TSS:

1CD-0-3

Carcinoma, serous, NOS 8441/3 Situ: Indometrium C54.1 HISTII pu

SPECIMENS:

A. UTERUS, TUBES AND OVARIES

B. LEFT PELVIX LYMPH NODE

C. RIGHT PELVIC LYMPH NODE

D. LEFT PARA AORTIC LYMPH NODE

E. RIGHT PARA AORTIC LYMPH NODE

F. OMENTUM

SPECIMEN(S):

A. UTERUS, TUBES AND OVARIES

B. LEFT PELVIX LYMPH NODE

C. RIGHT PELVIC LYMPH NODE

D. LEFT PARA AORTIC LYMPH NODE

E. RIGHT PARA AORTIC LYMPH NODE

F. OMENTUM



INTRAOPERATIVE CONSULTATION DIAGNOSIS:

FSA Uterus, tubes and bilateral ovaries: Endometrial adenocarcinoma, high grade serous carcinoma arising in an endometrial polyp. No myometrial invasion is identified. By Dr, called to Dr. .

GROSS DESCRIPTION:

A. UTERUS, TUBES AND OVARIES

Received fresh for frozen section and tissue procurement and labeled "uterus, tubes and ovaries" is a 120 gram uterus with attached bilateral adnexa and cervix measuring 9.5 x 5.7 x 4.2 cm. The serosa is unremarkable. The exocervix is 4.2 x 3.5 x 0.9 cm and is smooth. The cervical os is slit-like, patent and 0.7 cm. The anterior serosal surface is inked blue, posterior surface is inked black and the uterus is bivalved. The endocervical canal is unremarkable. Within the superior portion of the endometrial cavity there is an exophytic polypoid lesion measuring 3.5 x 3 x 2 cm and does not appear to invade into the myometrium. Additional granular and slightly polypoid areas are seen. In the anterior left portion of the endometrium is a granular area of white-tan discoloration, 1.7 x 1.2 x 0.6 cm. There is an area of golden tan discoloration, 1.7 x 1 x 0.1 cm. within the anterior aspect of the endometrium. It consists of a well circumscribed calcified nodular firm pink-tan mass measuring 3.2 x 2.8 x 1.5 cm. This nodule is submitted for decalcification. The endometrium is 0.2 cm with a myometrium of 2.1cm. The left fallopian tube is 5.2 cm in length with a diameter of 0.7 cm. The ovary is 3.3 x 0.9 x 0.6 cm. The serosa is unremarkable and on sectioning, no abnormalities are seen. The left fallopian tube is 5.5 cm in length with a diameter of 0.7 cm. The ovary is 2.5 x 1.1 x 0.5 cm. The serosa is smooth and on sectioning, no masses or lesions are found. Sections of endometrial mass are submitted for tissue procurement and GOG 210 study. Photograph is taken. Representative sections are submitted as follows:

FSA1: frozen section of polypoid mass

A2-A3: anterior cervix extending into the endomyometrium A4-A5: posterior cervix extending into the endomyometrium

A6-A7: transformation zone of posterior endometrium

A8-A9: posterior endomyometrium

A10-A12: lower portion of posterior endomyometrium A13: anterior area of golden tan discoloration

A14-A15: anterior endomyometrium including polypoid area

A16: mass

A17: right fallopian tube and ovary
A18: left fallopian tube and ovary

A19-A20: sections of calcified nodule after decalcification

B. LEFT PELVIC LYMPH NODE

Received in formalin and labeled with the patient name "left pelvic lymph node" is an aggregate of yellow-tan adipose tissue, 6.2 x 3.5 x 1.2 cm. Five possible lymph nodes are identified ranging in size from 1.4 to 3 cm in greatest dimension. The lymph nodes are bisected and have a uniform yellow-tan coloration. The largest possible lymph node is hemorrhagic, yellow-tan. The specimen is submitted in toto as follows:

B1-B4: one bisected lymph node each

B5-B6: one lymph node B7-B8: remainder of soft tissue

C. RIGHT PELVIC LYMPH NODE

Received in formalin and labeled with the patient name "right pelvic lymph node" are pieces of yellow-tan adipose tissue, in aggregate 5.5 x 4.9 x 1.3 cm. Multiple possible lymph nodes are found ranging in size from 0.1 to 3.1 cm in greatest dimension. The larger lymph nodes are bisected and have a uniform tan coloration throughout. The specimen is submitted in toto as follows:

C1: six possible lymph nodes
C2: four possible lymph nodes
C3-C4: one bisected lymph node each

