

UID:6ABBA2C9-8920-4785-BFAB-40E560D2DBE6
TCGA-A5-A0VO-01A-PR

Redacted



1CD-0-3

Adenocarcinoma, Endometrioid,
NOS

8380/3

12/1/10

lw

pt: endometrium
c54.1

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	lw	
Date Reviewed	12/1/10	

SURGICAL PATHOLOGY REPORT

SYNOPTIC REPORT:

Applies To:

A: UTERUS, CERVIX, TUBES AND OVARIES

B: FIBROID

C: RIGHT SIDEWALL

D: RIGHT PELVIC LYMPH NODE

E: RIGHT OBTURATOR LYMPH NODE

F: COMMON RIGHT LYMPH NODE

G: RIGHT PARAAORTIC LYMPH NODE

H: LEFT PELVIC LYMPH NODE

I: LEFT OBTURATOR LYMPH NODE

J: LEFT PA LYMPH NODE

K: OMENTUM BIOPSY

Macroscopic

Specimen Type:

Uterus
Right ovary
Left ovary
Right fallopian tube
Left fallopian tube
Parametrium
Omentum
Peritoneum

Procedure:

Laparoscopic-assisted vaginal hysterectomy and
bilateral salpingo-oophorectomy

Lymph Node Sampling:

Pelvic lymph nodes
Para-aortic lymph nodes
Obturator lymph nodes; "common" lymph node

Microscopic

Histologic Type:

Endometrioid adenocarcinoma, variant
Variant: Papillary

Histologic Grade:

FIGO grade II

Tumor Size:

Dimensions: 4 x 3 x 3cm

Myometrial Invasion:

Invasion present
Depth of invasion: 0.7cm
Myometrial thickness: 1.1cm
Greater than 50% myometrial invasion

Involvement of Cervix:

No involvement

Patient Case(s):

Copy For: 1
Page 1 of 1

PATIENT NOTIFIED OF RESULTS		
DR:	NURSE:	DATE:

Pathologic Staging (pTNM [FIGO]) AJCC 7th Edition 2010

Primary Tumor (pT):	pT1b [IB]: Tumor invades greater than or equal to one-half of the myometrium
Regional Lymph Nodes (pN):	pN0: No regional lymph node metastasis Comment(s): In addition to pelvic and para-aortic lymph nodes, 4 right and 3 left obturator lymph nodes are negative for tumor (0/7). One lymph node labeled "Common Rt" is negative for tumor (0/1). One lymph node identified in the omental biopsy is negative for tumor (0/1)
Number of pelvic lymph nodes examined:	5
Number of pelvic lymph nodes involved:	0
Number of para-aortic lymph nodes examined:	4
Number of para-aortic lymph nodes involved:	0

DIAGNOSIS:

A. UTERUS, FALLOPIAN TUBES AND OVARIES, ROBOTIC-ASSISTED LAPRASCOPIC-VAGINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:

- Uterus:
 - Endometrial adenocarcinoma, papillary endometrioid type, FIGO grade II
 - Tumor size: 4.0 x 3.0 x 3.0 cm
 - Depth of myometrial invasion: 0.7 cm
 - Depth of myometrial thickness: 1.1 cm
 - Carcinoma involves the lower uterine segment
 - Carcinoma does not involve the cervix
 - Vascular invasion is present
- Myometrium:
 - Leiomyomas
- Cervix:
 - No pathologic diagnosis
- Right fallopian tube and ovary:
 - No pathologic diagnosis
- Left fallopian tube and ovary:
 - Ovary with endometriosis
 - Fallopian tube with endometriosis and xanthomatous salpingitis

B. UTERUS, MYOMECTOMY:

- Partially calcified leiomyoma

C. PELVIS, RIGHT SIDEWALL BIOPSY:

- Fibrovascular tissue, no tumor present

D. LYMPH NODE, RIGHT PELVIC, EXCISION:

- One lymph node, no tumor present (0/1)

E. LYMPH NODE, RIGHT OBTURATOR, EXCISION:

- Four lymph nodes, no tumor present (0/4)

F. LYMPH NODE, COMMON RIGHT, EXCISION:

- One lymph node, no tumor present (0/1)

G. LYMPH NODE, RIGHT PERIAORTIC, EXCISION:

- Two lymph nodes, no tumor present (0/2)

H. LYMPH NODE, LEFT PELVIC, EXCISION:

- Four lymph nodes, no tumor present (0/4)

I. LYMPH NODE, LEFT OBTURATOR, EXCISION:

- Three lymph nodes, no tumor present (0/3)

J. LYMPH NODES, "LEFT PA", EXCISION:

- Two lymph nodes, no tumor present (0/2)

K. OMENTUM, BIOPSY:

- Adipose tissue, no tumor present
- One lymph node, no tumor present (0/1)

HISTORY:

Endometrial cancer

MICROSCOPIC FINDINGS:

See diagnosis.

SPECIAL STUDIES:

Decalcification (B1)

HE step sections x 3 (F1)

GROSS:

A. UTERUS, CERVIX TUBE AND OVARY BILATERAL

Labeled with the patient's name, labeled "uterus, cervix tubes and ovaries", and received fresh in the Operating Room for gross consultation and subsequently fixed in formalin is a 160 gram, supracervical hysterectomy, bilateral salpingo-oophorectomy and cervicectomy specimen. The uterus is 4.6 x 4.0 x 4.5 cm. The cervix is received detached and measures 3.4 x 3.0 x 2.7 cm. The endometrial cavity is 3.1 cm long and up to 2.4 cm in width. The endometrial mucosa is about 0.2 cm in thickness. The muscular uterine wall measures 1.3 cm. There are parametrial soft tissues attached to the uterus, those on the right side are 1.0 cm in width and those on the left side are 1.1 cm in width. The right ovary is 2.1 x 1.4 x 1.0 cm. The right fallopian tube is 2.5 cm in length and ranges 0.4 cm in diameter. The left ovary is 2.5 cm x 1.0 cm x 1.0 cm. The left fallopian tube is 2.3 cm in length with a diameter of 0.4 cm. The portion of the left fallopian tube is dilated to a diameter of 1.5 cm.

Within the endometrial cavity is a 4.0 x 3.0 x 3.0 cm polypoid, friable yellow-tan mass diffusely that occupies the endometrium, extends into the anterior lower uterine segment, and is 0.9 cm from that margin. Myometrial invasion by firm tan-white tumor is present and involves approximately 50% of the uterine wall thickness (involves up to 0.8 cm of the wall where the maximum thickness is 1.2 cm). The uterine serosa appears uninvolved by tumor. The cervix, vaginal cuff, and parametria appear grossly free of tumor. No metastatic tumor is seen in ovaries or fallopian tubes.

Multiple subserosal and intramural leiomyomas are present. Approximately seven leiomyomas are identified ranging from 0.3 to 5.4 cm in greatest dimension. Cut sections of the leiomyomas reveal firm solid tan-white whorled tissue without gross evidence of necrosis or hemorrhage. The cervix is grossly

unremarkable. The left ovary and fallopian tube display tuboovarian adhesions. The ovaries are otherwise grossly unremarkable. No other lesions are identified.

Ink key: Anterior uterine serosa and entire cervical resection surface - blue; posterior uterine serosa - black.

Representative sections submitted.

Slide key:

- A1. Cervix - 1
- A2. Opposite cervix - 1
- A3. Anterior lower uterine segment with tumor - 1
- A4. Posterior lower uterine segment with tumor - 1
- A5. Anterior uterine corpus - 1
- A6. Anterior fundus - 2
- A7. Posterior uterine corpus - 1
- A8. Posterior uterine fundus - 1
- A9. Right ovary - 1
- A10. Right fallopian tube - 3
- A11. Left ovary - 1
- A12. Left ovary and fallopian tube - 3
- A13. Two subserosal leiomyomas - 2
- A14. Two intramural leiomyomas - 2
- A15. Largest leiomyoma - 2

B. FIBROID

Labeled with the patient's name, labeled "fibroid", and received fresh in the Operating Room for gross consultation and subsequently fixed in formalin is a 200 gram, 9.5 x 6.0 x 5.0 cm myomectomy specimen. External surface is pink-tan smooth and glistening with focal areas of cautery artifact. Cut section of the leiomyoma reveals a 2.0 x 2.0 x 1.5 cm area of calcification at the periphery. Multiple sections through the leiomyoma reveal multifocal areas of calcification throughout. The remaining tissue reveals whitish solid fibrous whorled tissue with no areas of necrosis or hemorrhage identified. Representative sections submitted.

- B1. Calcified areas - 2
- B2-B6. Representative sections - 2 each

C. RIGHT SIDEWALL

Labeled with the patient's name, labeled "right sidewall", and received in formalin is a 3.0 x 1.0 x 0.3 cm portion of pink-tan soft tissue. Cut section of the specimen reveals a lumen approximately 0.2 cm in diameter. Entirely submitted.

- C1. 5

D. RIGHT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is a 6.0 x 2.4 x 0.2 cm portion of adipose tissue. Within the fat is one lymph node measuring 2.0 x 1.0 x 1.2 cm. Cut section of the lymph node reveals gray-tan homogeneous tissue. There is another possible lymph node measuring 0.3 x 0.2 x 0.1 cm. The lymph nodes are entirely submitted. Representative sections submitted.

- D1, D2. One lymph node bisected - 2 each
- D3. One possible lymph node - 2

E. RIGHT OBTURATOR LN

Labeled with the patient's name, labeled "right obturator LN", and received in formalin is a 4.0 x 2.5 x 0.4 cm portion of adipose tissue containing two lymph nodes measuring 1.2 x 0.5 x 0.4 cm and 2.0 x 0.5 x 0.3 cm. Lymph nodes are entirely submitted. Representative sections submitted.

E1. Two lymph nodes - 2

E2. Additional tissue - multiple

F. COMMON RIGHT LN

Labeled with the patient's name, labeled "common right LN", and received in formalin is a 3.0 x 1.8 x 0.5 cm portion of adipose tissue containing a 1.5 x 1.4 x 0.3 cm gray-tan semi-firm lymph node. Lymph node is entirely embedded.

F1. 1

G. RIGHT PERIAORTIC LN

Labeled with the patient's name, labeled "right periaortic LN", and received in formalin are two portions of adipose tissue measuring 2.0 x 1.5 x 0.4 cm and 1.5 x 0.6 x 0.3 cm. Within the larger fragment is a 1.0 x 0.6 x 0.3 cm gray-tan firm lymph node. Entirely submitted.

G1. One lymph node - 2

H. LEFT PELVIC LN

Labeled with the patient's name, labeled "left pelvic LN", and received in formalin is a 3.8 x 3.0 x 1.0 cm aggregate of multiple fibroadipose tissue fragments. Within the tissue are four possible lymph nodes ranging from 0.3 to 1.0 cm in greatest dimension. Lymph nodes are entirely embedded.

H1. Three possible lymph nodes - 3

H2. One possible lymph node - 1

I. LEFT OBTURATOR LN

Labeled with the patient's name, labeled "left obturator LN", and received in formalin is a 3.0 x 1.7 x 0.4 cm portion of adipose tissue containing two lymph nodes measuring 0.6 x 0.4 x 0.3 cm and 0.9 x 0.3 x 0.3 cm. Lymph nodes entirely submitted.

I1. Two lymph nodes - 2

J. LEFT PA LYMPH NODES

Labeled with the patient's name, labeled "left PA lymph node", and received in formalin are two probable lymph nodes measuring 0.8 x 0.4 x 0.3 cm and 0.5 x 0.4 x 0.3 cm. Lymph nodes are entirely embedded.

J1. 2

K. OMENTUM BIOPSY

Labeled with the patient's name, labeled "omentum biopsy", and received in formalin is a 4.0 x 2.5 x 1.0 cm portion of yellow omental tissue. Within the omentum is a 0.9 x 0.5 x 0.5 cm somewhat firm nodular area. No other lesions are identified. Representative sections are submitted.

K1. Multiple

Gross dictated by

INTRAOPERATIVE CONSULTATION:

OPERATIVE CALL

OPERATIVE CONSULT (GROSS):

A. UTERUS, FALLOPIAN TUBES AND OVARIES, LAPAROSCOPIC-ASSISTED SUPRACERVICAL HYSTERECTOMY AND CERVIX, CERVICECTOMY:

- Primary uterine carcinoma, extensively involving endometrium and extending into lower uterine segment
- Greater than 50% myometrial invasion
- Separate cervix, ovaries and fallopian tubes appear grossly free of tumor

- Leiomyoma
- Left tubo-ovarian adhesions and left hematosalpinx also noted
- NOTE: Small portions of tumor in benign ovaries and fallopian tubes released for research

B. UTERUS, MYOMECTOMY:

Large leiomyoma partially calcified
M.D.)

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.
- Electronically signed

SURGICAL PATHOLOGY REPORT

If this report includes Immunohistochemical test results, please note the following: Numerous immunohistochemical tests were developed and their performance characteristics determined by those immunohistochemical tests have not been cleared or approved by the U.S. Food and Drug Administration (FDA), and FDA approval is not required.