

Patient Name:

DOB:

Accession:

MRN:

PAN: 1

Surgical Pathology Report

Final

100-0-3

adenocarcinoma, endometrioid, NOS 8380/3

Site: endometrium c54.1 lw 10/30/11

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RE	DATE REVIEWED: 10/28/11

lw 10/30/11

SURGICAL PATHOLOGY REPORT FINAL

Patient Name

Address:

Gender: F

DOB:

(Age:)

Service: Gynecology

Location: OTHER

MRN:

Hospital #:

Patient Type: SDSA

Accession #:

Taken:

Received:

Accessioned:

Reported:

Physician(s):

, M.D.

Other Related Clinical Data:

DIAGNOSIS:

UTERUS, ENDOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- POORLY DIFFERENTIATED ENDOMETRIOID ADENOCARCINOMA, FIGO GRADE III/III

(SEE COMMENT)

- TUMOR INVADDES TO THE MYOMETRIUM WITH A MAXIMUM DEPTH OF 1.2 CM FROM TOTAL THICKNESS OF 1.5 CM

- LOWER UTERINE SEGMENT IS INVOLVED BY TUMOR

- NO LYMPH-VASCULAR SPACE INVASION IDENTIFIED

UTERUS, MYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- DIRECT EXTENSION OF TUMOR TO THE MYOMETRIUM

- ADENOMYOSIS, FOCAL

UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY

- TUMOR INVOLVES THE SUPERFICIAL ENDOCERVICAL GLANDS

- NO EVIDENCE OF STROMAL INVASION

OVARY, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

FALLOPIAN TUBE, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

OVARY, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

- ENDOMETRIOSIS, FOCAL (SEE COMMENT)

FALLOPIAN TUBE, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

LYMPH NODES, "LEFT PELVIC," DISSECTION

- NEGATIVE FOR MALIGNANCY IN TOTAL OF SIX LYMPH NODES (0/6)

LYMPH NODES, "RIGHT PELVIC," DISSECTION

- NO EVIDENCE OF MALIGNANCY IN TOTAL OF SEVEN LYMPH NODES (0/7)

LYMPH NODES, "RIGHT PERI-AORTIC," DISSECTION

- NO EVIDENCE OF MALIGNANCY IN TOTAL OF FOUR LYMPH NODES (0/4)

LYMPH NODES, "LEFT PERI-AORTIC," DISSECTION

- NO EVIDENCE OF MALIGNANCY IN TOTAL OF FOUR LYMPH NODES (0/4)

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material indicated in the

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diagnosis).

***Report Electronically Reviewed and Signed Out By
Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as:
"Called to pick up '#1, uterus, cervix, BSO,' consisting of a uterus with attached bilateral fallopian tubes and ovaries, weighing 80 grams and measuring 7.5 cm from fundus to ectocervix, 5 cm from cornu to cornu, 4 cm from anterior to posterior. Opened in the O.R. to show a polypoid mass protruding into the anterior endometrial cavity, measuring 3.5 x 2.5 x 1.5 cm. A mass measuring 3.5 x 2.4 x 0.9 cm is present in the posterior endomyometrium. The unremarkable right fallopian tube measures 8.5 x 0.3 x 0.3 cm, and the right ovary measures 2.5 x 1.5 x 1 cm. The left fallopian tube measures 5 x 0.3 x 0.3 cm, and the left ovary measures 2.5 x 1.5 x 1 cm. Tumor and normal taken for . Rest for permanents," by M.D.

Microscopic Description and Comment:

Microscopic sections show a poorly differentiated endometrioid adenocarcinoma, FIGO grade III/III, with involvement of lower uterine segment and endocervical glands with no evidence of cervical stromal invasion. The maximum depth of invasion of tumor measures 1.2 cm from total thickness of 1.5 cm. No definitive lymph-vascular space invasion is identified. Foci of adenomyosis and endometriosis (left ovary) can be appreciated. No evidence of metastatic tumor in total of 21 regional lymph nodes (0/21).

History:

The patient is a year old woman with endometrial carcinoma. Operative procedure: EUA, exploratory laparotomy, TAH/BSO, lymph node dissection.

Specimen(s) Received:

- A: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES
- B: LEFT PELVIC NODE
- C: RIGHT PELVIC NODE
- D: RIGHT PERI-AORTIC NODE
- E: LEFT PERI-AORTIC NODE

Gross Description

The specimens are received in five formalin-filled containers, each labeled "uterus, cervix, BSO." The first container is additionally labeled "uterus, cervix, BSO." The measurements and weight are consistent with the ones described in the intraoperative note. Additionally, the ectocervical canal measures 3 x 1 cm, and is yellow-tan and smooth. The endometrium measures 3.5 x 2.5 cm, and is roughly triangular. The entire endometrial cavity is replaced by tumor. In addition to the polypoid protuberance, the underlying myometrium shows a gross invasion of 0.5 cm. Labeled A1 to A4 - contiguous sections of anterior endomyometrium to anterior cervix; A5, A6 - additional sections of anterior endomyometrium with tumor; A7 to A9 - contiguous sections of posterior endomyometrium to posterior cervix; A10, A11 - posterior endomyometrium with tumor; A12 - right ovary; A13 - right fallopian tube; A14 - left ovary; A15 - left fallopian tube. Jar 2.

The second container is labeled "left pelvic lymph nodes." It contains fatty fragments of tissue measuring 7.5 x 6 x 1 cm. Labeled B1 to B6 - one lymph node bisected each. Jar 1.

The third container is labeled "right pelvic lymph nodes." It contains an 8 x 5.5 x 1 cm fatty tissue. Labeled C1 to C7 - one lymph node bisected each. Jar 1.

The fourth container is labeled "right periaortic lymph nodes." It contains a 4 x 3 x 1 cm fragment of fatty tissue. Labeled D1 to D4 - one lymph node bisected each. Jar 1.

The fifth container is labeled "left periaortic lymph nodes." It contains two fragments of fatty tissue measuring 2 x 1 x 1, and 1.5 x 1 x 1 cm. Labeled E1

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to F4 - one lymph node bisected each. Jar 1.

M.D.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, endometrioid type

FIGO GRADE

The FIGO Grade of the tumor is 51 to 100% solid growth pattern (FIII)

TUMOR INVASION

Invasive tumor is present with invasion of the outer 1/3 of the myometrium

TUMOR SIZE

The tumor invades to a depth of 1.2 mm

The myometrial thickness is 1.5 mm

LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)

The lower uterine segment is involved by tumor

ENDOCERVICAL INVOLVEMENT

The endocervix is involved by tumor in its mucosal aspect only

LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is absent

REGIONAL LYMPH NODES (N)

No regional lymph node metastasis (N0)

The regional lymph nodes are free of tumor in 21 nodes

The regional lymph nodes are involved by tumor in 0 nodes

The total number of lymph nodes examined is 21

DISTANT METASTASIS (M)

Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)

Tumor limited to the glandular epithelium of the endocervix. There is no evidence of connective tissue stromal invasion (T2a/IIA)

STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T2a/N0/M0 (Stage IIA)

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

The performance characteristics of some immunohistochemical stains, fluorescence in-situ hybridization tests and immunophenotyping by flow cytometry cited in this report (if any) were determined by the Surgical Pathology Department at _____ as part of an ongoing quality assurance program and in compliance with federally mandated regulations drawn from the Clinical Laboratory Improvement Act of 1988 (CLIA '88). Some of these tests rely on the use of "analyte specific reagents" and are subject to specific labeling requirements by the US Food and Drug Administration. Such diagnostic tests may only be performed in a facility that is certified by the Department of Health and Human Services as a high complexity laboratory under CLIA '88. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for

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research. Nevertheless, federal rules concerning the medical use of analyte specific reagents require that the following disclaimer be attached to the report:

This test was developed and its performance characteristics determined by the Surgical Pathology Department of . It has not been cleared or approved by the U. S. Food and Drug Administration.