

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
ICD-9 Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 2/25/11	

## Surg Path

## CLINICAL HISTORY:

Malignant neoplasm corpus uteri. Per  
endometrioid adenocarcinoma.

61-year-old with FIGO grade 1

## GROSS EXAMINATION:

A. "Uterus, tubes and ovaries (AF1)", received fresh for frozen section and transferred to formalin at [REDACTED] on [REDACTED] is a 95 gram, 8.7 x 5.6 x 4.1 cm uterus with attached 3.5 cm cervix with a 0.5 cm patent os. The ectocervix is tan-pink and smooth with no gross lesions identified. The specimen is opened to reveal a 3.5 cm x 4 cm endometrial cavity which is fully covered by a tan-brown friable lesion. The estimated tumor size of the lesion is 4 x 2.5 cm and demonstrates possible gross invasion of 0.2 cm into a 2 cm myometrium. The tumor extends to 4 cm of the cervical opening and appears to partially involve the lower uterine segment. The myometrium is tan and partially trabeculated with no nodules identified. The left ovary, 2.9 x 1 x 0.8 cm and left fallopian tube, 6.5 cm long x 0.9 cm in diameter are grossly unremarkable. The right ovary, 3 x 1.4 x 0.6 cm is grossly unremarkable. The fimbriated right fallopian tube, 5.5 cm long x 0.9 cm in average diameter demonstrates multiple paratubal cysts up to 1.5 cm. A representative section of the posterior endomyometrial mass is frozen (remnant A1). The serosal surface is tan-pink and smooth with no grossly identified lesions.

## BLOCK SUMMARY:

- A1- posterior endomyometrium with mass, full thickness, frozen section remnant of AF1
- A2- anterior cervix
- A3- posterior cervix
- A4-5- anterior endomyometrium
- A6-7- posterior endomyometrium
- A8- anterior lower uterine segment with endocervical canal
- A9- posterior lower uterine segment with endocervical canal
- A10- right ovary and fallopian tube
- A11- left ovary and fallopian tube

## INTRA OPERATIVE CONSULTATION:

A. "Uterus, tubes and ovaries": AF1 (posterior endomyometrium with mass full thickness, 0.2 cm depth into a 2 cm thick myometrium)-grade 1 endometrioid adenocarcinoma, minimally invasive at most- about 4 cm greatest tumor dimension [REDACTED]

## MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

## PATHOLOGIC STAGE:

PROCEDURE: Hysterectomy with bilateral salpingo-oophorectomy

PATHOLOGIC STAGE (AJCC 7th Edition): pT1a pNx 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, FALLOPIAN TUBES AND OVARIES (AF1):

UTERUS: 95 GRAMS:

CARCINOMA OF THE ENDOMETRIUM: ✓

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA

FIGO GRADE: 1/3.

TUMOR SIZE: 4 X 2.5 CM

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.0 CM, IN A 2.0 CM THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC.

CERVIX: NEGATIVE FOR TUMOR.

SEROSEA: NEGATIVE FOR TUMOR.

SPECIMEN MARGINS: NOT INVOLVED.

OVARIES, RIGHT AND LEFT: NEGATIVE FOR CARCINOMA.

FALLOPIAN TUBE, RIGHT AND LEFT: NEGATIVE FOR CARCINOMA.

COMMENT: [REDACTED] has reviewed this case. The tumor involves the lower uterine segment, but not the cervix. No myometrial invasion is identified.

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]