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 5/31/11		

lw 6/10/11

Surgical Pathology Report

Final

ICD-O-3
adenocarcinoma, serous, NOS
8441/3
Site: endometrium C54.1
lw 6/10/11

SURGICAL PATHOLOGY REPORT
FINAL

Service:Gynecology

Patient Type: Reported:

Physician(s):

Other Related Clinical Data:
DIAGNOSIS:
UTERUS, ENDOMETRIUM, SUPRACERVICAL HYSTERECTOMY
- POORLY DIFFERENTIATED PAPILLARY SEROUS CARCINOMA
- ADENOCARCINOMA DIFFUSELY INVOLVES THE LOWER UTERINE SEGMENT
- SEE COMMENT AND SYNOPTIC
UTERUS, MYOMETRIUM, SUPRACERVICAL HYSTERECTOMY
- PAPILLARY SEROUS CARCINOMA BY DIRECT EXTENSION, INVADING TO A DEPTH OF 14 MM WHERE MYOMETRIAL THICKNESS IS 15 MM
- CARCINOMA EXTENDS INTO THE CAUTERY ARTIFACT AT THE LOWER UTERINE SEGMENT AND PARAMETRIAL MARGINS OF EXCISION
- EXTENSIVE LYMPHVASCULAR SPACE INVASION BY CARCINOMA IS IDENTIFIED
FALLOPIAN TUBE, RIGHT, SALPINGECTOMY
- POORLY DIFFERENTIATED PAPILLARY SEROUS CARCINOMA BY DIRECT EXTENSION
- SEE COMMENT
OVARY, RIGHT, OOPHORECTOMY
- NO HISTOPATHOLOGIC ABNORMALITY

"LEFT TUBE/OVARY," EXCISION
- FALLOPIAN TUBE WITH MUCOSAL PSAMMOMATOUS CALCIFICATIONS AND ASSOCIATED ACUTE AND CHRONIC INFLAMMATION
- NO OVARIAN PARENCHYMA IDENTIFIED (ENTIRE SPECIMEN SUBMITTED FOR MICROSCOPIC EXAMINATION)
OMENTUM, INFRA COLIC OMENTECTOMY
- REACTIVE MESOTHELIAL HYPERPLASIA

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).

Intraoperative Consultation:
An intraoperative non-microscopic consultation #1 was obtained and interpreted as: "Called to pick up 'right ovary,' consisting of a fallopian tube, measuring

6 cm that is dilated to a diameter of 1 cm for a length of 3.5 cm. Inked. Sectioned to show a papillary, sloughed mass filling the lumen. The ovary measures 1.8 x 1 x 0.4 cm and is UR. Portion of tube with mass frozen as FS1. Rest for permanents," by
An intraoperative non-microscopic consultation #2 was obtained and interpreted as: "Called to pick up 'uterus - FS,' consisting of 7.5 x 5.5 x 1.3 cm uterus, without an attached cervix. The uterus has previously been opened by the surgeon for tumor procurement . Tissue (unknown amount) was saved in the OR prior to the Fellow's arrival. Two 1 x 1 x 0.2 cm and a 2 x 2 x 0.6 cm polypoid lesion are noted in the endometrium. Section from 2 x 2 cm polyp is frozen as FS2. Rest for permanents,"
FS1: Fallopian tube, right, excision
- "Moderately differentiated adenocarcinoma."

FS2: Uterus, mass, biopsy
- "Adenocarcinoma, papillary serous type."

Microscopic Description and Comment:
Sections of the uterus show extensive papillary serous carcinoma, with invasion into the myometrium to a depth of 14 mm where the total myometrial wall thickness is 15 mm, and with extensive lymphovascular space invasion. In addition, carcinoma extends into the cautery artifact (that is, within 1 mm) at the lower uterine segment and parametrial soft tissue margins of excision. Sections of the right fallopian tube show involvement of the mucosa by papillary serous adenocarcinoma. Since the tumor involvement of the fallopian tube is continuous with the tumor arising in the uterus, we interpret the findings as evidence of direct extension of papillary serous tumor arising in the endometrium rather than as a second primary.
Sections of the omentum show several foci of reactive mesothelial hyperplasia, but no definitive evidence of metastatic tumor. has reviewed the sections of the omentum and concurs.

