

Redacted

ICD-0-3

Adenocarcinoma, Endometrioid, NOS 8380/3

Site: Endometrium C54.1 2/25/11

Surg Path

CLINICAL HISTORY:

Endometrial adenocarcinoma, FIGO grade I, possible clear cell differentiation.

GROSS EXAMINATION:

A. "Uterus, bilateral tubes and ovaries (AF1)", received for frozen section is a 210 gram, 11 x 7.5 x 5 cm uterus. The parametrial soft tissues are inked blue. The opened specimen exhibits a 3.5 x 2.2 x 2 cm, tan-yellow, polypoid mass arising from the lower anterior wall of the uterus. Sectioning the endomyometrium in this region reveals no gross evidence of myometrial invasion (A1-frozen, A2-3-full-thickness, A4-polyp from myometrium junction, A5-cross section of polyp). The myometrium underlying the tumor averages 2 cm thick. This mass does not involve the lower uterine segment or endocervix although there is a separate 1.6 x 0.4 x 0.4 cm tan, cervical polyp (A6-7). The remainder of the anterior endomyometrium (A8) is 0.2 cm thick with no additional masses. The posterior ecto and endocervix (A9) and posterior endomyometrium (A10) are also unremarkable. The right ovary (2.2 x 2 x 1.6) and tube (6 x 0.5 cm, transected) is unremarkable without additional masses (A11). The left ovary (2.4 x 2.2 x 1.6 cm) and tube (5 x 0.4 cm, transected) is also unremarkable with no focal lesions.

B. "Right pelvic nodes", received fresh and placed in formalin is a 3.5 x 3 x 2.5 cm aggregate of tan-yellow tissue. Six lymph nodes are identified, ranging from 0.4 to 1.6 cm in greatest dimension. The largest two lymph nodes are submitted in blocks B1-2, respectively. B3-4 each have two lymph nodes. The remainder of the specimen is submitted entirely in blocks B5-B7.

C. "Left pelvic nodes", received fresh and placed in formalin is a 4 x 3.5 x 3 cm fragment of tan-red tissue that is dissected for lymph nodes. Six lymph nodes are identified, the largest is 3 x 2 x 2 cm and extremely fatty. Four lymph nodes are submitted in C1, one lymph node bisected in C2, the largest lymph node entirely submitted in C3-7. The remainder of the specimen is submitted in C8-11.

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, bilateral tubes and ovaries": AF1- (anterior polypoid mass

base)- adenocarcinoma, FIGO
I, non-invasive (Dr.

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterosalpingo-oophorectomy and node dissection

PATHOLOGIC STAGE (AJCC 6th Edition): pT1a pN0 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

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (title)	QUALIFIED	DISQUALIFIED
Reviewed (initials)	3/1/11	

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, BILATERAL TUBES AND OVARIES (AF1)":

UTERUS: 210 GRAMS

ENDOMETRIUM:

TUMOR SITE: LOWER ANTERIOR FUNDUS

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA WITH EXTENSIVE SQUAMOUS
DIFFERENTIATION.

FIGO GRADE: 1

TUMOR SIZE: 3.5 X 2.2 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.0 CM, IN A 2 CM THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: NOT HYPERPLASTIC

REMAINING MYOMETRIUM: ADENOMYOSIS

CERVIX: NEGATIVE FOR TUMOR.

SEROSA: NEGATIVE FOR TUMOR.

SPECIMEN MARGINS: NOT INVOLVED

RIGHT AND LEFT FALLOPIAN TUBES: NEGATIVE FOR CARCINOMA

RIGHT AND LEFT OVARIES: NEGATIVE FOR CARCINOMA.

B. "RIGHT PELVIC LYMPH NODES" (DISSECTION):

EIGHT LYMPH NODES, NEGATIVE FOR CARCINOMA (0/8).

C. "LEFT PELVIC LYMPH NODES":

SEVEN LYMPH NODES, NEGATIVE FOR CARCINOMA (0/7).

COMMENT: All of the tissue from containers B and C has been submitted and
examined. Dr. . has reviewed portions of this case (including block A7).

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

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