

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

bw 6/10/11

Surgical Pathology Report

Final

ICD-0-3

adenocarcinoma, serous, NOS

8441/3

Site: Endometrium C54.1

bw 6/10/11

SURGICAL PATHOLOGY REPORT FINAL

Patient Name:

Address:

Service: Gynecology

Gender:

DOB:

Age:

Patient type:

Reported:

Physician(s):

Other Related Clinical Data:

DIAGNOSIS:

UTERUS, ENDOMYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY (C54)

- PAPILLARY SEROUS ADENOCARCINOMA, WITH FOCAL CLEAR CELL ADENOCARCINOMA (SEE SYNOPSIS)

- CARCINOMA INVADERS THE MYOMETRIUM TO A DEPTH OF 0.1 CM OUT OF A TOTAL MYOMETRIAL THICKNESS OF 0.8 CM

UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY

- NO EVIDENCE OF MALIGNANCY

UTERUS, MYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- LEIOMYOMA (1.7 CM IN GREATEST DIMENSION)

OVARY, LEFT, SALPINGO-OOPHORECTOMY

- METASTATIC ADENOCARCINOMA (0.3 CM IN GREATEST DIMENSION), WITH SURFACE AND PARENCHYMAL INVOLVEMENT

FALLOPIAN TUBE, LEFT, SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

- PARATUBAL CYST

OVARY, RIGHT, SALPINGO-OOPHORECTOMY

- METASTATIC ADENOCARCINOMA (0.15 CM IN GREATEST DIMENSION), INVOLVING OVARIAN SURFACE

FALLOPIAN TUBE, RIGHT, SALPINGO-OOPHORECTOMY

- ADENOCARCINOMA INVOLVING LUMINAL EPITHELIUM

LYMPH NODES, LEFT PELVIC, EXCISION

- NO EVIDENCE OF MALIGNANCY IN THIRTEEN LYMPH NODES (0/13)

LYMPH NODES, LEFT PERIAORTIC, EXCISION

- NO EVIDENCE OF MALIGNANCY IN FOUR LYMPH NODES (0/4)

LYMPH NODES, RIGHT PELVIC, EXCISION

- NO EVIDENCE OF MALIGNANCY IN FIFTEEN LYMPH NODES (0/15)

LYMPH NODES, RIGHT PERIAORTIC, EXCISION

- NO EVIDENCE OF MALIGNANCY IN TWO LYMPH NODES (0/2)

SOFT TISSUE, MECKEL'S DIVERTICULUM, EXCISION

- FRAGMENT OF SMALL BOWEL CONSISTENT WITH MECKEL'S DIVERTICULUM

OMENTUM, OMENTECTOMY

- 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).

Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'uterus, cervix, bilateral ovaries and tubes,' consisting of mentioned parts. Uterus and cervix measure 8 x 4.5 x 2.5 cm and weigh 84 grams.

The bilateral adnexae are unremarkable. Opened to show a tan lobulated mass filling the endometrial cavity and mostly attached to anterior endometrium measuring 2.3 x 2 x 0.8 cm. Tumor also seen on posterior endometrium measuring 1.3 x 0.5 x 0.5 cm, and 0.8 x 0.4 x 0.4 cm. The endocervical canal and lower uterine segment are unremarkable. The serosa is unremarkable. Tumor and normal given to and tumor bank. Rest for permanents," by

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

History:

The patient is a year old woman with clinical history of papillary serous carcinoma.

Specimen(s) Received:

- A: TUBES, OVARIES, CERVIX, AND UTERUS
- B: LYMPH NODE, LEFT PELVIC
- C: LYMPH NODES, LEFT PERIAORTIC
- D: LYMPH NODES, RIGHT PELVIC
- E: MECKEL'S DIVERTICULUM
- F: LYMPH NODE, RIGHT PERIAORTIC
- G: OMENTUM

Gross Description

The specimens are received in seven formalin-filled containers, each labeled

The first container is labeled "uterus, cervix, bilateral ovaries and tubes." It contains a previously bivalved uterus with attached bilateral adnexa (84 gms, 8.0 x 4.5 x 2.5 cm). The anterior endometrial cavity shows a polypoid irregular tan mass (2.3 x 2.0 x 0.8 cm) which occupies the majority of the fundus and upper uterine cavity. The lower uterine segment and endocervical canal are grossly unremarkable. The posterior endometrium shows an additional nodule (1.3 x 0.5 x 0.5 cm). The posterior myometrium shows a well circumscribed firm, tan-yellow mass in the myometrium (1.7 x 1.5 x 1.5 cm). The left ovary (1.5 x 1.0 x 1.0 cm) shows tan cerebriiform external surface. Cut sections are tan with a 0.5 cm simple cyst. The left fallopian tube (3.0 x 0.8 cm) shows a smooth and glistening purple serosal surface with multiple paratubal cysts, ranging from 0.2 to 0.3 cm. The right ovary (1.5 x 1.0 x 1.0 cm) similarly shows a tan cerebriiform surface, with an unremarkable tan cut surface as well. The right fallopian tube (4.0 cm long and 0.8 cm in maximum diameter) shows two paratubal cysts, proximally, measuring 0.1 to 0.3 cm. The rest of the serosal surface is unremarkable. Labeled A1 - anterior ecto and endocervix; A2 - anterior lower uterine segment; A3 - anterior endometrium and myometrium; A4 to A6 - tumor in the anterior endometrium, submitted entirely; A7 - posterior ecto and endocervix; A8 - posterior lower uterine segment and myometrial lesion; A9 - posterior endometrium and myometrium with myometrial nodule; A10, A11 - additional nodule in the posterior endometrium submitted entirely; A12 - myometrial nodule; A13 - left ovary; A14 - left fallopian tube; A15 - right ovary; A16 - right fallopian tube. Jar 3.

The second container is labeled "left pelvic lymph nodes." It contains multiple fragments of fibroadipose tissue (5.0 x 4.0 x 1.2 cm). Several lymph nodes are

identified and submitted entirely. Labeled B1 - two lymph nodes; B2 - four lymph nodes; B3 - four lymph nodes. Jar 1.
 The third container is labeled "left periaortic node." It contains fragments of fibroadipose tissue with one lymph node (2.0 x 1.5 x 0.5 cm in aggregate dimensions, and the lymph node measuring 1.5 x 1.2 x 0.5 cm). The lymph node is submitted entirely. Two additional small lymph nodes are also identified within the specimen. Submitted entirely. Labeled C1 - three lymph nodes. Jar 0.
 The third container is labeled "right pelvic nodes." It contains multiple fragments of fibroadipose tissue (7.5 x 4.5 x 2.0 cm in aggregate). Multiple lymph nodes are identified, the largest measuring 2.5 cm in greatest dimension. Submitted entirely. Labeled D1 - one lymph node, bisected; D2 - five lymph nodes; D3 - four lymph nodes. Jar 1.
 The fifth container is labeled "diverticulum." It contains a rounded fragment of bowel with a smooth serosa (2.5 x 2.0 x 1.5 cm). One end is stapled and the opposite end is blind. Cut sections reveal a yellow-tan unremarkable mucosal surface. Labeled E1, E2. Jar 1.
 The sixth container is labeled "right periaortic node." It contains a fragment of fibroadipose tissue (3.0 x 1.5 x 0.8 cm) with one large lymph node (1.5 x 1.2 x 0.8 cm); a smaller lymph node is also identified (0.5 cm). Submitted entirely. Labeled F1. Jar 0.
 The seventh container is labeled "omentum." It contains a fragment of fibroadipose tissue (29.0 x 11.0 x 1.5 cm). Grossly, no visible nodules or lesions are identified. Labeled G1 to G5. Jar 3.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, mixed type clear cell and serous

FIGO GRADE
 high-grade

< 5% clear cell per TSS

TUMOR INVASION

Invasive tumor is present with superficial invasion into the luminal 1/3 of the myometrium

TUMOR SIZE

The tumor invades to a depth of 1 mm
 The myometrial thickness is 8 mm

ENDOCERVICAL INVOLVEMENT

The endocervix is not involved by tumor

LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is absent

REGIONAL LYMPH NODES (N)

No regional lymph node metastasis (N0)

The regional lymph nodes are free of tumor in 34 nodes

The regional lymph nodes are involved by tumor in 0 nodes

The total number of lymph nodes examined is 34

DISTANT METASTASIS (M)

Distant metastasis cannot be assessed (MX)

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

The overall pathologic AJCC stage of the tumor is T3a/N0/Mx

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