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 RB Date Reviewed 5/19/11		

lw 4/3/11

Surgical Pathology Report

Final

ICD-O-3
adenocarcinoma, endometrioid NOS
8380/3
Site: endometrium C54.1
lw 6/3/11

FINAL

Patient Name
Address:
Gender:
DOB:

Service: Gynecology
Location:
Patient Type
Reported:

Physician(s):

DIAGNOSIS:
UTERUS, CERVIX, BILATERAL TUBES AND OVARIES, HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY
- -INVASIVE UNDIFFERENTIATED CARCINOMA, ARISING FROM MODERATELY DIFFERENTIATED ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE (SEE COMMENT)
- -THE CARCINOMA INVADES OUTER MYOMETRIUM, 17 MM OUT OF 23 MM MYOMETRIAL THICKNESS
- -LYMPHOVASCULAR SPACE INVASION PRESENT
- -CERVIX, NO EVIDENCE OF MALIGNANCY
- -BILATERAL OVARIES, NO EVIDENCE OF MALIGNANCY
- -BILATERAL FALLOPIAN TUBES, NO EVIDENCE OF MALIGNANCY

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides(and/or other material indicated in the diagnosis).

***Report Electronically Reviewed and Signed Out ***

Intraoperative Consultation:
An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up a 'uterus, cervix, bilateral fallopian tube, and ovaries' and consists of a 162.75 gm hysterotomy plus bilateral salpingo-oophorectomy specimen measures 10 x 8 x 4 cm, open to show an exophytic red-tan partially necrotic mass measuring 5 x 4 cm associated with the endometrial cavity. The mass appears to invade into the outer half of the myometrium," by

Microscopic Description and Comment:
The specimen shows areas of moderately differentiated adenocarcinoma, endometrioid type adjacent to the undifferentiated component, that represents most of the tumor. A few areas show a neuroendocrine and neuroectodermal morphology. Immunostains reveal that the tumor shows very focal staining for synaptophysin, and CD99, and diffuse staining for NSE. Stains for chromogranin, neurofilaments and cytokeratin 5/6 are negative. This

findings suggests but do not entirely support a neuroendocrine and neuroectodermal differentiation.

History:
The patient is a . /ear old with endometrial carcinoma. Operative procedure: Examination under anesthesia with exploratory laparotomy with total abdominal hysterectomy with bilateral salpingo-oophorectomy.

Specimen(s) Received:
A: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES

Gross Description:
The specimen is received in a formalin-filled container labeled and "uterus, cervix, bilateral fallopian tubes, plus ovaries." It holds a 162.75 gm that measures 8 cm from fundus to ectocervix, 4 cm from cornu to cornu and 6 cm from anterior to posterior. The ectocervical surface is tan, glistening and shiny. The 3.5 x 2.8 x 2.5 cm cervix has a 2.3 x 2.5 cm ectocervix and a 1 cm external os. The 4 x 1.5 cm endocervical canal is pink and tan. The endometrial cavity has exophytic, yellow-tan, partially necrotic mass that measures 5 x 4 x 3 cm. The tumor is 0.4 cm from the outer surface margin. The mass appears to be invading more than 70% of the myometrium. The mass appears to be invading the upper part of the lower uterine segment. Sectioning shows endometrial lining up to 0.1 cm and maximum myometrial thickness is 2 cm. The 1.5 x 1 x 1 cm attached left ovary has a tan-brown outer surface. Cut section shows normal ovarian parenchyma. The 3 x 0.5 x 0.4 cm attached fallopian tube has a tan-brown surface. Cut sections show a pinpoint lumen. The 1.5 x 1 x 1 cm attached right ovary has a lown-brown surface. Cut sections show normal ovarian parenchyma. The 2.5 x 0.3 x 0.5 cm attached right fallopian tube has a tan-brown surface. Cut sections show a pinpoint lumen. Labeled A1 and A2 - anterior posterior cervix; A3 and A4 - anterior posterior endomyometrium; A5 to A8 - anterior endomyometrium with the tumor (A6 and A8) maximum invasion on the endomyometrium; A9 to A12 - posterior endomyometrium of the tumor; A13 and A14 - left adnexa; A15 and A16 - right adnexa. Jar 2.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS
UTERUS, ENDOMETRIUM

HISTOPATHOLOGIC TYPE
The histologic diagnosis is undifferentiated adenocarcinoma endometrioid per "Diagnosis" (pg 1 of 3).

FIGO GRADE
The FIGO Grade of the tumor is 51 to 100% solid growth pattern (FIII)

TUMOR INVASION
Invasive tumor is present with invasion of the outer 1/3 of the myometrium

TUMOR SIZE
The tumor invades to a depth of 17 mm
The myometrial thickness is 23 mm

LOWER UTERINE SEGMENT INVOLVEMENT
(does not change the stage)
The lower uterine segment is not involved by tumor

ENDOCERVICAL INVOLVEMENT
The endocervix is not involved by tumor

LYMPHVASCULAR SPACE INVASION
Lymphvascular space invasion by tumor is present but limited in scope

REGIONAL LYMPH NODES (N)
Regional lymph nodes cannot be assessed (NX)

DISTANT METASTASIS (M)
Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)
Tumor invades one-half or more of the myometrium (T1c/IC)

STAGE GROUPING
The overall pathologic AJCC stage of the tumor is T1c/N0/M0 (Stage IC)

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

Surgical Pathology report is available on-line a

END OF REPORT