

[REDACTED]
[REDACTED]
Surg Path

UUID:8F3FD045-61EF-4A5C-92DA-257DCAE2E65E
TCGA-NA-A4R1-01A-PR

Redacted



CLINICAL HISTORY:

Malignant neoplasm corpus uteri.

GROSS EXAMINATION:

A. "Uterus, cervix, tubes and ovaries (AF1-2)", received fresh and placed in formalin on [REDACTED]

Procedure: laparoscopic total hysterectomy with salpingo-oophorectomy.

Specimen integrity: intact.

Weight: 258 grams.

Height of uterus: 11.5 cm.

Breadth of uterus at fundus: 7.5 cm.

Anterior-posterior width: 5.5 cm.

Size of endometrial cavity: 8.5 cm long, 3.4 cm cornu to cornu.

Diameter of cervix: 3.2 x 3 cm.

Diameter of external os: 1.4 cm; shape of os: slit-like.

ICD-0-3

Carcinosarcoma 8980/3

Site: Uterus, NOS. C55.9

Capted AUS 1/16/13

Tumor description: The tumor is tan-brown, exophytic and polypoid.

Tumor site: Anterior and posterior, diffuse.

Tumor size: 4.5 x 4.4 x 1.5 cm.

Myometrial invasion: 2.1 cm into a 2.1 cm thick myometrium.

Adjacent non-neoplastic endometrium: There is very minimal non-neoplastic endometrium approximately less than 5% of the endometrium is grossly normal.

Remaining myometrium: There are multiple well-circumscribed tan-white whorled nodules in both the anterior and posterior uterus, ranging from 0.3 cm to 1.6 cm in greatest dimension.

Endocervix and cervix: The cervix and endocervix are grossly uninvolved.

Serosa: The serosa is smooth, tan and glistening with no tumor implants grossly apparent.

Right adnexa:

Dimensions of right ovary: 2.1 x 1.2 x 1.1 cm.

Gross findings in ovary: The right ovary appears to be grossly uninvolved. There is minimal right ovarian tissue.

Length of right fallopian tube: 8.1 cm.

Diameter of right fallopian tube: 1.5 cm.

Gross findings in tube: The fallopian tube is diffusely enlarged and on cut section reveals a lumen that is dilated to 1.4 cm and contains a dark brown fluid.

Left adnexa:

Dimensions of left ovary: 2.0 x 1.3 x 0.9 cm.

Gross findings in ovary: The ovary is tan-white and cerebriiform, grossly uninvolved. There are multiple corpora albicans present.

Length of left fallopian tube: 5.1 cm.

Diameter of left fallopian tube: 1.1 cm.

Gross findings in tube: The left fallopian tube is fimbriated with a pinpoint lumen.

Intraoperative consultation: A. "Uterus, cervix, bilateral tubes and ovaries": AF1 (full thickness)-AF2 (rep polypoid mass)-high grade tumor figo grade 3. Tumor invades through the entire myometrium to the serosal surface. There are focal features suggestive of carcinosarcoma

Special studies prospectively ordered no.

Photograph: no.

Block diagram: no.

[REDACTED]

Tissue submitted for research: no.
Sections submitted in blocks A1 - A18.

BLOCK SUMMARY:

A1- representative section full thickness for frozen as AF1 greatest depth of invasion
A2- representative section of polypoid exophytic mass
A3-5- representative sections of full thickness posterior uterus with tumor
A6- representative section posterior lower uterine section with tumor
A7-8- representative sections of polypoid mass
A9-11- representative full thickness sections of anterior uterus with tumor
A12- representative sections of right ovary
A13- representative sections of right fallopian tube
A14- representative sections of left ovary
A15- representative sections of left fallopian tube
A16-17- representative sections of posterior cervix and lower uterine segment
A18-19- representative sections of anterior cervix and lower uterine segment

B. "Left external iliac", received fresh and placed in formalin on [REDACTED]
[REDACTED] is a 2.4 x 1.6 x 0.3 cm aggregate of yellow fibroadipose tissue. Two lymph node candidates are identified and submitted entirely in B1. The remainder of the fibroadipose tissue is submitted entirely in B1-2.

C. "Left obturator", received fresh and placed in formalin on [REDACTED]
is a 4.2 x 3.1 x 1.2 cm aggregate of yellow fibroadipose tissue. Eight lymph node candidates are identified. Four lymph node candidates are submitted in C1. One lymph node candidate bisected is submitted each in C2-4. The remainder of the fibroadipose tissue is submitted in C5.