C5-C6: one lymph node C7-C10: remainder of soft tissue

D. LEFT PARAAORTIC LYMPH NODE

Received in formalin and labeled with the patient name "left paraaortic lymph node" is one piece of yellow-tan adipose tissue, $3.5 \times 1.4 \times 0.3$ cm. Four lymph nodes are identified ranging in size from 0.5 to 1.2 cm in greatest dimension. The specimen is submitted in toto as follows:

D1: four possible lymph nodes
D2: remainder of soft tissue

E. RIGHT PARAAORTIC LYMPH NODE

Received in formalin and labeled with the patient name "right paraaortic lymph node" is a piece of yellow-tan adipose tissue with attached blood clot measuring $2.5 \times 1.7 \times 0.5$ cm. No distinct lymph node is identified. The specimen is submitted in toto in block E1.

F. OMENTUM

Received in formalin and labeled with the patient name "omentum" is a piece of yellow-tan omentum measuring 45 x 11.5 x 0.5 cm. On sectioning, no masses, lesions or areas of discoloration are noted. Representative sections are submitted in blocks F1-F3.

DIAGNOSIS:

A. UTERUS, RIGHT AND LEFT FALLOPIAN TUBES AND OVARIES, HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:

- UTERINE SEROUS CARCINOMA, FIGO GRADE 3, WITH FOCAL CLEAR CELL CHANGE, CONFINED TO THE ENDOMETRIUM (STAGE IA)
 - -CALCIFIED SUBSEROSAL LEIOMYOMA
- RIGHT AND LEFT FALLPIAN TUBES AND OVARIES WITH NO EVIDENCE OF CARCINOMA
- CERVIX AND ENDOCERVIX WITH NO EVIDENCE OF CARCINOMA.

NOTE: The entire endometrium, lower uterine segment, and endocervix were submitted for histological examination. The vast majority of the endometrium was involved with carcinoma with only a few areas of uninvolved endometrium present with cystic atrophy. The lower uterine segment was also extensively involved, but there was no definitive involvement of the endocervix which as stated previously was totally submitted for histological examination.

SYNOPTIC REPORT - ENDOMETRIUM

Specimens Involved

Specimens: A: UTERUS, TUBES AND OVARIES

Prior biopsy specimen:

Prior case #::

Prior biopsy diagnosis: HIGH GRADE ENDOMETRIAL CARCINOMA (TYPE 2)

Specimen Type: Hysterectomy plus bilateral salpingo-oophorectomy

Yes

Tumor Size: Greatest dimension: 3.5cm Additional dimensions: 3cm x 2cm

WHO CLASSIFICATION
Serous adenocarcinoma 8441/3

Histologic Grade: G3 (uterine serous carcinoma)

Myometrial Invasion: No invasion Venous/lymphatic invasion: Absent

Cervical Involvement: No Margins: Negative

Lymph nodes: Negative

0 /: 31

Additional Findings: LEIOMYOMA

Peritoneal cytology: Negative

Cytology case #:

Pathologic stage (pTNM): pT1a pT 1a N 0 M X

- B. LYMPH NODE, LEFT PELVIC, BIOPSY:
 -TEN LYMPH NODES NEGATIVE FOR CARCINOMA (0/10)
- C. LYMPH NODE, RIGHT PELVIC, BIOPSY:
 -SIXTEEN LYMPH NODES NEGATIVE FOR CARCINOMA (0/16)
- D. LYMPH NODE, LEFT PARA AORTIC, BIOPSY:
 -FOUR LYMPH NODES NEGATIVE FOR CARCINOMA (0/4)
- E. LYMPH NODE, RIGHT PARA AORTIC, BIOPSY:
 -ONE LYMPH NODE NEGATIVE FOR CARCINOMA (0/1)
- F. OMENTUM, EXCISOIN:
 -BENIGN ADIPOSE TISSUE

CLINICAL HISTORY:

Endometrial carcinoma.

Gross Dictation:,
Microscopic/Diagnostic Dictation: Pathologist,

Final Review: Pathologist, Final Review: Pathologist, Final Review: Pathologist,

Final: Pathologist,

		Yes	No
Criteria			
Diagnosis Discrepand	<u> </u>		
Primer, Tumor Site C	Screpancy		
HIPAA Discrepancy			1
Prior Malignancy His	tory		
Dual/Synchronous P	rimary Nexed		
Case is (chole):	1 V TELALIEUERS	DIRQUALIFIED //	
Reviewer Initials	Date Reviewed		
	1		
		ļ	1