow firm tissues consistent with probable lymph nodes ranging from 0.8 x 0.7 x 0.4 cm to 3.8 x 1.4 x 0.6 cm. The specimen is sectioned and representative sections are submitted to include the lymph nodes in their entirety as labeled: 1—two whole probable lymph nodes; 2 to 6—one lymph node bisected in each; 7 to 10—one lymph node serially sectioned. The blocks are labeled \_\_\_\_\_