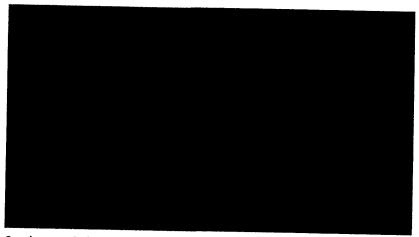
TSS Name/#:

1/12/



Specimens Submitted:

- 1: SP: Sentinel right internal iliac lymph node 2: SP: Sentinel left internal iliac lymph node
- 3: SP: Uterus, cervix, bilateral tubes and ovar___
- 4: SP: Right obturator lymph nodes
- 5: SP: Sentinel right obturator lymph nodes
- 6: SP: Right external iliac lymph nodes
- 7: SP: Right common iliac lymph nodes
- 8: SP: Sentinel right external iliac lymph nodes
- 9: SP: Left obturator lymph nodes
- 10: SP: Left external iliac lymph nouse
- 11: SP: Left common iliac lymph nodes
- 12: SP: Left uterine artery

DIAGNOSIS:

 LYMPH NODE, SENTINEL RIGHT INTERNAL ILIAC; BIOPSY:
 RARE, SCATTERED, IMMUNOHISTOCHEMICALLY DETECTED EPITHELIAL CELLS ARE IDENTIFIED IN ONE LYMPH NODE (SEE NOTE).

NOTE: CYTOKERATIN IMMUNOSTAINS DEMONSTRATE THE CELLS DESCRIBED ABOVE, BUT THEY ARE NOT EVIDENT ON REVIEW OF STANDARD HEE STAINED SECTIONS. CYTOKERATIN-POSITIVE CELLS HAVE VOLUMINOUS, VACUOLATED CYTOPLASM THAT IS SIMILAR TO THAT OF THE LYMPHANGIOINVASIVE TUMOR CELLS IN THE UTERUS. THE SIGNIFICANCE OF THIS FINDING IS UNCERTAIN.

LYMPH NODE, SENTINEL LEFT INTERNAL ILIAC; BIOPSY:
 RARE, SCATTERED, IMMUNOHISTOCHEMICALLY DETECTED EPITHELIAL CELLS ARE IDENTIFIED IN ONE LYMPH NODE (SEE NOTE).

NOTE: CYTOKERATIN IMMUNOSTAINS DEMONSTRATE THE CELLS DESCRIBED ABOVE, BUT THEY ARE NOT EVIDENT ON REVIEW OF STANDARD HEE STAINED SECTIONS.
CYTOKERATIN-POSITIVE CELLS HAVE VOLUMINOUS, VACUOLATED CYTOPLASM THAT IS SIMILAR TO THAT OF THE LYMPHANGIOINVASIVE TUMOR CELLS IN THE UTERUS. THE SIGNIFICANCE OF THIS PINDING IS UNCERTAIN.

UTERUS, CERVIX, BILATERAL FALLOPIAN TUBES AND OVARIES;

** Continued on next page **

	Yes	No
Criteria		
Diagnosis Discrenancy		
Primary Tumor Site Discrepancy		7
HIPAA Discrepancy		
Prior Malignancy History		1 3
Dual/Synchronous Primary North	ISQUALIFIED	
Case is (circle): QUALIFIED /	T Z II	
Reviewer Initials Do & Reviewed:		
	_ / `	1
/		•

HYSTERECTOMY AND BILATERAL SALPINGO-COPHORECTOMY:

- ENDOMETRICID ADENOCARCINONA OF THE ENDOMETRIUM WITH EXTENSIVE SQUAMOUS DIFFERENTIATION; FIGO GRADE 2.
 - THE TUMOR IS CENTERED IN THE LOWER UTERINE SEGMENT.
- THE TUMOR INVADES TO LESS THAN HALP OF THE MYONETRIAL THICKNESS (DEPTH OF INVASION IS 3 HM IN AN AREA WHERE THE TOTAL MYONETRIAL THICKNESS IS 11 MM).
 - LYNPHOVASCULAR INVASION IS PRESENT.
 - DEFINITE ENDOCERVICAL INVOLVEMENT IS NOT IDENTIFIED; SEE NOTE
 - THE MYOMETRIUM SHOWS LEIOMYOMA(S).
 - THE UTERINE SEROSA SHOWS SEROSAL ADHESIONS.
 - THE LEFT AND RIGHT OVARIES AND FALLOPIAN TUBES ARE UNREMARKABLE.