History:
The patient is a year old woman with a uterine mass. Operative procedure: EUA - supracervical TAH - BSO.
Specimen(s) Received:
A: RIGHT TUBE AND OVARY
B: UTERUS
C: LEFT TUBE AND OVARY
D: OMENTUM

Gross Description
The specimens are received in four formalin-filled containers each labeled The first container is labeled "right tube/ovary - FS1/X." It contains a white cassette that holds a 1.7 x 1.2 x 0.4 cm frozen section remnant of fallopian tube with the serosal surface inked in blue. Also in the container is a 9.9 gram, 6 cm long fallopian tube with attached ovary. The tube is dilated to a diameter of 1 cm for a length of approximately 3.5 cm. The ovary measures 1.8 x 1 x 0.4 cm. There are also two tan-white spherical tissue fragments in the container. The larger measures 0.8 cm in diameter and the smaller measures 0.5 cm in diameter. In the dilated segment of tube, the lumen is entirely occupied by a soft papillary mass. The serosal surface of the tube is inked in blue. The fimbriated end of the tube is easily identified. There is no grossly apparent tumor in the ovary. Sections are submitted as follows: A1 - FS1; A2 through A5 - sections of dilated fallopian tube containing mass; A6 and A7 - sections of fallopian tube uninvolved by mass; A8 through A11 - sections of ovary; A12 - sections of spherical tissue fragments. Jar 0.
The second container is labeled "uterus - FS2/X." It contains a 102.7 gram uterus without attached cervix. The size and appearance of the uterus are

consistent with the intraoperative consultation. The endometrial thickness is 0.2 cm and the myometrial thickness is 1.4 cm. The posterior surface of the endometrial cavity contains the exophytic polypoid masses described in the intraoperative consultation. The distal margin of the 2 x 2 cm polyp is located 2.1 cm from the distal resection margin of the specimen. Sections are submitted as follows: B1 - FS2; B2 through B7 - sections of posterior uterine wall containing polypoid masses; B8 through B12 - sections of anterior uterine wall. Jar 2.

The third container is labeled "left tube/ovary." It contains a tan-white segment of grossly unremarkable fallopian tube measuring 4.5 cm in length and 0.4 cm in diameter. The serosal surface of the tube is inked blue. There is a paratubal cyst measuring 1.0 x 0.4 x 0.3 cm attached to the surface of the tube. Opening the cyst reveals yellow, mucoid material. Serial sectioning of the tube reveals no gross lesions. Sections are submitted as follows: C1 - wall of paratubal cyst; C2 through C5 - serial sections of fallopian tube, with C2 representing the proximal end and C5 representing the fimbriated end. Jar 0.

The fourth container is labeled "omental biopsy." It contains a single yellow-tan omentum weighing 168.9 grams. There are no surface lesions apparent, and no tumor is identified on cut sections of the omentum. Labeled D1 through D5. Jar 2.

B. UTERUS:
SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE
The histologic diagnosis is adenocarcinoma, serous papillary type

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 14 mm
The myometrial thickness is 15 mm

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

ENDOCERVICAL INVOLVEMENT
The endocervix is not evaluable

LYMPHVASCULAR SPACE INVASION
Lymphvascular space invasion by tumor is present and widespread in scope

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

PRIMARY TUMOR (TNM Category/FIGO Stage)
Tumor involves serosa and/or adnexa (direct extension or metastasis) and/or cancer cells in ascites or peritoneal washings (T3a/IIIA)

STAGE GROUPING
Insufficient data to assign stage (Stage X)

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

The performance characteristics of some immunohistochemical stains, fluorescence in-situ hybridization tests and immunophenotyping by flow cytometry cited in this report (if any) were determined by the Surgical Pathology Department at as part of an ongoing quality assurance program and in compliance with federally mandated regulations drawn from the Clinical Laboratory Improvement Act of 1988 (CLIA '88). Some of these tests rely on the use of "analyte specific reagents" and are subject to specific labeling requirements by the US Food and Drug Administration. Such diagnostic tests may only be performed in a facility that is certified by the Department of Health and Human Services as a high complexity laboratory under CLIA '88. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. Nevertheless, federal rules concerning the medical use of analyte specific reagents require that the following disclaimer be attached to the report:

This test was developed and its performance characteristics determined by the Surgical Pathology Department of !. It has not been cleared or approved by the U. S. Food and Drug Administration.