ICD-O-3
Adenocarcinoma, Serous, NOS 8441/3
Site: endometrium C54.1 2/24/11 hr

[redacted]

[redacted]

Surg Path

UUID:5FF9FC65-FBCD-40E8-8382-DDD0B8EFD22B
TCGA-BS-A1MS-01A-PR
Redacted

CLINICAL HISTORY:
Corpus uteri.

GROSS EXAMINATION:
A. "Left tube and ovary", received fresh and placed in formalin. The specimen is a 9.9 gram, 3.0 x 1.2 x 0.9 cm previously incised ovary, a 3.2 x 0.4 cm fimbriated fallopian tube, and attached soft tissue. Representative sections of ovary and fallopian tube in block A1.

B. "Right tube and ovary", received fresh and placed in formalin is a 10.4 gram, 2.8 x 1.4 x 1.2 cm previously incised ovary, a 1.0 x 0.4 cm fimbriated fallopian tube, with attached soft tissue and ligament. No nodules or masses are seen and representative sections are submitted in block B1.

C. "Uterus, cervix", received fresh and placed in formalin is a 130 gram, 9.8 x 7.0 x 5.5 cm uterus previously opened by the surgeon. The serosa is smooth and glistening with focal areas of erythema and mild focal adhesions on the anterior surface. The cervix is 1.7 cm long and the exocervix is smooth, white and glistening with a external os diameter of 0.9 cm. The mucosa of the endocervical canal is light tan and pedunculated and the canal measures 2.5 cm in length. The endometrium of the anterior portion of the uterus is flat and granular and occupying the majority of the surface whereas the posterior portion of the uterus demonstrates endometrium with granular, friable, light tan tissue extending into the lumen of the uterus approximately 1.0 cm above the endometrium. The overall dimension of the endometrial cavity 5.5 cm wide and 6.0 cm long. Sectioning the anterior segment of the uterus demonstrates a well demarcated 3 mm thick endometrium and a myometrium 1.8 cm thick. Sectioning of the posterior uterus exhibits a focally ill defined 2 cm thick endometrium. There is a 1.4 cm diameter firm, white well circumscribed submucosal nodule with a hemorrhagic center located in the fundus. The viable tumor grossly extends beneath the nodule coming within 0.8 cm of serosa (C8). There is a firm, calcified subserosal nodule 3.8 cm in greatest dimension.

BLOCK SUMMARY:
C1- anterior cervix.
C2- anterior cervical canal and lower uterine segment.
C3-C4- anterior endometrium.
C5- anterior serosal adhesions.
C6- posterior cervix.
C7- posterior cervical canal and lower uterine segment.
C8-C9- posterior endomyometrium.
C10- subserosal nodule submitted for decalcification.

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	
KMT	2/24/11	

D. "Right pelvic node", received fresh and placed in formalin. Fibroadipose tissue with an aggregate dimension of 6.0 x 5.0 x 2.0 cm containing lymph node candidates. Lymph node candidates are submitted in blocks D1-D2.

E. "Left pelvic node", received fresh and placed in formalin. Fibroadipose tissue with an aggregate dimension of 5.5 x 4.0 x 1.0 cm containing lymph node candidates. Block E1 contains lymph node candidates.

F. "Left obturator", received fresh and placed in formalin. A 4.5 x 2.0 x 0.5 cm aggregate of fibroadipose tissue containing lymph node candidates. Block F1 contains lymph node candidates.

G. "Omentum", received fresh and placed in formalin. A 13.0 x 10.0 x 3.5 cm aggregate of fibroadipose tissue. Representative in blocks G1-G3.

[redacted]

H. "Left aortic node", received fresh and placed in formalin. A 2.0 x 0.9 x 0.4 cm tan lymph node candidate with attached adipose tissue bisected and submitted in toto in block H1.

I. "Right aortic node", received fresh and placed in formalin. A 3.5 x 2.0 x 0.5 cm aggregate of fibroadipose tissue containing lymph node candidates. lymph node candidates are submitted in block I1.

[redacted]

MICROSCOPIC EXAMINATION:
Microscopic examination is performed.

DIAGNOSIS:
SPECIMEN TYPE: (HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY)
C. "UTERUS": 130 GRAMS
ENDOMETRIUM:
TUMOR SITE: DIFFUSE, LOWER UTERINE SEGMENT UNINVOLVED
HISTOLOGIC TYPE: SEROUS ADENOCARCINOMA
FIGO GRADE: 3
TUMOR SIZE: 6 X 5.5 X 2 CM
MAXIMUM DEPTH OF MYOMETRIAL INVASION: 1.0 CM, IN A 1.8 THICK WALL
(Note: The tumor invades focally in a region with a 1.4 cm leiomyoma. The tumor focally is present within the leiomyoma, and at the deep interface between the leiomyoma and normal myometrium.
LYMPHATIC/VASCULAR INVASION: PRESENT
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHY
REMAINING MYOMETRIUM: LEIOMYOMA, CALCIFIED
ADENOMYOSIS
CERVIX: NO PATHOLOGIC DIAGNOSIS
SEROSA: ADHESIONS
SPECIMEN MARGINS: NEGATIVE
PATH STAGING: 1C FIGO

THE FOLLOWING DO NOT CONTAIN TUMOR
A. "LEFT OVARY AND FALLOPIAN TUBE": NO PATHOLOGIC DIAGNOSIS
B. "RIGHT OVARY AND FALLOPIAN TUBE": NO PATHOLOGIC DIAGNOSIS
D. "RIGHT PELVIC LYMPH NODE": NO TUMOR IN 12 LYMPH NODES (0/12).
E. "LEFT PELVIC LYMPH NODE": NO TUMOR IN 10 LYMPH NODES (0/10).
F. "LEFT OBTURATOR LYMPH NODE": NO TUMOR IN 3 LYMPH NODES (0/3).
G. "OMENTUM":
H. "LEFT AORTIC LYMPH NODE": NO TUMOR IN 3 LYMPH NODES (0/3).
I. "RIGHT AORTIC LYMPH NODE": NO TUMOR IN 1 LYMPH NODE (0/1).

NOTE: Information on pathology staging and the operative procedure is being transmitted to this Institution's Cancer Registry as required for accreditation purposes by the Commission on Cancer. Pathology staging 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. Anatomic pathology staging is only a component to be considered in determining the clinical stage, but should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

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

[redacted]

CI ADDENDUM 1:
Please see Image Cytometry Report [redacted] for results of supplementary tests.

[redacted]

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

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