



RUN DATE:
 RUN TIME:
 BY:

PATIENT: 1 ACCT #: LOC: U#: 1
 AGE/SX: /F RM/BED: REG:
 REG DR: STATUS: TLOC: DIS:

SPEC #: Obtained:
 STATUS: Received: 1

Subm Dr:

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	10/29/11	
Date Reviewed	10/29/11	

CLINICAL HISTORY:

ENDOMETRIAL CANCER;
 OUCI TISSUE CONSENT

SPECIMEN/PROCEDURE:

1. LYMPH NODE - LEFT PARA-AORTIC; LAP.ASST'D VAG.HYST.RADICAL W/NODE DISSECTION
2. LYMPH NODE - RIGHT PARA-AORTIC
3. LYMPH NODE - RIGHT PELVIC
4. LYMPH NODE - LEFT PELVIC
5. UTERUS - WITH CERVIX, BILATERAL TUBES AND OVARIES

IMPRESSION:

- 1) LYMPH NODE, LEFT PARA-AORTIC, DISSECTION:
Two lymph nodes negative for metastasis [0/2].
- 2) LYMPH NODE, RIGHT PARA-AORTIC, DISSECTION:
Three lymph nodes negative for metastasis [0/3].
- 3) LYMPH NODE, RIGHT PELVIC, DISSECTION:
Six lymph nodes negative for metastasis [0/6].
- 4) LYMPH NODE, LEFT PELVIC, DISSECTION:
Four lymph nodes negative for metastasis [0/4].
- 5) UTERUS WITH CERVIX, BILATERAL TUBES AND OVARIES; HYSTERECTOMY AND SALPINGO-OOPHORECTOMY:
 Endometrial adenocarcinoma, endometrioid type with squamous differentiation, FIGO grade II, nuclear grade 2, with myometrial invasion about 90% with multifoci of lymphovascular invasion. (See Checklist).
 The tumor is less than 0.1 cm away from posterior serosal margin.
 No residual dysplasia of cervix identified.
 Changes consistent with previous surgical site of cervix.
 No diagnostic evidence of endocervical involvement of endometrioid carcinoma.
 Leiomyomas of myometrium (up to 1.0 cm).
 Adenomyosis.
 Ovaries, bilateral with physiologic changes. No malignancy identified.
 Bilateral fallopian tubes without malignancy identified.

ENDOMETRIAL CARCINOMA CHECKLIST

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1CB-0-3

adenocarcinoma, endometrioid, NOS 8380/3

Site: Endometrium C54.1

10/29/11

IMPRESSION: (continued)MACROSCOPICSPECIMEN TYPE
HysterectomyTUMOR SITE

Specify location(s), if known: Fundus and body, endometrial cavity

TUMOR SIZE

Greatest dimension: 4.0 x 3.0 x 1.6 cm

OTHER ORGANS PRESENT

Right ovary
Left ovary
Right fallopian tube
Left fallopian tube

MICROSCOPICHISTOLOGIC TYPE

Endometrioid adenocarcinoma, with squamous differentiation

HISTOLOGIC GRADE

G2: 6% to 50% nonsquamous solid growth

MYOMETRIAL INVASION

Invasion present

Maximal depth of myometrial invasion: 18.0 mm

Thickness of myometrium in area of maximal tumor invasion: 19.0 mm

The % of myometrial involvement: 91%

EXTENT OF INVASIONPRIMARY TUMOR (pT)

TNM (FIGO)

pT1c (IC): Tumor invades one-half or more of the myometrium

REGIONAL LYMPH NODES (pN)

TNM (FIGO)

pN0: No regional lymph node metastasis

Number examined: 15

DISTANT METASTASIS (pM)

TNM (FIGO)

pMX: Cannot be assessed

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IMPRESSION: (continued)**MARGINS**

Uninvolved by invasive carcinoma

Distance of invasive carcinoma from closest margin: <1.0 mm

(Specify margin[s]): Posterior serosa of uterus

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)

Present

ADDITIONAL PATHOLOGIC FINDINGS

Adenomyosis

Leiomyomas

Pathologic TNM (AJCC 6th Edition): pT1c N0 M0

Dictated by:

Entered:

COMMENT:

Case reviewed at the Surgical Pathology Consensus Conference.

Entered:

GROSS DESCRIPTION:

- 1) Received in formalin, labeled "left para-aortic lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 2.5 x 2.0 x 1.0 cm. The specimen is dissected for lymph nodes, there are two pink-tan ovoid lymph nodes identified, 0.8 x 0.4 x 0.2 cm and 1.5 x 1.4 x 0.2 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 1A: One lymph node.

Cassette 1B: One lymph node.

- 2) Received in formalin, labeled "right para-aortic lymph node" and with the patient's name, is one irregular portion of yellow-tan lobulated adipose tissue, 4.8 x 2.5 x 0.5 cm. The specimen is dissected for lymph nodes, there are three pink-tan ovoid lymph nodes identified, ranging from 0.8 x 0.5 x 0.2 cm to 1.5 x 0.9 x 0.2 cm. All lymph node identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 2A: Two lymph nodes.

