

SLIDE DISPOSITION:

100-0-3

adenocarcinoma indometriord, Nos (8380/3)
mixed in charcell, Nos (8310/3) = code to higher

8380/3 Site: Indometrium C54.1

hw 10/21/11

DIAGNOSIS:

A. Uterus, right and left ovaries and fallopian tubes, hysterectomy, and bilateral salpingo-opphorectomy: FIGO grade III (of III) endometrial adenocarcinoma, 3.5 x 2.0 x 0.8 cm, mixed endometrial and clear cell types, — circumferentially involving the endometrial cavity. The tumor invades 0.4 cm into the myometrium (total wall thickness <u>2.4</u> <u>cm)</u>. The tumor does not involve the endocervix. Lymphovascular space invasion is not identified. The margins are negative for tumor.

Macro dissecting out ce type -< 10 % 10/21/4

With available surgical material [AJCC pT1 a] (7th edition, 2010).

The left ovary and fallopian tube shows adenocarcinoma FIGO grade <u>III</u> (of III), <u>mixed endometrioid and clear</u> <u>cell types</u>, measuring 3.2 x 2.7 x 2.2 cm cystic and solid mass. The tumor involves the surface of the left ovary. Tumor implants are present on the right ovary and uterine cul de sac.

with available surgical material [AJCC pT2 bN1] (7th edition, 2010).

- B. Lymph nodes, right pelvic, dissection: A <u>single (1/16)</u> <u>lymph node is positive</u> for tumor.
- C. Lymph nodes, left pelvic, dissection: Multiple (18) lymph nodes are negative for tumor.
- Omentum, omentectomy: Negative for tumor.
- Gonadal vessels, right, excision: Negative for tumor.
- F. Lymph nodes, right para-aortic, dissection: Multiple (13) lymph nodes are negative for tumor.
- G. Gonadal vessels, left, excision: Negative for tumor.
- H. Lymph nodes, left para-aortic, biopsy: Multiple (6) lymph nodes are negative for tumor.

This final pathology report is based on the gross/macroscopic examination and the frozen section histologic evaluation of the specimen(s). Hematoxylin and Eosin (H&E) permanent sections are reviewed to confirm these findings. Any substantive changes identified on permanent section review will be reflected in a revised report.

AMENDMENTS: (Previous Signout Date: Revision Description: On permanent sections, clear cell differentiation was seen in the ovarian tumor-not identified at frozen section. A single (1/16) lymph node in part B (right pelvic) is positive for metastatic carcinoma-not present on frozen section slide.

....Original Diagnosis....

A. Uterus, right and left ovaries and fallopian tubes,
hysterectomy, and bilateral salpingo-oophorectomy: FIGO grade III
(of III) endometrial adenocarcinoma, mixed endometrial and clear cell types, circumferentially involving the endometrial cavity. The tumor invades 0.4 cm into the myometrium (total wall thickness 2.0 cm). The tumor does not involve the endocervix. Lymphovascular space invasion is not identified. The margins are negative for tumor.

With available surgical material [AJCC pT1aN0] (7th edition, 2010).

The left ovary and fallopian tube shows an endometrioid carcinoma FIGO grade II (of III) measuring 3.2 x 2.7 x 2.2 cm cystic and solid mass. The tumor involves the surface of the left ovary. Tumor implants are present on the right ovary and uterine cul de sac.

With available surgical material [AJCC pT2aN0] (7th edition, 2010).

- B. Lymph nodes, right pelvic, dissection: Multiple (16) lymph nodes are negative for tumor.
- C. Lymph nodes, left pelvic, dissection: Multiple (18) lymph nodes are negative for tumor.
- D. Omentum, omentectomy: Negative for tumor.
- E. Gonadal vessels, right, excision: Negative for tumor.
- F. Lymph nodes, right para-aortic, dissection: Multiple (13) lymph nodes are negative for tumor.
- G. Gonadal vessels, left, excision: Negative for tumor.
- H. Lymph nodes, left para-aortic, biopsy: Multiple (6) lymph nodes are negative for tumor.

GROSS DESCRIPTION:

submitted.

- GROSS DESCRIPTION:

 A. Received fresh labeled "uterus, right and left fallopian tubes and ovaries" is a 165.0 gram uterus with attached bilateral fallopian tubes and ovaries. The uterine cul de sac and posterior serosa has focal hemorrhagic adhesions. There is a 3.5 x 2.0 x 0.8 cm friable mass in the fundus (site) of the endometrial cavity (grossly invading 0.4 cm). The myometrial thickness is 2.4 cm. There is a single uterine 1.3 cm in greatest dimension leiomyoma in the myometrium. There is a 2.2 x 1.2 x 1.2 cm right ovary with multiple (2) nodules (0.2 cm and 1.0 x 0.9 x 0.4 cm) on the outer surface and a solid cut surface with a 9.2 x 0.6 cm right fallopian tube which is unremarkable. There is a 3.8 x 3.3 x 2.7 cm left ovary with a ragged outer surface and a tan solid cut surface with a 12.5 x 1.4 cm left fallopian tube which is dilated distally forming a 4.3 x 4.0 x 2.2 cm cystic mass. Adjacent to the ovarian tumor mass (3.2 x 2.7 x 2.2 cm) is a solid mass (fibroma, 1.5 x 1.2 x 1.1 cm). Representative sections submitted.

 B. Received fresh labeled "right pelvic lymph nodes" is a 4.0 x 2.5 x 1.5 cm aggregate of adipose and lymphatic tissue. Lymph nodes all submitted. Multiple (14) lymph nodes are identified.
- C. Received fresh labeled "left pelvic lymph nodes" is a 4.5 x 3.5 x 1.5 cm aggregate of adipose and lymphatic tissue. Lymph nodes all
- D. Received fresh labeled "omentum" is a $15.0 \times 14.0 \times 4.0 \text{ cm}$ portion of omentum. No masses are identified grossly. Lymph nodes are not identified. Representative sections are submitted.
- E. Received fresh labeled "right gonadal vessels" is a $5.3\ \rm cm$ in length by $0.4\ \rm cm$ in diameter portion of unremarkable blood vessel. Representative sections are submitted.
- F. Received fresh labeled "right para-aortic lymph nodes" is a 3.7 x 2.5 x 1.0 cm aggregate of adipose and lymphatic tissue. Multiple (13) lymph nodes are identified. All lymph nodes submitted.
- G. Received fresh labeled "left gonadal vessels" is a 3.7 cm in length by 0.4 cm in diameter portion of unremarkable blood vessel. Representative sections are submitted. H. Received fresh labeled "left para-aortic lymph nodes" is a 3.5 \times

 2.0×1.2 cm aggregate of adipose and lymphatic tissue. Multiple (6) lymph nodes are identified. Lymph nodes all submitted.

Criteria

Diagnosis Discrepancy

HIPAN Discrepancy

HIPAN Discrepancy

HIPAN Discrepancy

Prior Malignancy History

Dual/Synchro.aous Pyrnary No.ed

Case is (rincle):

Reviewer Initials.

Osto Reviewed: