

1CD-0-3

adenocarcinoma, serous, NOS 8441/3

Site: endometrium C54.1

hw 4/27/11

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#### SURGICAL PATHOLOGY REPORT

#### SPECIMEN

- A. Uterus, cervix, bilateral tubes and ovaries.
- B. Omentum
- C. Left pelvic lymph node
- D. Right pelvic lymph node
- E. Para-aortic lymph node
- F. Right peritoneal biopsy
- G. Left peritoneal biopsy

#### CLINICAL NOTES

PRE-OP DIAGNOSIS: Endometrial cancer  
POST-OP DIAGNOSIS: Same.

#### GROSS DESCRIPTION

A. Received fresh for tissue procurement, labeled "uterus, cervix, bilateral tubes and ovaries" is an 80 gm, 5.3 x 4.8 x 4.2 cm symmetrical uterine corpus with attached 3 cm cervix and bilateral adnexa. The serosa is smooth tan-pink-red with a few delicate tan-pink fibrous adhesions along the posterior aspect. The annular 2.6 cm tan-pink ectocervix surrounds a 0.5 x 0.25 cm ovoid patent os. Endocervical mucosa is mildly trabecular tan-pink. The triangular 4 x 3.6 cm uterine cavity is lined by focally papilliferous tan-pink endometrium. No tissue procurement is performed. On sectioning, the papilliferous portion of the endometrium appear in keeping with a lesion with a maximal thickness of 1.4 cm, grossly extending greater than 2/3s of the endometrium posteriorly. The remaining presumptively uninvolved endometrium is flat and averages 0.1 cm in thickness. The myometrium is smooth, pale tan and measures up to 2 cm in thickness. A few well-circumscribed, rubbery whorled tan-white leiomyomata measuring up to 1.5 cm in greatest dimension are present. Bilaterally, the cerebriiform pale tan-gold ovaries average 2.1 x 1.5 x 1.1 cm. Stroma of both ovaries is pale tan with identifiable corpora albicantia. The left ovary contains a single, smooth-lined cyst measuring 0.7 cm. No tubal tissue is identified grossly. Representative sections are submitted in 15 blocks as labeled.

BLOCK SUMMARY: 1 - Anterior cervix; 2 - anterior LUS (point of continuity with the cervix inked blue); 3-6 - representative anterior endomyometrium full thickness sequentially from fundus to LUS; 7 - posterior cervix; 8 - posterior LUS (point of continuity with the cervix inked orange); 9-12 - posterior endomyometrium sequentially from fundus to LUS; 13 - leiomyoma not previously represented; 14 - right ovary; 15 - left ovary.

B. Received fresh subsequently fixed in formalin, labeled "omentum" is a portion of omentum which is yellow lobular and fatty. This has an aggregate measurement of 14 x 10 x 7 cm. The specimen is sectioned and palpated to show no discrete gross lesions identified. Representative sections of the specimen are submitted in 8 cassettes.

C. Received fresh subsequently fixed in formalin labeled "left pelvic lymph node" is a 5.5 x 5.5 x 3.0 cm. aggregate of yellow lobular fatty tissue fragments which are palpated to identify possible lymph nodes which ranged from 0.8 cm. to 5.5 cm. in greatest dimension. Lymph nodes are entirely submitted as

follows: block 1 - two possible lymph nodes; block 2 and 3 - one possible lymph node bisected, one half in each; 4 and 5 - one possible lymph node bisected, one half in each; 6-8 - one possible lymph node sectioned.

D. Received fresh subsequently fixed in formalin labeled "right pelvic node" is a 6.5 x 6.5 x 2.5 cm. aggregate of yellow lobular fatty tissue fragments which are palpated to identify. Lymph nodes range from 0.7 cm. to 4.0 cm. in greatest dimension and are entirely submitted as follows: block 1 - four possible lymph nodes; block 2 - one possible lymph node bisected; block 3 and 4 - one possible lymph node bisected, one half in each; block 5-7 - one possible lymph node trisected one-third in each.

E. Received fresh subsequently fixed in formalin labeled "para-aortic nodes" are multiple yellow lobular fatty tissue fragments which have an aggregate measurement of 4.0 x 3.5 x 2.2 cm. The specimens are palpated to identify in 3 cassettes. AS-3.

F. Received in formalin labeled "right peritoneal biopsy" is a 2.5 x 1.7 x 1.2 cm. yellow lobular fatty tissue fragment. The specimen is bisected to show a yellow lobular fatty cut surface is entirely submitted in one cassette. 1.

G. Received fresh subsequently fixed in formalin labeled "left peritoneal biopsy" is a 3.5 x 1.5 x 0.6 cm. yellow lobular fatty tissue fragment which is bisected to show yellow lobular fatty cut surface, no discrete gross lesions identified. The specimens are entirely submitted in one cassette.

#### MICROSCOPIC DESCRIPTION

A-G. Microscopic examination of the hysterectomy specimen with staging specimens reveals:

Histologic type: Serous adenocarcinoma of the endometrium.

Histologic grade: FIGO III.

Myometrial invasion: Present.

12 mm depth of invasion

15 mm depth of myometrial thickness

80% of myometrial wall

Cervix: Negative for tumor.

Primary tumor (pT) TNM (FIGO): pT1b (FIGO IIIC1).

Margins of resection: Negative for tumor.

Vascular invasion: Very prominent lymphatic and venous space invasion is

identified best seen in blocks A11 and A12.

Regional lymph nodes (pN): Metastatic serous carcinoma is identified in

slide C3. This metastatic tumor measures 3 mm in greatest dimension.

No extranodal tumor is identified. In the left pelvic lymph nodes, one

of three lymph nodes is positive for metastatic tumor. In the right

pelvic lymph nodes all seven lymph nodes are negative for metastatic

tumor. In the periaortic lymph nodes, all three lymph nodes are

negative for metastatic tumor. (pN1).

Distant metastasis (pM): Could not evaluate. (pMX).

Other findings: The omentum is negative for metastatic tumor and the right and left peritoneal biopsies are negative for metastatic tumor. The bilateral ovaries are negative for metastatic tumor and are notable for adhesions and dilated cortical inclusion glands. No fallopian tubes are identified. Benign hyalinized leiomyomata are present.

5x1, 3x3, 4x3

DIAGNOSIS

- A. Uterus, cervix, bilateral ovaries, excision:  
 Serous carcinoma of the endometrium, invasive of 80% of the myometrium.  
 Cervix negative for tumor.  
 Benign leiomyomata, benign serosa, benign bilateral ovaries.  
 No fallopian tube tissue present.  
 Prominent lymphovascular space invasion present.
- B. Omentum, resection:  
 Negative for malignancy.
- C. Left pelvic lymph nodes, dissection:  
 Metastatic serous carcinoma identified in one of three lymph nodes (1/3).
- D. Right pelvic lymph nodes, dissection:  
 Seven lymph nodes negative for metastatic tumor (0/7).
- E. Periaortic lymph nodes, dissection:  
 Three lymph nodes negative for metastatic tumor (0/3).
- F. Right peritoneal biopsy:  
 Negative for malignancy.
- G. Left peritoneal biopsy:  
 Negative for malignancy.

Comment: Overall staging pT1b N1 (FIGO IIIC1).

Electronic Signature)

--- End Of Report ---

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
Histology Discrepancy		
Prior Malignancy History		
Qual/Syn/Judicious Primary Noted		
Case is (Circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 4/27/14	