Cassette 2B: One lymph node.

- 3) Received in formalin, labeled "right pelvic lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 3.5 x

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GROSS DESCRIPTION: (continued)

3.0 x 1.5 cm. The specimen is dissected for lymph nodes, there are six pink-tan ovoid lymph nodes identified, ranging from 1.0 x 0.8 x 0.3 cm to 2.0 x 1.0 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 3A: Two lymph nodes.
Cassette 3B: Two lymph nodes, bivalved, one inked black.
Cassette 3C: Two lymph nodes, bivalved, one inked black.

- 4) Received in formalin, labeled "left pelvic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 5.0 x 3.5 x 1.5 cm. The specimen is dissected for lymph nodes, there are four pink-tan ovoid lymph nodes identified, ranging from 1.3 x 0.8 x 0.4 cm to 2.5 x 1.0 x 0.4 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 4A: One lymph node bivalved.
Cassette 4B: Two lymph nodes bivalved, one inked black.
Cassette 4C: One lymph node.

- 5) Received fresh, labeled with the patient's name, medical record number and "uterus with bilateral tubes and ovaries", is a 148 gram specimen including an unopened uterus (8.5 x 6.5 x 4.7 cm), right fallopian tube (6.5 cm in length x 0.8 cm in diameter), right ovary (3.3 x 2.8 x 1.2 cm), left fallopian tube (5.5 cm in length x 0.7 cm in diameter) and left ovary (2.5 x 2.5 x 1.3 cm). The exocervix is tan-brown and has a rough granular appearing mucosa and measures 3.3 x 1.7 cm. The external os is narrow and measures 0.2 cm in diameter. There is no attached parametrium. On bivalving the uterus the endocervical canal is 1.0 cm in length and appears tan-white to focal tan-brown. No gross lesions identified in the cervix. The endometrial cavity measures 5.3 cm in length and 3.0 cm from cornu to cornu. There is a polypoid, friable tan pink tumor with a papillary surface seen to expand the endometrial cavity, 4.0 x 3.0 x 1.6 cm. The tumor is grossly seen to extend more deeply, 1.6 cms in the anterior myometrium, 2.0 cms thickness. Also identified are two leiomyomas in the anterior body of the uterus, both leiomyomas are submucosal and measure 0.7 x 0.6 x 0.4 cm and 1.0 x 0.8 x 0.7 cm. Cut surface of both leiomyomas have a tan-white whorled bulging appearance. No areas of hemorrhage or necrosis are identified. The myometrium is tan-pink and measures 2.0 cm in maximum thickness. Both fallopian tubes are patent and have fimbriated ends. No gross lesions identified. Both ovaries have a smooth white outer surface and cut surface of bilateral ovaries shows multiple corpora albicantia. No other gross lesions are identified. A portion of the left fallopian tube and tumor were submitted for research purposes. The specimen is inked as follows: anterior fundus and body of uterus - blue, posterior fundus and body of uterus - black and entire cervix inked green. The cervix is amputated and the deep endocervical margin is inked yellow. The specimen is representatively sampled and submitted as follows:

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GROSS DESCRIPTION: (continued)**CASSETTE SUMMARY:**

Cassette 5A: Cervix, lower uterine segment, 12:00-1:00.
Cassette 5B: Cervix, lower uterine segment, 1:00-2:00.
Cassette 5C: Cervix, lower uterine segment, 2:00-3:00.
Cassette 5D, 5E: Cervix, lower uterine segment, 3:00-4:00.
Cassette 5G, 5H: Cervix, lower uterine segment, 4:00-5:00.
Cassette 5J, 5K: Cervix, lower uterine segment, 5:00-6:00.
Cassette 5L: Cervix, lower uterine segment, 6:00-7:00.
Cassette 5M: Cervix, lower uterine segment, 7:00-8:00.
Cassette 5N, 5P: Cervix, lower uterine segment, 8:00-9:00.
Cassette 5Q, 5R: Cervix, lower uterine segment, 9:00-10:00.
Cassette 5S, 5T: Cervix, lower uterine segment, 10:00-11:00.
Cassette 5U: Cervix, lower uterine segment, 11:00-12:00.
Cassette 5V-5Y: Anterior endomyometrium with tumor.
Cassette 5Z: Longitudinal sections of anterior endomyometrium with tumor.
Cassette 5AA-5DD: Posterior endomyometrium with tumor.
Cassette 5EE: Longitudinal sections posterior endomyometrium with tumor.
Cassette 5GG: Representative sections, right fallopian tube.
Cassette 5HH: Representative sections, right ovary.
Cassette 5JJ: Representative sections, left fallopian tube.
Cassette 5KK: Representative sections, left ovary.

Dictated by:

Entered:

COPIES TO:

Undefined Provider

CPT Codes:

LYMPH NODE, REGIONAL RESECT/ , UTERUS W/WO ADNEXAE, TUMOR-(

ICD9 Codes:

Resident Physician:

I have personally reviewed the material
(specimen/slide) and approve this final report.

Electronically Signed by: _____

** END OF REPORT **