



RUN DATE:
 RUN TIME:
 BY:

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

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

CLINICAL HISTORY:
 SERIOUS PAPILLARY CARCINOMA; ADENOCARCINOMA

SPECIMEN/PROCEDURE:
 1. UTERUS - CERVIX, BTL TUBES AND OVARIES
 2. LYMPH NODE - RIGHT PELVIC
 3. SOFT TISSUES - RIGHT PELVIC SIDEWALL
 4. LYMPH NODE - LEFT PELVIC
 5. LYMPH NODE - LEFT PARA AORTIC
 6. LYMPH NODE - RIGHT PARA AORTIC
 7. OMENTUM

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):		
Reviewer Initials	QUALIFIED	DISQUALIFIED
Date Reviewed	10/29/11	

1CB-0-3
 adenocarcinoma, serous, NOS 8441/3
 Site: endometrium C54.1 10/29/11

IMPRESSION:

- 1) UTERUS, CERVIX, BILATERAL TUBES AND OVARIES, HYSTERECTOMY AND SALPINGO-OOPHORECTOMY:
 - . Serous papillary carcinoma of endometrium with myometrial invasion, about 83%.
 - . Endocervical canal without definite tumor involvement (see checklist).
 - . The tumor 0.2 cm away from the closest anterior uterine serosal margin.
 - . Lymphatic invasion is present.
 - . Leiomyoma of myometrium (4.5 cm).
 - . Bilateral ovaries with physiologic changes, no tumor involvement.
 - . Bilateral fallopian tubes without tumor involvement.
- 2) LYMPH NODES, RIGHT PELVIC, DISSECTION:
 - . Three lymph nodes negative for metastasis (0/3).
- 3) SOFT TISSUE, RIGHT PELVIC SIDEWALL, BIOPSY:
 - . Benign peritoneal cyst, negative for metastasis.
- 4) LYMPH NODES, LEFT PELVIC, DISSECTION:
 - . One of four lymph nodes positive for metastasis (1/4).
- 5) LYMPH NODES, LEFT PARA-AORTIC, DISSECTION:
 - . Three lymph nodes negative for metastasis (0/3).
- 6) LYMPH NODES, RIGHT PARA-AORTIC, DISSECTION:
 - . One of three lymph nodes positive for metastasis (1/3).
- 7) OMENTUM:

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IMPRESSION: (continued)

Benign fibroadipose tissue, negative for malignancy.

ENDOMETRIAL CARCINOMA CHECKLIST**MACROSCOPIC****SPECIMEN TYPE**
Hysterectomy**TUMOR SITE**

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

TUMOR SIZE

Greatest dimension: 6 x 5.2 x 1.4 cm

OTHER ORGANS PRESENT

Right ovary
Left ovary
Right fallopian tube
Left fallopian tube
Omentum

MICROSCOPIC**HISTOLOGIC TYPE**

Serous adenocarcinoma

HISTOLOGIC GRADE

Not applicable

MYOMETRIAL INVASION

Invasion present

Maximal depth of myometrial invasion: 1.3 cm

Thickness of myometrium in area of maximal tumor invasion: 1.5 cm

The % of myometrial involvement: 83%

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

TNM (FIGO)

pT1 (I): Tumor confined to corpus uteri

pT1c (IC): Tumor invades one-half or more of the myometrium

REGIONAL LYMPH NODES (pN)

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IMPRESSION: (continued)

TNM (FIGO)

pN1 (IIIC): Regional lymph node metastasis

Number examined: 13

Number involved: 2

DISTANT METASTASIS (pM)

TNM (FIGO)

pMX: Cannot be assessed

MARGINS

Uninvolved by invasive carcinoma

Distance of invasive carcinoma from closest margin: 2 mm

(Specify margin[s]): Anterior uterine serosa

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

Present

ADDITIONAL PATHOLOGIC FINDINGS

None identified

Pathologic TNM (AJCC 6th Edition): pT1c N1 MX

Dictated by:

Entered:

SPECIAL STAINS/PROCEDURES:

Immunohistochemical stains are performed with appropriate positive and negative controls on section 1G:

p53 (1G and 1H):

Negative.

p16:

Partially positive.

