

105-0-3

Adenocarcinoma, Endometrioid, Page 1 of 5

8380/3

hw 11/22/10

NAS

UUID:6867E576-1020-41D7-8C18-25160FE17F81

TCGA-A5-A0GG-01A-PR

Redacted



Site: endometrium c54.1

#:

A/S:

F

Rec:

Col:

Location:
Pathologist:
Assistant:
Attending MD:
Ordering MD:
Copies To:

DIAGNOSIS:

ADDENDUM

1. RIGHT FALLOPIAN TUBE AND OVARY, RIGHT SALPINGO-OOPHORECTOMY:
 - Tubo-ovarian adhesions and adhesions involving serosal surface of fallopian tube
 - Paratubal and paraovarian cysts lined by benign serous epithelium (hydatids of Morgagni)
 - Peritubal endosalpingiosis
 - Ovary with atrophic changes and cystic epithelial inclusions
 - No evidence of metastatic carcinoma
2. UTERUS, LEFT FALLOPIAN TUBE AND OVARY, TOTAL ABDOMINAL HYSTERECTOMY AND LEFT SALPINGO-OOPHORECTOMY:
 - Primary endometrial adenocarcinoma, endometrioid type, with villoglandular features, focal superimposed secretory changes, and possible minor neuroendocrine component, FIGO grade II, nuclear grade 2 (see comment)
 - Adenocarcinoma extensively involves the endometrium of the uterine fundus, anterior uterine corpus, and posterior uterine corpus
 - Minimal (focal) superficial myometrial invasion by carcinoma is present involving less than 10% of the uterine wall thickness
 - No lymphatic or blood vessel invasion by tumor identified
 - No extension of carcinoma into lower uterine segment or cervix
 - Parametrial tissues are free of tumor
 - No evidence of metastatic carcinoma involving ovaries or fallopian tubes
 - Non-neoplastic endometrium shows areas of simple and complex glandular hyperplasia with varying degrees of cytologic atypia
 - Four uterine leiomyomas, one of which is microscopic
 - Uterine serosal adhesions
 - Monckeberg's medial calcific sclerosis of uterine arteries
 - Cervix with chronic inflammation, atrophic squamous changes, and nabothian cysts
 - Right ovary with atrophic changes and a few cystic epithelial inclusions
 - Fallopian tube with serosal adhesion

(continued on next page.)

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3. LYMPH NODES, RIGHT PELVIC, EXCISION:
 - Eight reactive lymph nodes
 - No evidence of metastatic carcinoma (0/8)
4. LYMPH NODE, DESIGNATED "PRECAVAL PLUS RIGHT COMMON", EXCISION:
 - One reactive lymph node

- No evidence of metastatic carcinoma (0/1)
 - 5. LYMPH NODES, LEFT COMMON AND LOWER PERIAORTIC, EXCISION:
 - Two reactive lymph nodes
 - No evidence of metastatic carcinoma (0/2)
 - 6. LYMPH NODE, LEFT COMMON [ILIAC], EXCISION:
 - One tiny reactive lymph node
 - No evidence of metastatic carcinoma (0/1)
 - 7. [SOFT TISSUE], LEFT PELVIC, BIOPSY:
 - No evidence of metastatic carcinoma
 - 8. LYMPH NODES, LEFT PELVIC, EXCISION:
 - Five reactive lymph nodes
 - No evidence of metastatic carcinoma (0/5)
 - 9. SOFT TISSUE, RIGHT PELVIC, BIOPSY:
 - No evidence of metastatic carcinoma
 - 10. OMENTUM, BIOPSY:
 - No evidence of metastatic carcinoma
- COMMENT: Preliminary findings were discussed with Dr. .
 Findings in additional routinely stained sections (slides S ds-1, U ds-1 and V ds-1) have been incorporated in the diagnosis. Immunohistochemical stains for chromogranin and synaptophysin will be preformed in order to evaluate for a potential neuroendocrine component to the uterine neoplasm. Results of the immunostains will be reported in an addendum.