D. "Right pelvic lymph node", received fresh and placed in formalin on [REDACTED]
is a 5.4 x 5.1 x 1.2 cm aggregate of yellow fibroadipose tissue. Eleven lymph node candidates are identified. Three lymph node candidates are submitted each in D1-3. One lymph node candidate is submitted in D4 and one lymph node candidate is bisected and submitted in D5. The remainder of the fibroadipose tissue is submitted in D6-7.

E. "Right deep obturator node", received fresh and placed in formalin on [REDACTED]
is a 2.1 x 1.4 x 0.5 cm fragment of yellow fibroadipose tissue. One lymph node is identified. The lymph node is bisected and submitted entirely in E1. The remainder of the fibroadipose tissue is submitted in E2.

F. "Right periaortic lymph nodes", received fresh and placed in formalin on [REDACTED]
is a 3.4 x 3.2 x 1.5 cm aggregate of yellow fibroadipose tissue. Three lymph node candidates are identified. One lymph node candidate bisected is submitted in F1. One lymph node bisected is submitted in F2 with a smaller lymph node. The remainder of the fibroadipose tissue is submitted in F3.

G. "Left periaortic lymph nodes", received fresh and placed in formalin on [REDACTED]
is a 0.9 x 0.5 x 0.3 cm fragment of yellow fibroadipose tissue. No lymph node candidates is found. The entire specimen is submitted entirely in G1.

H. "High middle aortic lymph node", received fresh and placed in formalin on [REDACTED]
[REDACTED] is a 0.6 x 0.6 x 0.4 cm aggregate of adipose tissue. No lymph node candidates are grossly identified. The entire specimen is submitted in H1.
[REDACTED]

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, bilateral tubes and ovaries": AF1 (full thickness), AF2 (rep polypoid mass)-high grade tumor (figo grade 3). Tumor invades through the entire myometrium to the serosal surface. There are focal features suggestive of carcinosarcoma [REDACTED]
[REDACTED]

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterosalpingo-oophorectomy and node dissection.

PATHOLOGIC STAGE (AJCC 7th Edition): pT3a pN1 pMX

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

DIAGNOSIS:

A. UTERUS, CERVIX, FALLOPIAN TUBES AND OVARIES (AF1-2):

UTERUS: 258 GRAMS

CARCINOSARCOMA OF THE ENDOMETRIUM:

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: CARCINOSARCOMA.

FIGO GRADE: 3/3.

TUMOR SIZE: 4.5 X 4 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 2.3 CM, IN A 2.3 THICK WALL.

LYMPHATIC/VASCULAR INVASION: PRESENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: NOT HYPERPLASTIC.

REMAINING MYOMETRIUM: LEIOMYOMATA.

CERVIX: POSITIVE FOR INVASIVE TUMOR.

SEROSA: POSITIVE FOR TUMOR.

SPECIMEN MARGINS: NOT INVOLVED.

OVARIES, RIGHT AND LEFT: NEGATIVE FOR MALIGNANCY.

FALLOPIAN TUBES, RIGHT AND LEFT: NEGATIVE FOR MALIGNANCY.

B. LEFT EXTERNAL ILIAC LYMPH NODES:

FOUR LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/4).

C. LEFT OBTURATOR LYMPH NODES:

TWO OF TWELVE LYMPH NODES POSITIVE FOR METASTATIC MALIGNANCY (2/12)

MAXIMUM SIZE OF METASTASIS: 1 CM.

EXTRA NODAL EXTENSION: PRESENT.

D. RIGHT PELVIC LYMPH NODES:

ONE OF TEN LYMPH NODES POSITIVE FOR METASTATIC MALIGNANCY (1/10)

MAXIMUM SIZE OF METASTASIS: 0.9 CM.

EXTRA NODAL EXTENSION: ABSENT.

E. RIGHT DEEP OBTURATOR NODES:

FOUR LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/4).

F. RIGHT PERIAORTIC LYMPH NODES:

THREE LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/3)

G. LEFT PERIAORTIC LYMPH NODE:

BENIGN FIBROADIPOSE TISSUE.

NEGATIVE FOR MALIGNANCY OR LYMPH NODE.

H. HIGH MIDDLE AORTIC LYMPH NODE:

BENIGN FIBROADIPOSE TISSUE.

NEGATIVE FOR MALIGNANCY OR LYMPH NODE.

COMMENT: Much of the tumor is composed of poorly differentiated carcinomatous areas, with foci of squamous, endometrioid, and clear cell appearing tumor. Some areas show definite evidence of sarcomatous differentiation, including cartilaginous appearing areas as well as foci resembling rhabdomyosarcoma. Heterologous elements are thus present.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

Performed by:

[REDACTED]

[REDACTED]

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary		
Case is (Single):		
Reviewed: [Signature]	QUALIFIED	DISQUALIFIED
Date Reviewed:	10/17/12	