ecimen Date/Time:

****** MODIFIED REPORT - REVIEW ADDENDUM SECTION ******* adenocarcinoma, Indometriord, NOS 8380/3 Site Indometrium C54.1 3/3/11 for

IAGNOSIS

EFT UTERINE FIBROID: Hyalinized leiomyoma with calcification.

3) BLADDER PERITONEUM:

Simple endometrial hyperplasia without atypia arising in endometriosis. (See Comment)

ENDOMETRIAL, ENDOMETRIOID ADENOCARCINOMA, FIGO GRADE 3, DEEPLY INVASIVE INTO THE OUTER C) UTERUS, TUBES AND OVARIES: MYOMETRIUM COMING TO WITHIN 1.5 MM OF THE UTERINE SEROSA.

CARCINOMA FOCALLY PRESENT ON THE SEROSAL SURFACE (C9).

CARCINOMA IS PRESENT IN THE DEEP CERVICAL STROMA, 1.0 MM FROM THE RADIAL MARGIN. (SEE COMMENT)

LYMPHOVASCULAR INVASION PRESENT.

Uterine leiomyomata.

Uterus with serosal endometriosis and adhesions.

Bilateral ovaries and fallopian tubes, no evidence of malignancy.

(D) LEFT PELVIC LYMPH NODE:

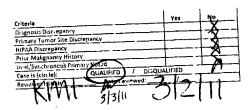
One lymph node, no tumor present (0/1).

(E) RIGHT PELVIC LYMPH NODE:

One lymph node, no tumor present (0/1).

(F) OMENTAL BIOPSY:

DIAGNOSIS PENDING ADDITIONAL STUDY. (SEE COMMENT)



In part (B), extensive cautery and frozen artifact precluded definitive diagnosis at the time of frozen section. The frozen tissue was reprocessed and shows no evidence of metastasis. The foci in the deep cervical stroma do not appear to represent direct extension from the endometrial tumor; it is possible that this focus represents lymphatic spread. The endocervical glands and upper two-thirds of the cervical stroma are not involved by carcinoma. In part F, there is a single, detached and distorted group of lioid cells in one section. Additional studies to better characterize this cell group are in progress; results will be reported as dendum.



GROSS DESCRIPTION

- (A) LEFT UTERINE FIBROID Gray-white tissue (7.0 x 5.0 x 4.5 cm) without hemorrhage or necrosis representatively sampled in
- (B) BLADDER PERITONEUM Tan tissue (1.8 x 1.8 x 1.7 cm) with a firm, tan-white, poorly circumscribed nodule (0.4 cm) entirely

*FS/DX: LEIOMYOMA ENDOSALPINGIOSIS, FOCAL ENDOMETRIOSIS, AND FOCI SUSPICIOUS FOR METASTATIC frozen in B1 and B2.

(C) UTERUS, TUBES AND OVARIES - A uterus and cervix (13.0 x 9.0 x 6.0 cm) with attached unremarkable ovaries (each 3.5 x

The endometrium has a firm, solid mass $(6.5 \times 6.5 \times 6.0 \text{ cm})$ with areas of necrosis that invades into the outer third of the 2.0×1.5 cm) and unremarkable fallopian tubes (each 10.0×0.5 cm). myometrium (to within 2.0 mm of the uterine serosa). The uterine serosa has two roughened areas (each 2.0 x 2.5 cm). The tumor does not extend into the lower uterine segment, and the cervix is grossly unremarkable.

The myometrium has multiple white firm nodules (0.5 to 5.5 cm) without hemorrhage or necrosis.

pecimen Date/Time:

INK CODE: Black - serosal surface with adhesions and cautery.

SECTION CODE: C1-C2, tumor and serosal surface, frozen; C3, anterior cervix and lower uterine segment; C4, anterior ull-thickness endomyometrium; C5, posterior cervix and lower uterine segment; C6, posterior full-thickness endomyometrium; 27-C10, representative serosal adhesions; C11-C13, full-thickness endomyometrium and tumor; C14-C18, representative tumor; C20, representative 5.5 cm myometrial nodule; C21, left tube, ovary; C22, right tube, ovary.

*FS/DX: (REPRESENTATIVE TUMOR-SEROSAL SURFACE INTERFACE) GRADE 3 ENDOMETRIOID

ADENOCARCINOMA, DEEPLY INVASIVE (1-2 MM FROM SEROSAL SURFACE).

- (D) LEFT PELVIC LYMPH NODE One lymph node (3.2 x 2.2 x 0.7 cm) entirely submitted in D1-D3.
- (E) RIGHT PELVIC LYMPH NODE One lymph node (2.0 x 1.0 x 0.7 cm) entirely submitted in E.
- (F) OMENTAL BIOPSY Unremarkable adipose tissue (11.0 x 6.0 x 1.2 cm) representatively submitted in F1-F5.

CLINICAL HISTORY

Uterine cancer.

CONSULTANT(S)

SNOMED CODES

"Some tests reported here may have been developed and performance characteristics determined by ! specifically cleared or approved by the U.S. Food and Drug Administration." Entire report and diagnosis completed by:

These tests have not been

Start of ADDENDUM

Specimen Date/Time:
ADDENDUM
This modified report is being issued to add additional comments.
Addendum completed by 1
COMMENT
The group of detached and distorted cells is not present in additional deeper levels. The group is too small and too distorted for diagnosis.

-----END OF REPORT-----

Entire report and diagnosis completed by: