



Specimen Inquiry

PATIENT: ACCT #: LOC: U#:
REG DR: AGE/SX: / F RM/BED: REG:
STATUS: TLOC: DIS:

SPEC #: Obtained: Subm Dr:
STATUS: Received:

CLINICAL HISTORY:

LAVH WITH LYMPH NODE DISSECTION.

SPECIMEN/PROCEDURE:

1. LYMPH NODE - LEFT PARA AORTIC
2. LYMPH NODE - RIGHT COMMON ILIAC
3. LYMPH NODE - RIGHT PARAAORTIC
4. LYMPH NODE - RIGHT PELVIC
5. LYMPH NODE - LEFT EXTERNAL ILIAC
6. UTERUS - UTERUS AND RIGHT TUBE AND OVARY
7. LEFT OVARY - AND FALLOPIAN TUBE
8. LYMPH NODE - OBTURATOR

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Tumor		<input checked="" type="checkbox"/>
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials	BB	Date Reviewed 10/30/11

1ED-0-3

adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1 10/30/11

IMPRESSION:

- 1) LYMPH NODES, LEFT PARA-AORTIC, REGIONAL DISSECTION:
. Three benign lymph nodes (0/3).
- 2) LYMPH NODE, RIGHT COMMON ILIAC, BIOPSY:
. One benign lymph node (0/1).
- 3) LYMPH NODES, RIGHT PARA-AORTIC, REGIONAL DISSECTION:
. Seven benign lymph nodes with focal endosalpingiosis (0/7).
- 4) LYMPH NODES, RIGHT PELVIC, REGIONAL DISSECTION:
. Five benign lymph nodes (0/5).
- 5) LYMPH NODES, LEFT EXTERNAL ILIAC, REGIONAL DISSECTION:
. Five benign lymph nodes with focal endosalpingiosis (0/5).
- 6) UTERUS, RIGHT OVARY AND FALLOPIAN TUBE; LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY WITH RIGHT SALPINGO-OOPHORECTOMY:
. ENDOMYOMETRIUM:
. Endometrial adenocarcinoma, endometrioid type; FIGO grade III, nuclear grade 2.
. Adenocarcinoma invades the inner half of the myometrium; the maximum depth of invasion is 11 mm of 26 mm total myometrial thickness (42%).
. Foci suspicious for lymphovascular invasion are noted.
. OVARY, RIGHT:

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IMPRESSION: (continued)

- . Adult granulosa cell tumor (diffuse) with luteinized cells; see checklist and comment.
 - . CERVIX:
 - . Benign squamous and endocervical glandular mucosa.
 - . No evidence of dysplasia or malignancy.
 - . UTERINE SEROSA:
 - . No significant histopathologic abnormality.
 - . FALLOPIAN TUBE, RIGHT:
 - . No evidence of malignancy.
- 7) OVARY AND FALLOPIAN TUBE, LEFT SALPINGO-OOPHORECTOMY:
 - . Ovary with benign and atrophic physiologic changes.
 - . Hydrosalpinx.
- 8) LYMPH NODES, LEFT OBTURATOR, REGIONAL DISSECTION:
 - . Four benign lymph nodes (0/4).

ENDOMETRIAL CARCINOMA CHECKLISTMACROSCOPICSPECIMEN TYPE
HysterectomyTUMOR SITE

Specify location(s), if known: Anterior and posterior uterine wall

TUMOR SIZE

Greatest dimension: 4.0 cm

Additional dimensions: 4.0 x 0.7 cm

OTHER ORGANS PRESENT

Right ovary
Left ovary
Right fallopian tube
Left fallopian tube

MICROSCOPICHISTOLOGIC TYPE

Endometrioid adenocarcinoma, not otherwise characterized

HISTOLOGIC GRADE

G3: more than 50% nonsquamous solid growth

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IMPRESSION: (continued)**MYOMETRIAL INVASION**

Invasion present Maximal depth of myometrial invasion: 11 mm

Thickness of myometrium in area of maximal tumor invasion: 26 mm

The % of myometrial involvement: 42%

EXTENT OF INVASION**PRIMARY TUMOR (pT)**

TNM (FIGO)

pT1 (I): Tumor confined to corpus uteri

pT1b (IB): Tumor invades less than one-half of the myometrium

REGIONAL LYMPH NODES (pN)

TNM (FIGO)

pN0: No regional lymph node metastasis

Number examined: 25

DISTANT METASTASIS (pM)

TNM (FIGO)

pMx: Cannot be assessed

MARGINS

Uninvolved by invasive carcinoma

Distance of invasive carcinoma from closest margin: 15 mm from uterine serosal surface

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)

