

Redacted



RUN DATE:
RUN TIME:
RUN USER:

PAGE 1

PATIENT: [REDACTED] ACCT #: [REDACTED] LOC: [REDACTED]
AGE/SX: /F ROOM: [REDACTED]
REG DR: [REDACTED] DOB: [REDACTED] BED: [REDACTED]
STATUS:

SPEC #: [REDACTED] RECD: [REDACTED] STATUS: [REDACTED] PERFORMED [REDACTED]
COLL: [REDACTED] TIME IN FORMALIN: 0:00 hrs.
COLD ISCHEMIA TIME: 0:00 mins.

CLINICAL INFORMATION:

Pre-Op Diagnosis: Ascitic fluid, enlarged uterus, abnormal pap. thickened endometrial stripe, post menopausal bleeding

Remarks:

Specimen(s): A. Left uterosacral ligament
B. Round ligament
C. Uterus, cervix, BSO - tissue banking
D. Posterior cul-de-sac
E. Paracolic gutter
F. Bladder peritoneum
G. Left sidewall
H. Right sidewall
I. Left IP ligament

ICD-O-3

Adenocarcinoma, serous 8441/3

Site: Fundus uteri C54.3

path Uterus NOS C55.9

6/21/14

MICROSCOPIC DIAGNOSIS

- A. LEFT UTEROSACRAL LIGAMENT (BIOPSY):
 - METASTATIC SEROUS CARCINOMA
- B. LEFT ROUND LIGAMENT (BIOPSY):
 - METASTATIC SEROUS CARCINOMA
- C. UTERUS (DA VINCI-ASSISTED RADICAL HYSTERECTOMY):
 - SEROUS ADENOCARCINOMA, INVASIVE THROUGH THE MYOMETRIUM TO THE SEROSAL SURFACE OF THE UTERUS
 - TUMOR INVADES CERVIX
 - ANGIOLYMPHATIC INVASION PRESENT
 - MULTIPLE LEIOMYOMAS
 - SEE COMMENT FOR SYNOPTIC REPORT
- FALLOPIAN TUBES AND OVARIES (BSO):
 - METASTATIC SEROUS CARCINOMA, BOTH OVARIES
- D. POSTERIOR CUL-DE-SAC (BIOPSY):
 - METASTATIC SEROUS CARCINOMA
- E. PERICOLIC GUTTER (BIOPSY):
 - METASTATIC SEROUS CARCINOMA
- F. URINARY BLADDER PERITONEUM (BIOPSY):
 - METASTATIC SEROUS CARCINOMA

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SPEC #: PATIENT: (Continued)

MICROSCOPIC DIAGNOSIS (Continued)

- G. LEFT PELVIC SIDEWALL (BIOPSY):
- METASTATIC SEROUS CARCINOMA
- H. RIGHT PELVIC SIDEWALL (BIOPSY):
- METASTATIC SEROUS CARCINOMA
- I. LEFT IP LIGAMENT (BIOPSY):
- METASTATIC SEROUS CARCINOMA

COMMENT(S)

CAP APPROVED SURGICAL PATHOLOGY CANCER CASE SUMMARY: ENDOMETRIUM

SPECIMEN:	Uterine corpus, cervix, right ovary, left ovary, right and left fallopian tubes (not clearly identified at pathologic exam), multiple biopsies of pelvic peritoneum
PROCEDURE:	Bilateral salpingo-oophorectomy, peritoneal biopsies, Da Vinci assisted radical hysterectomy
LYMPH NODE SAMPLING:	Not performed
SPECIMEN INTEGRITY:	Hysterectomy specimen (received in two pieces)
TUMOR SIZE:	Greatest dimension: 4.5 cm
HISTOLOGIC TYPE:	Serous adenocarcinoma
HISTOLOGIC GRADE:	Not applicable
MYOMETRIAL INVASION:	Present, full thickness invasion to serosal surface
INVOLVEMENT OF CERVIX:	Invasion of cervical stromal connective tissue
EXTENT OF INVOLVEMENT:	Right ovary: Involved Left ovary: Involved Pelvic wall: Involved
PERITONEAL ASCITIC FLUID:	negative for malignancy
LYMPH-VASCULAR INVASION:	Present
PATHOLOGIC STAGING:	Primary tumor: pT3a Regional lymph nodes: pNX Pelvic lymph nodes: No nodes submitted or found Para-aortic lymph nodes: No nodes submitted or found Distant metastasis: Not applicable

GROSS DESCRIPTION:

The specimen is received in nine parts. Each part is received labeled with the patient's name.

A. Received in formalin labeled "left uterosacral ligament" is a 0.9 x 0.5 x 0.4 cm yellow-tan fibroconnective tissue biopsy. The specimen is bisected and entirely submitted in cassette A1.

B. Received in formalin labeled "left round ligament" is a 1.0 x 0.9 x 0.5 cm nodular

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SPEC #: [REDACTED] PATIENT: [REDACTED] (Continued)

GROSS DESCRIPTION: (Continued)

fibroconnective tissue biopsy. The specimen is trisected and entirely submitted in cassette B1.

C. Received fresh for tissue banking is a 50 gram, 5.0 x 4.8 x 3.6 cm uterine corpus which has a separately received, disrupted 11 gram, 2.8 x 2.5 x 2.5 cm cervix. The cervix has an eccentric 0.4 cm os. The uterus is received with the attached bilateral fallopian tubes and ovaries and weighed with the tubes and ovaries removed. The cervix cannot be oriented anterior to posterior, and the ectocervical rim will be inked blue with the deeper tissues inked black. The uterine serosa has focal hemorrhagic adhesions and subserosal nodularity. The uterus is bivalved to have a diffusely ragged, friable endometrium. The friable, ragged endometrium appears to fill the entire cavity and is cauterized near the roughened removed area of the previously amputated cervix. The ragged tumor-like area is 4.5 x 4.0 cm. Sectioning the myometrium shows a 1.8 cm possibly posterior, calcified leiomyoma within the myometrium. The myometrium ranges up to 2.2 cm in this region, and there appears to be possible invasive tumor extending 1.6 cm. The tumor is sampled for tissue banking at

The tumor grossly appears to involve more than 50% of the myometrium posteriorly, and the myometrium is disrupted and hemorrhagic on the anterior surface. The anterior myometrium averages 0.8 cm in thickness. The tumor appears to extend with 0.2 cm between the tumor and inked serosa. The tumor diffusely extends more than 50% of the myometrium both anterior and posterior. The right fallopian tube is disrupted and is 1.7 x 0.4 cm. The fimbria cannot be clearly identified. The right ovary is 2.5 x 2.0 x 1.2 cm. The ovary is sectioned to have a dense fibrous stroma with multiple corpora albicantia. The left fallopian tube is a 1.5 cm ill-defined hemorrhagic segment of fallopian tube which is adhered to a 2.5 x 1.2 x 1.2 cm ovary. The ovary is sectioned to have a dense fibrous stroma with multiple corpora albicantia. Representative sections are sampled as labeled:

- C1-C3 - representative sections of cervix to include full cross section to amputation site
- C4 - one full thickness cross section of posterior lower uterine segment, endometrium to serosa and a section of posterior fundic serosa with subserosa nodules
- C5-C7 - additional posterior full thickness cross section of endometrial tumor to inked serosa
- C8-C11 - anterior full thickness cross sections of endometrium, myometrium and inked serosa with tumor
- C12-C13 - right ovary and possible tube sampled
- C14-C15 - left ovary and possible tube sampled
- C16,17 - additional sections of possible fallopian tubes

D. Received in formalin labeled "posterior cul-de-sac" are two hemorrhagic fibroconnective tissue biopsies. The biopsies are 0.6 and 1.4 x 0.8 x 0.5 cm. The larger biopsy is bisected, and the tissues are entirely submitted in cassette D1.

E. Received in formalin labeled "pericolic gutter" is a 1.4 x 0.7 x 0.4 cm nodular fibroconnective tissue biopsy. The biopsy is bisected and entirely submitted in cassette E1.

F. Labeled "bladder peritoneum" is a linear, fibromembranous 1.5 x 0.4 x 0.2 cm fibroconnective tissue biopsy, submitted in toto in cassette F1.

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SPEC #: PATIENT: (Continued)

GROSS DESCRIPTION: (Continued)

G. Labeled "left sidewall" is a 1.0 x 0.5 x 0.4 cm cauterized fibroconnective tissue biopsy. The specimen is bisected and entirely submitted in cassette G1.

H. Labeled "right sidewall" is a friable 1.2 x 1.2 x 0.4 cm tan-white tissue biopsy. The specimen is trisected, and there are additional fragments within the specimen container. The specimen container contents are filtered, and the tissues are entirely submitted in cassette H1.

I. Labeled "left IP ligament" are two nodular yellow-tan to focally hemorrhagic tissue biopsies. The biopsies average 0.5 cm. The tissues are submitted in toto in cassette I1.

INTRAOPERATIVE CONSULTATION:

(C). UTERUS, GROSS EXAM: - MYOINVASIVE TUMOR IDENTIFIED AND SAMPLED FOR TISSUE BANKING
- FINDINGS REPORTED TO TISSUE BANKING COORDINATOR AT

PHOTO DOCUMENTATION

Image Picture Copy Error
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Image Picture Copy Error
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Signed ____ (signature on file) ____

** END OF REPORT **

11/13/13

Diagnosis	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
PPA Discrepancy		✓
Prior Malignancy History		✓
Self-Synchronous Primary Nodule		✓
See to (circled)	DISQUALIFIED	
even with initial	Date Reviewed: 11/13/13	