ICD-O-3
Adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1 lw 3/25/11

[redacted]

[redacted]

Surg Path

CLINICAL HISTORY:
Malignant neoplasm of corpus uteri. Laparoscopic total hysterectomy, BSO, and lymph node sampling.

GROSS EXAMINATION:
A. "Uterus, cervix, bilateral tubes and ovaries (AF1-3)", received is a 280 gram, 10.6 x 6.8 x 5.5 cm partially morcellated uterus. The specimen is unoriented and contains one portion of the cervix (posterior cervix) which is detached from the specimen. The endocervical canal (2.5 x 1 cm) is white-tan and has an herringbone pattern. The endometrial canal (not able to be measured) has a friable, soft endometrium which begins roughly 2.5 cm from the lower uterine segment. Sectioning reveals a 0.6 cm endometrium overlying a 2 cm myometrium. The friable endometrium does not appear to invade the myometrium. There are multiple (greater than 20) white, whorled lesions in the myometrium, the largest of which measures 2 x 2 x 1.9 cm. Sectioning of these white, whorled lesions does not reveal any hemorrhage or necrosis. The right tube (partially morcellated) and measures 3 cm in length x 0.6 cm in diameter and has an unattached fimbriae. Sectioning reveals an unremarkable tube. The right ovary (2.5 x 1.2 x 1 cm) is white, cerebriform, and is grossly unremarkable. The left tube is also interrupted but measures 2.5 cm in length x 0.6 cm in diameter. Sectioning reveals an unremarkable tube and fimbriae. The left ovary (2.6 x 1.3 x 0.8 cm) is white, cerebriform, and upon sectioning contains several corpora albicantia. The serosal surface is, in areas where it is not morcellated, smooth, tan, and grossly unremarkable.

BLOCK SUMMARY:

A1-2- (AF1-2) full-thickness posterior endomyometrium
A3- endomyometrium (AF3)
A4- anterior cervix
A5- posterior cervix
A6- anterior lower uterine segment
A7- posterior lower uterine segment
A8- posterior endomyometrium
A9-A10- anterior endomyometrium with deepest invasion and leiomyoma
A11- representative section of endometrium
A12- right tube and fimbriae
A13- right ovary
A14- left tube and fimbriae
A15- left ovary
A16-A17- posterior endomyometrium bisected.
A18-A19- anterior endomyometrium, bisected.
A20- leiomyoma with overlying endometrium.

B. "Posterior vaginal cuff", received is a 3.5 x 2 x 1.5 cm aggregate of fibrofatty tissue which is unoriented. The entire specimen is [redacted]

C. "Left pelvic nodes", received is a 5 x 2.5 x 1 cm aggregate of fibroadipose tissue, which is dissected for lymph nodes and submitted as follows:

BLOCK SUMMARY:

C1- three lymph node candidates
C2- two lymph node candidates, one blue and bisected
C3- one lymph node candidate, bisected
C4- two lymph node candidates, bisected, one inked blue
C5-6- one lymph node candidate, bisected

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary	Noted	
Case is (circle):	QUALIFIED / DISQUALIFIED	
Reviewer Initials	Date Reviewed	

KMC lw 3.1.11

[redacted]

C7- remaining fibroadipose tissue

D. "Right external iliac lymph node", received is a 3.2 x 2.2 x 1.8 cm aggregate of fibroadipose tissue which is dissected for lymph nodes and submitted as follows:

BLOCK SUMMARY:

D1- two lymph node candidates
D2- two lymph node candidates, one bisected, inked blue
D3- remaining fibroadipose tissue

E. "Right obturator nodes", received is a 5.8 x 4.2 x 1.4 cm aggregate of fibroadipose tissue which is dissected for lymph nodes and submitted as follows:

BLOCK SUMMARY:

E1- three lymph node candidates
E2- two lymph node candidates
E3- one lymph node candidate, bisected
E4- one lymph node candidate, bisected
E5-6- remaining fibroadipose tissue

F. "Right aortic lymph node (low)", received is a 3.8 x 2 x 0.6 cm aggregate of fibroadipose tissue which is dissected for lymph nodes and submitted as follows:

BLOCK SUMMARY:

F1- three lymph node candidates
F2- three lymph node candidates
F3- remaining fibroadipose tissue

G. "Right aortic lymph node (high)", received is a 1.5 x 1 x 0.5 cm aggregate of fibroadipose tissue which is submitted in its entirety in block G1.