Absent

ADDITIONAL PATHOLOGIC FINDINGS

Leiomyomas, myometrium

Pathologic TNM (AJCC 6th Edition): pT1b NO MX

OVARIAN TUMOR CHECKLIST**MACROSCOPIC****SPECIMEN TYPE**

Hysterectomy with bilateral salpingo-oophorectomy

Regional lymph node dissection

TUMOR SITE

Right ovary

Parenchymal growth

Left ovary

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IMPRESSION: (continued)
Uninvolved

SPECIMEN INTEGRITY

Intact - right ovary

TUMOR SIZE

Greatest dimension: 3.6 cm

MICROSCOPIC

HISTOLOGIC TYPE

Adult granulosa cell tumor

HISTOLOGIC GRADE

Not applicable

EXTENT OF INVASION

PRIMARY TUMOR (PT)

TNM (FIGO)

pT1 (I) (--): Tumor limited to ovaries (1 or both)

pT1a (IA): Tumor limited to 1 ovary; capsule intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings

REGIONAL LYMPH NODES (pN)

pN0: No regional lymph node metastasis
Number examined: 25

DISTANT METASTASIS (pM)

pMx: Cannot be assessed

SUMMARY OF ORGANS/TISSUES MICROSCOPICALLY INVOLVED BY TUMOR

One ovary

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)

Absent

ADDITIONAL PATHOLOGIC FINDINGS

Endometrial adenocarcinoma, endometrioid type (see diagnosis)

Pathologic TNM (AJCC 6th Edition): pT1a NO MX

Dictated by:

Entered:

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COMMENT:

bordetini/besig 8/20/11

This endometrial adenocarcinoma is associated with an ovarian adult granulosa cell tumor (AGCT). The AGCT shows diffuse (sarcomatoid) growth pattern with luteinized cells, mild nuclear atypia with infrequent mitoses, and has hyalinized stroma.

Representative sections reviewed by

Entered:

SPECIAL STAINS/PROCEDURES:

The following special stains are performed with appropriate positive and negative controls on block 6CC:

Inhibin:

Moderate to strong fairly diffuse staining in tumor cells

Pan-keratin (AE-1/AE-3):

Negative staining in tumor cells

vimentin:

Strong diffuse staining in tumor cells

The following special stains are performed with appropriate positive and negative controls on blocks 6CC and 6HH:

Reticulum:

Reticular fibers arranged around groups (rather than individual) cells

Dictated by:

GROSS DESCRIPTION:

- 1) Received without fixative, labeled "left para-aortic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 4.0 x 3.0 x 1.0 cm. The specimen is dissected for lymph nodes, there are three pink-tan ovoid lymph nodes identified, ranging from 0.8 x 0.5 x 0.4 cm to 1.5 x 1.2 x 0.7 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 1A:	One lymph node, bivalved.
Cassette 1B:	One lymph node, bivalved.
Cassette 1C:	One lymph node, bivalved.

- 2) Received in formalin, labeled "right common iliac lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 2.5 x 2.5 x 1.1 cm. The specimen is dissected for lymph nodes, there is one

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GROSS DESCRIPTION: (continued)

yellow-tan ovoid lymph node identified, 1.5 x 0.8 x 0.7 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 2: One lymph node, bivalved.

- 3) Received in formalin, labeled "right para-aortic lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 4.5 x 3.0 x 2.0 cm. The specimen is dissected for lymph nodes, there are seven pink-tan to yellow-tan ovoid lymph nodes identified, ranging from 1.0 x 0.7 x 0.3 cm to 2.1 x 0.8 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 3A: Four lymph nodes.

Cassette 3B: One lymph node, bivalved.

Cassette 3C: Two lymph nodes, bivalved, one inked blue.

- 4) Received in formalin, labeled "right pelvic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 4.5 x 1.7 cm. The specimen is dissected for lymph nodes, there are five pink-tan to yellow-tan ovoid lymph nodes identified, ranging from 1.0 x 0.7 x 0.5 cm to 2.5 x 1.5 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 4A: One lymph node, bivalved.

Cassette 4B: One lymph node, bivalved.

Cassette 4C: One lymph node, bivalved.

Cassette 4D: One lymph node, bivalved.

Cassette 4E: One lymph node, bivalved.

- 5) Received in formalin, labeled "left external iliac lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 4.5 x 4.0 x 1.5 cm. The specimen is dissected for lymph nodes, there are five pink-tan ovoid lymph nodes identified, ranging from 0.9 x 0.7 x 0.3 cm to 2.2 x 1.2 x 0.8 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 5A: Two lymph nodes.

Cassette 5B: One lymph node, bivalved.

Cassette 5C: One lymph node, bivalved.

Cassette 5D: One lymph node, bivalved.

- 6) Received fresh, labeled with the patient's name and "uterus, right tube and ovary", is a 410 gram specimen including a previously opened uterus (11.0 x 9.0 x 5.0 cm) with attached right ovary (3.6 cm in length and 0.9 cm in diameter), right fallopian tube (1.1 cm in length and 0.6 cm in diameter). The exocervix (3.7 x 3.7 cm) is covered by

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GROSS DESCRIPTION: (continued)

smooth, glistening, white mucosa. The external os is circular and measures 0.6 cm in diameter. The endocervical canal (3.0 cm in length) has a tan herringbone mucosa. The endometrial cavity (6.7 cm from cornu to cornu, 6.0 cm in length) has a tan-pink, friable, exophytic tumor located in the anterior wall which extends to the posterior wall. The tumor measures approximately 4.0 x 4.0 x 0.7 cm. There appears to be invasion of the underlying mucosa to a depth of approximately one-half of the myometrium. The tumor extends into the anterior lower uterine segment by a distance of 0.5 cm. The myometrium measures 2.6 cm in maximum thickness. The serosa is shiny and glistening and without adhesions. There is a 5.0 x 4.5 x 2.0 cm submucosa leiomyoma in the fundus, distorting the anterior and posterior endomyometrium. The right ovary has a smooth white outer surface and a white-tan unilocular cyst with smooth inner and outer surfaces, (1.1 x 0.8 x 0.5 cm) with area of white fibrotic tissue is present, possibly representing residual ovarian tissue. No corpora albicantia are seen. The fallopian tube is patent with a fimbriated end and is grossly unremarkable. The anterior surface of the uterus is inked blue, the posterior surface inked black and the bisected tissue segments are inked yellow at cut ends. The specimen is representatively sampled and submitted as follows:

CASSETTE SUMMARY

Cassette 6A, 6B:	Anterior cervix, bisected, submitted in two cassettes.
Cassette 6C, 6D:	Posterior cervix, bisected, submitted in two cassettes.
Cassette 6E:	Anterior lower uterine segment.
Cassette 6G:	Posterior lower uterine segment.
Cassette 6H, 6J:	Full thickness section of tumor, anterior endomyometrium, bisected and inked yellow, submitted in two cassettes.
Cassette 6K, 6L:	Tumor with anterior endomyometrium, one full thickness section, bisected, submitted in two cassettes.
Cassette 6M, 6N:	Tumor with anterior endomyometrium, one full thickness section, bisected, submitted in two cassettes.
Cassette 6P, 6Q:	Tumor with anterior endomyometrium, one full thickness section, bisected, submitted in two cassettes.
Cassette 6R, 6S:	Tumor, posterior endomyometrium, one full thickness section, bisected, submitted in two cassettes.
Cassette 6T, 6U:	Posterior endomyometrium, one full thickness section, bisected, submitted in two cassettes.
Cassette 6V, 6W:	Posterior endomyometrium, one full thickness section, bisected, submitted in two cassettes.
Cassette 6X, 6Y:	Posterior endomyometrium, one full thickness section, bisected, submitted in two cassettes.
Cassette 6Z-6BB:	Leiomyoma, representative sections.
Cassette 6CC:	Right ovary, right fallopian tube.
Cassette 6DD:	Cyst, right ovary.

- 7) Received fresh, labeled with the patient's name and "left tube and ovary", is a 224 gram salpingo-oophorectomy specimen, including ovary (4.0 x 2.2 x 1.1 cm) and attached fallopian tube dilated to 9.1 cm x 8.1 x 4.5 cm. The cyst contains clear, serous

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GROSS DESCRIPTION: (continued)

fluid. The residual fallopian tube measures 1.1 cm in length and 0.3 cm in diameter. The attached ovary has a tan-white, smooth outer surface. On cut section, the parenchyma is pale white to yellow-tan, fibrotic and grossly unremarkable. Representative sections of the specimen are submitted as follows:

CASSETTE SUMMARY:

Cassette 7A: Fallopian tube.
Cassette 7B, 7C: Representative sections of cyst.
Cassette 7D: Left ovary.

- 8) Received in formalin, labeled "left obturator lymph node" and with the patient's name is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 6.0 x 4.5 x 1.7 cm. The specimen is dissected for lymph nodes, there are four yellow-tan ovoid lymph nodes identified, ranging from 1.5 x 1.0 x 0.7 cm to 3.5 x 2.0 x 0.8 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 8A: One lymph node, bivalved.
Cassette 8B: One lymph node, bivalved.
Cassette 8C: One lymph node, bivalved.
Cassette 8D, 8E: One large lymph node, bivalved.

Dictated by:

Entered:

COPIES TO:

Does Not Know

Undefined Provider

CPT Codes:

RETIC- VIMENTIN-
LYMPH NODE, REGIONAL RESECT/
IHC KERATIN COCKTAIL-

LYMPH NODE BX (1)
UTERUS W/WO ADNEXAE, TUMOR-

INHIBIN-

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SPEC #:

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ICD9 Codes:

** END OF REPORT **