

Uterus, Tumor

(7.2 Uterus_Tumor); Created October 20th, 2019 by Jeremy Deisch, MD; last updated May 25 2023 by JKD

SAMPLE DICTATION

(Labeled: ____, ____, ____) Received ____ is a __ gram [intact/morcellated] uterus [with attached ovaries and/or fallopian tubes]. The uterine corpus measures __ x __ x __ cm, right fallopian tube __ x __ x __ cm, left fallopian tube __ x __ x __ cm, right ovary __ x __ x __ cm, and left ovary __ x __ x __ cm. The [attached/detached] uterine cervix measures __ x __, with a __ cm os.

Major pathologic finding(s): A __ x __ x __ cm [flat, exophytic, necrotic] mass is present within the endometrial cavity, involving the [anterior/posterior aspects]. The mass grossly invades through the myometrium to a depth of __ (of __ cm myometrial thickness) *or* does not grossly invade the myometrial cavity. The overlying uterine serosa is [uninvolved/involved]. The mass extends into the [lower uterine segment/ cervical canal], and [gross invades the cervical stroma to a depth of __ cm (of __ cm cervical wall thickness)]. The lies __ cm from the closest parametrial margin and is __ cm from the ectocervical/vaginal cuff margin.

Other findings: Endometrial polyps, leiomyomata (describe range of size, location), paratubal cysts, etc

Specimen Handling: (RS, ____ caps) SEE-FIM protocol followed: Yes/No/NA

SUGGESTED SAMPLING

- 1,2: Anterior and posterior cervix (full thickness to demonstrate radial stromal margin of cervix)
- 3,4: Anterior and posterior lower uterine segment
- 5,6: Representative section of tumor, full thickness (bisected, one half with endometrial aspect, one with serosa)
- 7,8: Representative section of tumor, full thickness (bisected as above)
- 9,10: Additional representative sections of endometrial mucosa adjacent to tumor
- 11: Parametrial margin, right
- 12: Parametrial margin, left
- 13-15: Right fallopian tube, totally embedded
- 16-18: Left fallopian tube, totally embedded
- 19: Right ovary, representative section
- 20: Left ovary, representative section
- >20: Additional lesions (polyps, leiomyomata, cysts)

STAGING CRITERIA (AJCC 8TH EDITION)

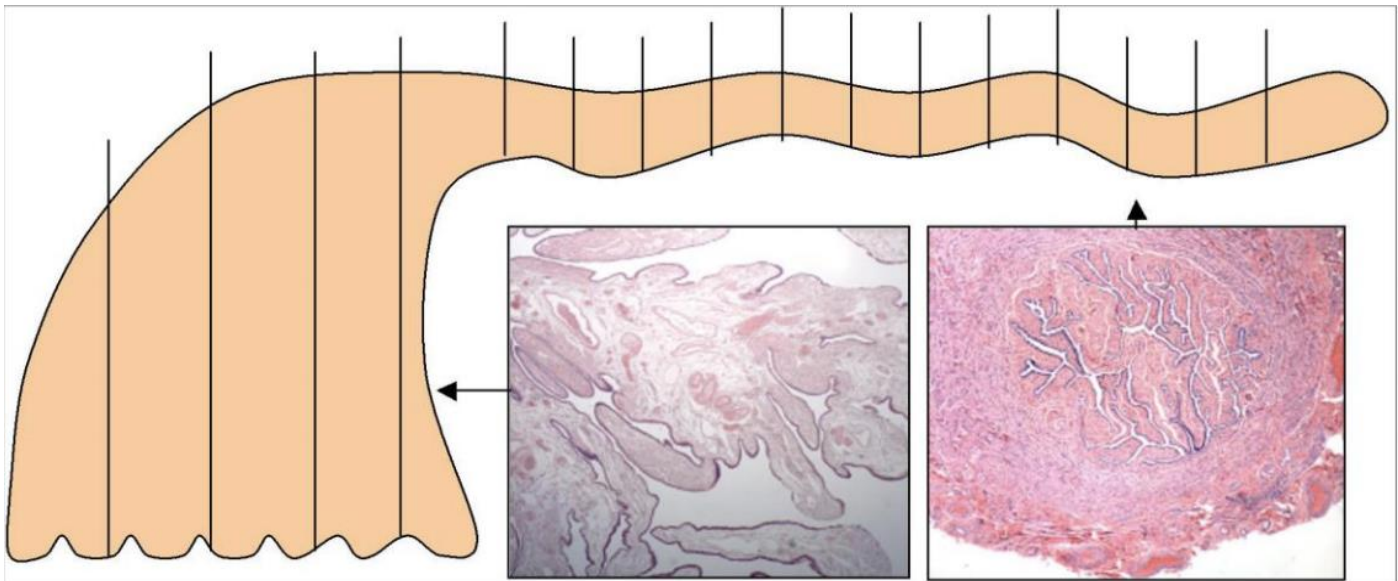
- AJCC staging of endometrial carcinomas are defined primarily by depth of invasion and invasion of other structures, with intramucosal adenocarcinomas and tumors of inner half of myometrium representing stage pT1a, outer half of endometrium pT1b, cervical stromal invasion pT2, serosal and/or adnexal involvement pT3a, vaginal/parametrial involvement pT3b, and adjacent organ involvement pT4.
- Note that there is a parallel system used by gynecologic oncologists, the FIGO staging system. It is very similar with minor variations. The differences are irrelevant to the gross examination approach.

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ADDITIONAL CONSIDERATIONS

- The SEE-FIM protocol (Protocol for **S**ectioning and **E**xtensively **E**xamining the **FIM**briated end of the fallopian tube) should be followed in all cases with adnexal (ovary, fallopian tubal) serous carcinomas (not borderline tumors), as well as in hysterectomy procedures performed for prophylaxis for patients with BRCA mutations. SEE-FIM is not indicated for mucinous or endometrioid tumors of the adnexa, or for tumors arising in the uterine corpus. This protocol increases the sensitivity for detected intratubal precursor lesions that are not grossly apparent, and may help to clarify site of origin for serous carcinomas.
 - The entire fimbriated end and ampulla are sectioned at 2-3 mm intervals and entirely embedded (on average generating six sections per case as opposed to two sections in classic restricted sampling) - See diagram below...



- See following link for primary reference: [Crum CP, Drapkin R, Miron A, et al. The distal fallopian tube: a new model for pelvic serous carcinogenesis](#)