



RUN DATE: ()
 RUN TIME:
 BY:

Specimen Inquiry

PATIENT: ACCT #: LOC: U#:
 REG DR: No PCP/Family Physician AGE/SX: /F RM/BED: REG:
 STATUS: DIS IN TLOC: DIS:

SPEC #: Obtained: Subm Dr:
 STATUS: SOUT Received:

CLINICAL HISTORY:
 ENDOMETRIAL CANCER

| Criteria | Yes | No |
|--------------------------------|-----------|-------------------------|
| Diagnosis Discrepancy | | ✓ |
| Primary Tumor Site Discrepancy | | ✓ |
| IIIIA Discrepancy | | ✓ |
| Prior Malignancy History | | ✓ |
| Dual/Synchronous Primary Notes | | ✓ |
| Case is (clin. le): | QUALIFIED | DISQUALIFIED |
| Reviewer initials | RB | Date Reviewed: 10/28/11 |
| | | fw 10/30/11 |

SPECIMEN/PROCEDURE:

1. UTERUS - UTERUS, TUBES AND OVARIES
2. LYMPH NODE - RIGHT PARA-AORTIC
3. LYMPH NODE - LEFT PARA-AORTIC
4. LYMPH NODE - RIGHT COMMON ILIAC
5. LYMPH NODE - RIGHT PELVIC
6. LYMPH NODE - LEFT PELVIC
7. LYMPH NODE - LEFT COMMON ILIAC
8. LYMPH NODE - RIGHT PELVIC

100-0-3

adenocarcinoma, endometrioid, NOS 8380/3
 Site: endometrium C54.1 fw 10/30/11

IMPRESSION:

- 1) UTERUS, TUBES AND OVARIES, SALPINGO-OOPHORECTOMY AND HYSTERECTOMY:
 - Endometrial adenocarcinoma, endometrioid type, FIGO grade II, nuclear grade 2 involving posterior and anterior uterus wall and extending to posterior cervical mucosa, with myometrium invasion.
 - All resection margins are free of the tumor.
 - Ovaries bilateral, without tumor involvement.
 - Fallopian tube, bilateral, without involvement.
 - Small leiomyoma of myometrium, 0.8 cm.
- 2) LYMPH NODE, RIGHT PARA-AORTIC, DISSECTION:
 - Fibrovascular tissue without tumor identified.
 - No lymph nodes identified.
- 3) LYMPH NODES, LEFT PARA-AORTIC, DISSECTION:
 - Five lymph nodes with metastasis (0/5).
- 4) LYMPH NODES, RIGHT COMMON ILIAC, DISSECTION:
 - Three lymph nodes without metastasis (0/3).
- 5) LYMPH NODES, RIGHT PELVIC, DISSECTION:
 - Thirteen lymph nodes without metastasis (0/13).
- 6) LYMPH NODES, LEFT PELVIC, DISSECTION:
 - Eleven lymph nodes without metastasis (0/11).
- 7) LYMPH NODE, LEFT COMMON ILIAC, DISSECTION:

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IMPRESSION: (continued)

One lymph node without metastasis (0/1).

8) LYMPH NODE, RIGHT PELVIC, DISECTION:

One lymph node without metastasis (0/1).

ENDOMETRIAL CARCINOMA CHECKLISTMACROSCOPICSPECIMEN TYPE

Hysterectomy and salpingo-oophorectomy

TUMOR SITE

Specify location(s), if known: Posterior and anterior cavity of uterus

TUMOR SIZE

Greatest dimension: 2.5 x 1.5 x 1.8 cm

OTHER ORGANS PRESENT

Right ovary

Left ovary

Right fallopian tube

Left fallopian tube

MICROSCOPICHISTOLOGIC TYPE

Endometrioid adenocarcinoma, not otherwise characterized

HISTOLOGIC GRADE

G2: 6% to 50% nonsquamous solid growth

MYOMETRIAL INVASION

Myometrial invasion present

Maximal depth of myometrial invasion: 2 mm

Thickness of myometrium in area of maximal tumor invasion: 1.7cm

The % of myometrial involvement: 12%

EXTENT OF INVASIONPRIMARY TUMOR (pT)TNM (FIGO)

pT2a (IIA): Endocervical glandular involvement only

REGIONAL LYMPH NODES (pN)TNM (FIGO)

pNO: No regional lymph node metastasis

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IMPRESSION: (continued)

Number examined: 34

DISTANT METASTASIS (pM)

TNM (FIGO)

pMX: Cannot be assessed

MARGINS

Uninvolved by invasive carcinoma

Distance of invasive carcinoma from closest margin: 1.1 cm

(Specify margin[s]): Cervical radial margin

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)

Absent

ADDITIONAL PATHOLOGIC FINDINGS

None identified

Pathologic TNM (AJCC 6th Edition): pT2a NO MX

Dictated by:

Entered:

SPECIAL STAINS/PROCEDURES:

Immunohistochemical stains are performed with appropriate positive and negative control on section 1A.

CD10:

Marked reduced at the tumor with myometrium invasion.

Dictated by:

GROSS DESCRIPTION:

- 1) Received fresh with the patient's name and "uterus, cervix, tubes and ovaries", is a 67 gram specimen with uterus (7.0 x 5.3 x 3.5 cm), left ovary (2.5 x 1.6 x 0.9 cm) and fallopian tube (5.2 x 0.5 cm), and right ovary (3.0 x 1.6 x 0.7 cm) and fallopian tube (4.0 x 0.7 cm). The serosal surface of the uterus is pink to dark-red, glistening and is grossly unremarkable. The cervix is covered by dark red fibromuscular tissue. The ectocervix is dark pink, smooth and glistening. The uterus is bivalved revealing an exophytic soft friable, yellow-tan polypoid lesion, 2.5 x 1.5 x 1.8 cm located at posterior and anterior middle portion of the endometrial cavity. The remaining endometrial canal, 3.0 x 2.6 cm has a red-tan glistening herringbone mucosa. Multiple cuts are made through the myometrium, 1.5 cm maximum thickness, revealing yellow-pink finely trabeculated myometrium and a 1.0 x 0.8 x 0.6 cm yellow-tan well-circumscribed intramural nodule. The endocervical canal is a yellow to dark red, glistening herringbone mucosa that is grossly unremarkable. The endocervix has a smooth, yellow

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GROSS DESCRIPTION: (continued)

cut surface. The external surface of the ovaries are yellow-tan, finely nodular with a solid yellow-white cut surface that is grossly unremarkable. The bilateral fallopian tubes are dark red to pink, glistening with distal fimbriated ends and a yellow unremarkable cut surface. The specimen is representatively sampled and submitted as follows:

CASSETTE SUMMARY:

Cassette 1A, 1B: Full thickness sections, posterior uterus with lesion in two cassettes.
Cassette 1C: Full thickness section, posterior uterus with well-circumscribed nodule.
Cassette 1D, 1E: Full thickness sections, posterior uterus with lesion.
Cassette 1G-1K: Representative full thickness sections, anterior uterus.
Cassette 1L: Representative section, midportion, posterior cervix.
Cassette 1M: Representative section, midportion, anterior cervix.
Cassette 1N: Left ovary and fallopian tube, representative section.
Cassette 1P: Right ovary and fallopian tube, representative section.

- 2) Received in formalin, labeled "right para-aortic lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 1.5 x 1.2 x 0.5 cm. The specimen is dissected for lymph nodes, there are two tan ovoid lymph nodes identified, 0.3 x 0.2 x 0.2 cm and 0.7 x 0.5 x 0.3 cm. All lymph nodes identified are submitted in cassette #2.
- 3) Received in formalin, labeled "left para-aortic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 1.5 x 1.5 x 0.5 cm. The specimen is dissected for lymph nodes, there are five tan ovoid lymph nodes identified, ranging from 0.3 x 0.2 x 0.2 cm to 0.8 x 0.5 x 0.4 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 3A: Four lymph nodes.
Cassette 3B: One lymph node, bivalved.

- 4) Received in formalin, labeled "right common iliac lymph node" and with the patient's name, are two irregular unoriented portions of yellow-tan lobulated adipose tissue, 0.8 x 0.4 x 0.4 cm and 1.5 x 1.0 x 0.8 cm. The specimen is dissected for lymph nodes, there are three tan ovoid lymph nodes identified, ranging from 0.4 x 0.3 x 0.2 cm to 1.3 x 0.6 x 0.4 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 4A: Two lymph nodes.
Cassette 4B: One lymph node, bivalved.

- 5) Received in formalin, labeled "right pelvic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 4.0 x 4.0 x 1.0 cm. The specimen is dissected for lymph nodes, there are thirteen irregular pale tan to tan glistening ovoid lymph nodes identified, ranging from 0.3 x 0.2 x 0.2

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GROSS DESCRIPTION: (continued)

cm to 1.3 x 0.9 x 0.4 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 5A: Five lymph nodes.
Cassette 5B: Five lymph nodes.
Cassette 5C: Two lymph nodes, bivalved, one inked green.
Cassette 5D: One lymph node, bivalved.

- 6) Received in formalin, labeled "left pelvic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 5.0 x 3.0 x 1.0 cm. The specimen is dissected for lymph nodes, there are eight tan ovoid lymph nodes identified, ranging from 0.4 x 0.3 x 0.2 cm to 1.2 x 0.8 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 6A: Five lymph nodes.
Cassette 6B: Two lymph nodes, bivalved, one inked green.
Cassette 6C: One lymph node, bivalved.

- 7) Received in formalin, labeled "left common iliac lymph nodes" and with the patient's name, are three irregular unoriented portions of yellow-tan lobulated adipose tissue, ranging from 1.2 x 0.5 x 0.3 cm to 1.5 x 0.8 x 0.5 cm. The specimen is dissected for lymph nodes, there are no obvious lymph nodes identified. The specimen is entirely submitted in one cassette.
- 8) Received labeled with the patient's name and "right pelvic lymph node". Received is a 1.7 x 1 x 0.5 cm portion of yellow gold to pink tan fibroadipose tissue. The specimen is dissected for possible lymph nodes. One lymph node is identified that is, 2 x 0.8 x 0.4 cm. Entirely submitted in cassette 8.

Dictated by:

Entered:

COPIES TO:

No PCP/Family Physician

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SPEC #:

PATIENT:

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(Continued)

CPT Codes:

LYMPH NODE BIOPSY (M) /

SOFT TISSUE, LIPOMA/ADIPOSE

IHC

LYMPH NODE, REGIONAL RESECT/

UTERUS W/VO ADNEXAE, TUMOR-8

ICD9 Codes:

Resident Physician:

I have personally reviewed the material
(specimen/slide) and approve this final report.

Electronically Signed by: _____

** END OF REPORT **