H. "Left aortic lymph node", received fresh and placed in formalin at 3:00 pm is a 3 x 1.5 x 0.8 cm aggregate of fibrofatty tissue which is dissected for lymph nodes and submitted as follows:

BLOCK SUMMARY:

H1- three lymph node candidates.
H2- remaining fibroadipose tissue

[redacted]

INTRA OPERATIVE CONSULTATION:
A. "Uterus, cervix, bilateral tubes and ovaries": AF1-2- (full-thickness posterior endomyometrium)- polyp with atypical hyperplasia, no invasive carcinoma is seen on two sections (Dr.).
AF3- endometrioid adenocarcinoma FIGO 2 of 3, no invasion seen (Dr.).

MICROSCOPIC EXAMINATION:
Microscopic examination is performed.

IMMUNOHISTOCHEMICAL FINDINGS:
The immunoperoxidase tests reported herein were developed and their performance characteristics were determined by the

[redacted]

Some of them may not be cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvements Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.

PATHOLOGIC STAGE:
PROCEDURE: HYSTERO-SALPINGO-OOPHORECTOMY DISSECTION

PATHOLOGIC STAGE (AJCC 6th Edition): pT1b 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 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, CERVIX, BILATERAL TUBES AND OVARIES (AF1-AF3)":

UTERUS: 280 GRAMS
ENDOMETRIUM:
TUMOR SITE: DIFFUSE
HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA, WITH FOCAL PAPILLARY SEROUS DIFFERENTIATION, SEE COMMENT.
FIGO GRADE: 3
TUMOR SIZE: 2.0 CM (SINGLE SLIDE MAXIMUM MEASUREMENT)
MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.2 CM, IN A 2.0 CM THICK WALL.
LYMPHATIC/VASCULAR INVASION: POSSIBLY PRESENT, SEE COMMENT
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ENDOMETRIAL POLYP WITH GENERALLY INACTIVE ENDOMETRIUM.
REMAINING MYOMETRIUM: LEIOMYOMATA
CERVIX: NEGATIVE FOR TUMOR
SEROSA: NEGATIVE FOR TUMOR.
SPECIMEN MARGINS: NOT INVOLVED

RIGHT AND LEFT FALLOPIAN TUBES: NEGATIVE FOR CARCINOMA.
RIGHT OVARY: BENIGN BRENNER TUMOR (1 CM), NEGATIVE FOR CARCINOMA.
LEFT OVARY: NEGATIVE FOR CARCINOMA.

B. "POSTERIOR VAGINAL CUFF":

NEGATIVE FOR CARCINOMA.

C. "LEFT PELVIC NODES" (DISSECTION):

ELEVEN LYMPH NODES, NEGATIVE FOR CARCINOMA (0/11).

D. "RIGHT EXTERNAL ILIAC LYMPH NODES" (DISSECTION):

SIX LYMPH NODES, NEGATIVE FOR CARCINOMA (0/6).

E. "RIGHT OBTURATOR NODES" (DISSECTION):

TEN LYMPH NODES, NEGATIVE FOR CARCINOMA (0/10).

[redacted]

F. "RIGHT AORTIC LYMPH NODE (LOW)" (DISSECTION):

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

G. "RIGHT AORTIC NODE (HIGH)":

BENIGN NERVE AND GANGLION.
NEGATIVE FOR CARCINOMA OR LYMPH NODES.

H. "LEFT AORTIC LYMPH NODE" (DISSECTION):

FOUR LYMPH NODES, NEGATIVE FOR CARCINOMA (0/4), SEE COMMENT.

COMMENT: The adenocarcinoma in part A has areas of definitive endometrioid differentiation, but in many areas is very poorly differentiated, not exhibiting a definite endometrioid pattern. Some areas are consistent with papillary serous carcinoma. Immunoperoxidase stain for p53 on block A11 is diffusely and strongly positive, consistent with serous tumor. Only superficial myometrial invasion is seen. The tumor does involve the lower uterine segment, but not the cervix. All of the grossly visible tumor has been submitted (tumor size was grossly difficult to determine). There are foci of tumor cells within vascular lumens, but not directly attached to the vessel wall, which is suggestive of, but not definite for, vascular invasion.

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

[redacted]