ADDENDUM

A few of the neoplastic endometrial cells exhibit positive staining for synaptophysin and rare endometrial tumor cells stain positively for chromogranin; however, most of the tumor cells do not show specific staining for these neuroendocrine markers.

HISTORY: Uterine carcinoma

MICROSCOPIC: See Diagnosis.

GROSS:

1: RIGHT TUBE AND OVARY

Labeled with the patient's name designated, "right tube and ovary" and received in formalin is a salpingo-oophorectomy specimen. The ovary is atrophic, about 1.3 x 1.1 x 1.1 cm and has a focally shaggy pink-tan external surface with adhesion focally to the adjacent fallopian tube. Cut surfaces of the ovary reveal no evidence of primary or metastatic tumor. The fallopian tube is about 3.0 cm long

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and ranges from 0.3 to 0.4 cm in diameter. The fimbriated end of the fallopian tube is adherent to the adjacent ovary. The serosal surface of the fallopian tube is pink-tan and shows a few additional adhesions elsewhere. Cross sections of the fallopian tube reveal a pin-point patent lumen. The fallopian tube appears grossly free of metastatic tumor.

Entirely submitted.

A. Ovary and paraovarian tissues - 2

B. Ovary and adherent fimbriated end of fallopian tube - 1

C,D. Fallopian tube - multiple

2: UTERUS LEFT OVARY AND FALLOPIAN TUBE

Labeled with the patient's name, designated "uterus left ovary and fallopian tube" and received fresh in the Operating Room for intraoperative frozen section is a 70 gram total hysterectomy and right salpingo-oophorectomy specimen. The uterus is symmetric. The

uterus measures 6.5 cm from the fundus to the ectocervix, 4.0 cm from cornu to cornu and a maximum of 3.2 cm from the anterior surface to the posterior surface. The uterine serosa is pink-tan and shows a few tiny adhesions and a small amount of adherent blood clot. The cervix is about 2.5 cm long and has a maximum diameter of 2.0 cm in the ectocervical region. The mucosa lining the ectocervix is pink-tan and smooth. The external cervical os is 0.5 cm in diameter and patent. The uterus is incised on both sides. The cervical transformation zone is distinct. The endocervical canal is 2.0 cm long and lined by tan soft mucosa. Cut sections of the cervix reveal a few minute cystic spaces. The endometrial cavity is about 4.0 cm long and up to 3.2 cm in width. The endometrium of the uterine fundus, anterior uterine corpus and posterior uterine corpus is largely replaced by a soft tan friable exophytic tumor mass that measures about 4.5 x 3.0 cm in area. The exophytic tumor has a maximum thickness of about 0.7 cm. Cut sections of the uterus reveal no grossly evident invasive tumor within the underlying myometrium. The muscular uterine wall ranges from about 1.0 to 1.5 cm in thickness. The myometrium is tan and semi-firm. The endometrium lining the lower uterine segment appears grossly free of tumor. Within the uterine wall there are three circumscribed intramural leiomyomas that range from about 0.3 to 0.5 cm in diameter. Each of the leiomyomas are composed of firm solid tan-white whorled tissue without grossly evident areas of hemorrhage or necrosis. The right ovary is atrophic, about 2.5 x 0.8 x 0.5 cm and has a pink-tan relatively smooth serosal surface. Cut surfaces of the right ovary are grossly free of tumor. The right fallopian tube has fimbria at one end, is 4.5 cm long and ranges from 0.3 to 0.4 cm in diameter. The serosal surface of the fallopian tube is pink-tan and shows a tiny adhesion. Cross sections of the fallopian tube reveal a patent lumen, up to 0.2 cm in diameter. The fallopian tube appears free of tumor. A representative portion of tumor from the uterus was frozen and sectioned for intraoperative diagnosis. The frozen section remnants and the rest of the specimen are subsequently fixed in formalin.

Representative sections.

- E. Remnant of frozen section - 1
- F. Right parametrium - 1
- G. Left parametrium - 1
- H. Anterior uterine fundus with endometrial tumor - 1
- I. Anterior uterine corpus with endometrial tumor - 1
- J. Anterior uterine corpus with endometrial tumor and a leiomyoma - 1

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- K. Anterior lower uterine segment - 1
- L. Anterior cervix - 1
- M. Posterior uterine fundus with endometrial tumor and leiomyoma - 1
- N. Posterior uterine corpus with endometrial tumor and leiomyoma - 1
- O. Posterior uterine corpus with endometrial tumor - 1
- P. Posterior lower uterine corpus - 1
- Q. Posterior cervix - 1
- R. Right ovary and fallopian tube - 4

3: RIGHT PELVIC LYMPH NODE

Labeled with the patient's name, designated "right pelvic lymph node", and received in formalin is a 4.0 x 3.0 x 0.8 cm aggregate of soft yellow adipose tissue, within which there are embedded several semi-soft tan lymph nodes. The lymph nodes range from about 0.1 to 0.4 cm in maximum dimension.

Entirely submitted.

- S. Three lymph nodes - 3
- T. Five lymph nodes - 4

4: PRECAVAL PLUS RIGHT COMMON

Labeled with the patient's name, designated "precaval plus right

common lymph node" and received in formalin is a 2.2 x 1.0 x 0.3 cm aggregate of soft yellow adipose tissue, within which there is embedded a single irregularly shaped semi-soft tan lymph node that measures about 1.5 cm in maximum dimension.

Entirely submitted.

U. One lymph node - 1

5: LEFT COMMON AND LOWER PERIAORTIC

Labeled with the patient's name, "left common plus lower periaortic" and received in formalin is a 2.0 x 1.0 x 0.5 cm aggregate of soft yellow fatty tissue within which there are embedded two soft tan lymph nodes. The lymph nodes measure about 0.25 and 0.5 cm in maximum dimension.

Entirely submitted.

V. Two lymph nodes - 2

6: LEFT COMMON

Labeled with the patient's name, designated "left common" and received in formalin is a 2.0 x 1.0 x 0.3 cm aggregate of yellow fatty tissue, within which there is a single soft tan 0.1 cm diameter lymph node.

Entirely submitted.

W. One lymph node - 1

7: LEFT PELVIC BIOPSY

Labeled with the patient's name, designated "left pelvic biopsy" and received in formalin is a 1.5 x 0.7 x 0.2 cm fragment of soft tan fibromembranous tissue.

Entirely submitted.

X. 1

8: LEFT PELVIC LYMPH NODE

Labeled with the patient's name, designated "left pelvic lymph node" and received in formalin is a 4.0 x 1.5 x 0.8 cm aggregate of soft yellow fatty tissue, within which there are embedded three semi-soft tan lymph nodes. The lymph nodes range from about 0.25 to 1.5 cm in maximum dimension.

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Entirely submitted.

Y. Two lymph nodes - 2

Z. Three lymph nodes - 3

9: RIGHT PELVIC BIOPSY

Labeled with the patient's name, designated "right pelvic biopsy" and received in formalin is a 0.9 x 0.4 x 0.2 cm aggregate of soft tan yellow fibroadipose tissue.

Entirely submitted.

AA. 1

10: OMENTAL BIOPSY

Labeled with the patient's name, designated "omental biopsy" and received in formalin is a 4.5 x 3.0 x 0.3 cm portion of soft tan lobulated omental fat that appears grossly free of tumor.

Representative sections.

BB. 1

Gross dictated by

OPERATIVE CALL

OPERATIVE CONSULT (FROZEN):

SPECIMEN #2, FROZEN SECTION #1. SELECTED SECTION OF TUMOR FROM UTERUS:

- Adenocarcinoma, endometrioid type, FIGO grade 1, nuclear grade 2
- Probable superficial myometrial invasion

Special Studies: Frozen Section (x1); additional H&E's (Sx1,Ux1,Vx1)
chromogranin (H); synaptophysin (H)

See Also:

DATE:

, M.D.
Pathologist

I, M.D., the pathologist of record, have personally examined the specimen, interpreted the results, reviewed this report and signed it electronically.

Date Finalled:

I, M.D., the pathologist of record, have personally examined the specimen, interpreted the results, reviewed this amended report and signed it electronically.

Date Finalled:

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Local/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials:	Date Reviewed:	