ER:

Partially weakly positive (<50%).

PR:

Partially positive (about 50%).

CEA poly:

Mostly negative.

Vimentin:

Negative.

CD117:

Negative.

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SPECIAL STAINS/PROCEDURES: (continued)

Immunohistochemical stains are performed with appropriate positive and negative controls on section 1B:

CD10:

Positive in stroma with tumor involvement.

Mucicarmine is performed with appropriate positive control on section 1G:

Negative.

Dictated by:

GROSS DESCRIPTION:

- 1) Received in fixative, labeled with the patient's name and unit number and "uterus, cervix, bilateral tubes and ovaries", is a 232 gram specimen including a previously opened uterus (10.5 x 7.2 x 5.5 cm), left fallopian tube (5.7 cm in length, 0.4-0.6 cm in diameter), left ovary (2.5 x 2.2 x 1.1 cm), right fallopian tube (6.2 cm in length, 0.5-0.7 cm in diameter), right ovary (3.1 x 2.2 x 1.4 cm). The external surface of the uterus is dull and covered by multiple fine adhesions. There is an area (1.5 x 1.0 cm) in the lower pole of the left ovary which is ragged and probably represents a resection margin (inked black). There is no visible gross lesion on the external surface of the specimen. The cervix measures 2.2 x 2.0 cm and is covered by red-tan slightly hemorrhagic smooth mucosa. The external os is slit-like and measures 0.4 x 0.2 cm. The endocervical canal is 2.7 cm in length and has pink-tan herringbone mucosa. The endometrial cavity measures 5.5 cm in length x 3.7 cm from cornu to cornu. There is an extensive exophytic papillary growth involving almost the entire endometrium sparing only the lower uterine segment, 0.3 cm on the anterior surface and 1.1 cm from the posterior surface. The uninvolved endometrium has pink-tan appearance and measures 0.2 to 0.4 cm in thickness. The tumor mass is white-tan, fragile and papillary. The tumor measures 6.2 cm (combined on anterior and posterior surface) x 5.2 cm x 1.4 cm (maximum thickness). The central portion of the tumor is necrotic. Grossly, the tumor invades myometrium with the maximum extent of the anterior uterine wall, 1.4 cm of muscle invasion with 2.8 cm wall thickness. There is a partially calcified leiomyoma (4.5 cm in diameter) located within the myometrium of the posterior wall with a focal area of hemorrhage. Both fallopian tubes have previously removed central portions, consistent with a history of bilateral tubal ligation. There is a paratubal cyst (0.4 cm in diameter) with smooth internal lining and filled with yellow fluid, which is located in the distal portion of the right fallopian tube. Otherwise, the fallopian tubes are unremarkable. The left ovary is composed of sclerotic white-yellow tissue with multiple corpora albicantia. The right ovary has smooth and glistening pink-tan surface with white-yellow sclerotic parenchyma and multiple corpora albicantia. The specimen is serially sectioned and submitted as follows:

Ink Code: Anterior surface - blue, posterior surface - black, lower uterine segment -

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GROSS DESCRIPTION: (continued)
green.**CASSETTE SUMMARY:**

Cassette 1A: Anterior cervix, 12:00.
Cassette 1B: Anterior cervix, endocervical canal and lower uterine segment.
Cassette 1C: Posterior cervix, 6:00.
Cassette 1D: Posterior cervix, endocervical canal and lower uterine segment.
Cassette 1E: Anterior uterus, midportion, maximum tumor invasion.
Cassette 1G: Anterior uterus, upper portion, extensive necrosis.
Cassette 1H: Posterior uterus, upper portion, necrosis.
Cassette 1J: Posterior uterus, lower portion.
Cassette 1K, 1L: Leiomyoma with hemorrhagic areas.
Cassette 1M: Leiomyoma, central portion.
Cassette 1N: Left fallopian tube distal and proximal tubal ligation.
Cassette 1P: Left ovary.
Cassette 1Q: Right fallopian tube with paratubal cyst.
Cassette 1R: Right ovary.

- 2) Received in formalin, labeled "right pelvic lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 6.0 x 5.1 x 2.2 cm. The specimen is dissected for lymph nodes, there are three pink-tan ovoid lymph nodes identified, ranging from 2.0 x 1.1 x 1.0 cm to 4.8 x 1.5 x 0.8 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 2A: One lymph node, bivalved.
Cassette 2B, 2C: One large lymph node, trisected.
Cassette 2D, 2E: One large lymph node, bivalved and bisected.

- 3) Received in formalin, labeled "right pelvic sidewall" and with the patient's name, is a firm deep purple ovoid nodule, 0.7 x 0.5 x 0.5 cm, with an attached pink-tan to pale tan stalk, 0.7 x 0.2 x 0.2 cm. The specimen is bisected and entirely submitted in one cassette.
- 4) Received in formalin, labeled "left pelvic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 5.0 x 4.5 x 2.0 cm. The specimen is dissected for lymph nodes. There are four pink-tan to yellow-tan ovoid lymph nodes identified, ranging from 1.8 x 1.0 x 0.7 cm to 2.7 x 2.3 x 0.8 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 4A, 4B: One lymph node, bivalved.
Cassette 4C, 4D: One lymph node, bivalved.
Cassette 4E: One lymph node, bivalved.
Cassette 4G: One lymph node, bivalved.

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GROSS DESCRIPTION: (continued)

- 5) Received in formalin, labeled "para-aortic lymph nodes" and with the patient's name, is one irregular unoriented portion of yellow-tan lobulated adipose tissue, 5.5 x 2.5 x 1.5 cm. The specimen is dissected for lymph nodes, there are three pink-tan ovoid lymph nodes identified, ranging from 1.5 x 0.8 x 0.5 cm to 3.0 x 1.5 x 0.8 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 5A,5B: One lymph node, bivalved.
Cassette 5C: One lymph node, bivalved.
Cassette 5D: One lymph node, bivalved.

- 6) Received in formalin, labeled "right para-aortic lymph node" and with the patient's name, is an irregular portion of yellow-tan lobulated adipose tissue, 3.5 x 2.3 x 1.3 cm. The specimen is dissected for lymph nodes, there are three pink-tan ovoid lymph nodes identified, ranging from 1.8 x 1.1 x 0.3 cm to 2.8 x 1.0 x 0.8 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 6A: One lymph node, bivalved.
Cassette 6B: One lymph node, bivalved.
Cassette 6C: One lymph node.

- 7) Received in formalin, labeled "omentum" and with the patient's name, is an irregular unoriented portion of yellow-tan lobulated adipose tissue, 19.2 x 8.5 x 3.3 cm. The specimen is serially sectioned at close intervals, the cut surface is a homogeneous golden yellow and is lobulated. There are no obvious masses or lesions identified. The specimen is representatively sampled and submitted in three cassettes.

Dictated by: /

Entered:

COPIES TO:

Does Not Know

Undefined Provider

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SPEC #:

(Continued) Page: 7

CPT Codes:

MUCICARMINE-

, VIMENTIN-

ER(SP1)-

PR(1E2)-{

CEA-

, LYMPH NODE, REGIONAL RESECT/

SOFT TISSUE BIOPSY (1)/

UTERUS W/VO ADNEXAE, TUMOR-883

IHC P53

IHC

/, IHC CD10

OMENTUM -

IHC P16-

ICD9 Codes:

Resident Physician:

I have personally reviewed the material
(specimen/slide) and approve this final report.

Electronically Signed by: _____

** END OF REPORT **