NOTE: ADDITIONAL SECTIONS FROM THE CERVIX WILL BE SUBMITTED AND EVALUATED TO ASSESS FOR ENDOCERVICAL INVOLVEMENT. THE RESULTS WILL BE REPORTED AS AN ADDENDUM.

- LYMPH NODES, RIGHT OBTURATOR; DISSECTION:
 - SIX BENIGN LYMPH NODES (0/6).
- LYMPH NODES, SENTINEL RIGHT OBTURATOR; BIOPSY: 5.
 - THREE BENIGN LYMPH NODES (0/3).

LEVEL SECTIONS AND IMMUNORISTOCHENICAL STAINS FOR AE1/AE3 SHOW NO EVIDENCE OF METASTATIC CARCINOMA.

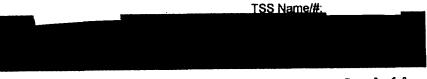
- LYMPH HODES, RIGHT EXTERNAL ILIAC; BIOPSY:
 - TWO BENIGN LYMPH NODES (0/2).
- LYMPH NODE, RIGHT COMMON ILIAC; BIOPSY:
 BENIGN FIBROADIPOSE TISSUE; NO LYMPH NODE IDENTIFIED.
 - SPECIMEN SUBMITTED IN ITS ENTIRETY.
- LYMPH NODES, SENTINEL RIGHT EXTERNAL ILIAC, BIOPSY:
 - TWO BENIGN LYMPH NODES (0/2).

NOTE:

LEVEL SECTIONS AND IMMUNOHISTOCHEMICAL STAINS FOR AE1/AE3 SHOW NO EVIDENCE OF HETASTATIC CARCINONA.

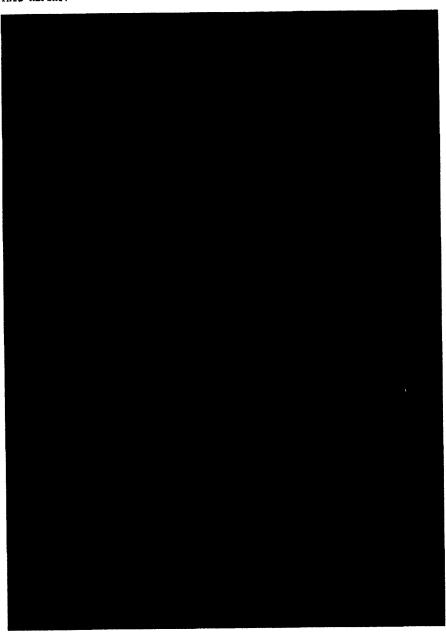
- LYMPH NODE, LEFT OBTURATOR; BIOPSY:
 - ONE BENIGN LYMPH NODE (0/1).
- 10. LYMPH NODES, LEFT EXTERNAL ILIAC; BIOPSY:
 - TWO BENIGN LYMPH NODES (0/2).
- 11. LYMPH NODE, LEFT COMMON ILIAC; BIOPSY:
 - BENIGN FIBROADIPOSE TISSUE; NO LYMPH NODE IDENTIFIED.
 - SPECIMEN SUBMITTED IN ITS ENTIRETY.
- SOFT TISSUE, LEFT UTERINE ARTERY; BIOPSY:
 - BENIGN FIBROVASCULAR TISSUE.

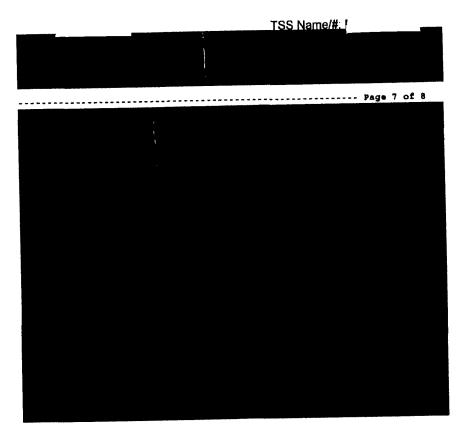
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I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.





Procedures/Addenda: Addendum

Addendum Diagnosia
ADDITIONAL SECTIONS WERE SUBMITTED FROM THE CERVIX. NO ENDOCERVICAL INVOLVEMENT BY CARCINONA IS IDENTIFIED.

