Pelvic lymph nodes, Right

Criteria

less

JAL!FIED

Diagnosis Discrepancy Clear Cell 100

Primary Tumor Site Discrepancy
HIPAA Discrepancy

Prior Malignancy History

Reviewer Initials

Duar/S, nehronous Primary Case is (circle):

pT1b pN1

HIC1

Not applicable

PATIENT HISTORY:

omentactomy, SPECIFIC CLINICAL QUESTION: Not listed. OUTSIDE TISSUE DIAGNOSIS: Not listed. PRIOR MALIGNANCY: Not listed.
CHEMORADIATION THERAPY: Not listed. OTHER DISEASES: Not listed. FINAL DIAGNOSIS:

MYOMETRILIM)

LYMPH NODE GROUPS INVOLVED:

T STAGE, PATHOLOGIC:

N STAGE, PATHOLOGIC: M STAGE, PATHOLOGIC:

Carcinoma, endometrioid, scrows, clar all Mixed

(code to highest) - surona 8441/3

FIGO STAGE:

Site Indometrium C54.1

1CB-0-3

LMP DATE:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Endometrial cancer.

PROCEDURE: Total abdominal hysterectomy with bilateral salpingo-cophorectomy, paivic tymph node dissection and

PART 1: UTERUS, CERVIX (136 GRAMS), OVARIES AND FALLOPIAN TUBES, TOTAL ABDOMINAL HYSTERECTOMY
AND BILATERAL SALPINGO-OOPHORECTOMY
A. HIGH GRADE ENDOMETRIAL ADENOCARCINOMA (3 CM), MIXED WITH ENDOMETRIOLITYPE
(APPROXIMATELY 80%), PAPILLARY SEROUS-TYPE (3-10%), AND CLEAR CELL-TYPE CARCINOMA (5-10%)

THE ENDOMETRICID CARCINOMA COMPONENT IS FIGO GRADE 3, NUCLEAR GRADE 2-3.
THE TUMOR INVADES 95% OF THE MYOMETRIAL THICKNESS (18 MM INVASION OF 19 MM THICK

Coduction Date: