

UUID:1880F604-34C9-4B58-92DC-D67C7E656E3B
TCGA-A5-A2K7-01A-PR

Redacted



Acct#:

adm:

Ord #=

ASAP/RESULTED

Collect D/T=

SURGICAL PATHOLOGY

Modifiers:

SURGICAL PATHOLOGY:

CoPath Specimen

(1 of 1)

Source:

- A: Left A.P. margin
- B: Right parametrial margin
- C: Uterus, cervix, bil. tubes and ovaries (F/S)
- D: Cervical tumor
- E: Left periaortic lymph node, F/S
- F: Left pelvic lymph node
- G: Right pelvic lymph node
- H: Right periaortic lymph node
- I: Omentum, resection

ICA-0-3

Carcinoma, endometrioid, NOS

8380/3

Site: endometrium C54.1

Final Diagnosis

- A. Left AP margin (excision):
 - Benign fibrovascular tissue.

fw 7/27/11

- B. Right parametrial margin (excision):
 - Benign fibrovascular tissue.

C. Uterus, cervix, bilateral ovaries and fallopian tubes
(radical hysterectomy+ BSO): Histologic Type: Endometrioid
adenocarcinoma, arising from lower uterine segment. See comment.

Immunohistochemistry on (C9): Vimentin = 80 % positive; CEA = 10
% positive, ER = 80 % positive. p16 = patchy (40 %) positivity.
These are supporting the above diagnosis.

Histologic Grade: FIGO grade 3.

Myometrial Invasion: d 50% myometrial invasion (at 12:00 lower
uterine segment, 4.0/4.0 cm = 100 % invasion)

Tumor Site: Lower uterine segment to upper endocervical canal

Tumor Size: 4.5 cm in length, 4.0 cm in depth.

Involvement of Cervix: Invasion of cervical stromal connective
tissue

Bilateral ovary, bilateral fallopian tube, vagina, bilateral
parametrium, omentum: negative.

Margins: Uninvolved by invasive carcinoma

Distance of invasive carcinoma from closest margin: 2 mm (12:00
paracervical/parametrial soft tissue)

Lymph-Vascular Invasion: extensive

pT2 [II]: Tumor invades stromal connective tissue of
the cervix, but does not extend beyond uterus

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Adm:

pN0: No regional lymph node metastasis
MX

Other findings: Bilateral ovaries with follicular cysts.
Paratubal cysts. Adenomyosis.

D. Cervical tumor (removal):
- Poorly differentiated adenocarcinoma with focal squamoid differentiation.

E. Left periaortic lymph node (excision):
- 5 benign lymph nodes (0/5).

F. Left pelvic lymph node (excision):
- 6 benign lymph nodes (0/6).

G. Right pelvic lymph node (excision):- 5 benign lymph nodes (0/5).

H. Right periaortic lymph node (excision):
- 14 benign lymph nodes (0/7).

I. Omentum (omentectomy):- Benign fibroadipose tissue.

***Electronically Signed Out

Comment(s)

The previous report () is noted.
According to the article, 73 % of the lower uterine segment endometrial carcinoma reveals the similar immunohistochemical patterns as endometrial carcinoma. There is more prevalence of Lynch syndrome in the patients with LUS endometrial carcinoma (29%). (Carcinoma of lower uterine segment: A newly described association with Lynch Syndrome. S.N.Westin, et.al. in J Clin Oncol 2008; 26(36): 5965)

Note: The immunoperoxidase stain report above was developed and its performance characteristics determined by . It has not

been cleared or approved by the U.S. Food and Drug Administration, although such approval is not required for analyte-specific reagents of this type. Appropriate positive and

SURGICAL PATHOLOGY

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negative controls are included for each case.

When ER/PR is performed the antibody clones used are as follows:
ER: 1D5; PR 636 with envision plus method on paraffin embedded,
formalin fixed tissue.

Clinical History

y/o F with endocervical mass.

Pre Operative Diagnosis

Adenocarcinoma.

Operation Performed

Ex-Lap, EUA, radical hysterectomy, cystoscopy.

Operative Findings

Large 6 cm endocervical lesion, small (L) ovarian lesion.

Post Operative Diagnosis

Endometrial vs. endocervical adeno CA.

Intraoperative Diagnosis

Frozen Section:

Left periaortic lymph node:

- Negative.

. D.

Gross Examination:

Uterus, cervix, bilateral ovaries and tubes:

- 100% cervical/lower uterine segment thickness involvement.
Tumor arises high endocervix/lower uterine segment. Right
vaginal margin at 10 -11:00 grossly negative.

M. D.

Gross Description

The specimen is submitted in nine parts in formalin, labeled as

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SURGICAL PATHOLOGY

(Continued)

Acct#:adm:

Specimen A is labeled as "left AP margin" and consists of one piece of fibrovascular soft tissue with congestion and hemorrhage, measuring 2.0 X 1.5 X 0.5 cm. There is no tumor. The entire specimen is submitted into cassette A1.

Specimen B is labeled as "right parametrial margin" and consists of one piece of fibroadipose tissue with hemorrhage, measuring 0.7 X 0.7 X 0.5 cm. The entire specimen is submitted into cassette B1.

Specimen C is labeled as "uterus, cervix, bilateral tubes and ovaries F/S" and consists of one piece of uterus, cervix and bilateral adnexa, weighing 243 grams in total, measuring 7.0 cm in width, 10.8 cm in length, 5.5 cm anteroposteriorly for the uterus, 2.5 X 1.5 X 1.0 cm for the right ovary, 4.5 cm in length and 1.0 cm in diameter for the right fallopian tube, 3.0 X 2.0 X 1.0 cm for the left ovary, 4.5 cm in length and 1.0 cm in diameter for the left fallopian tube. The cervix is enlarged, measuring 6.0 cm in width, 4.0 cm anteroposteriorly. The parametrial margin is inked black. The specimen is opened along the anterior midline sagittally, showing a barrel-shaped cervix and lower uterine segment completely replaced by tumor, measuring 4.5 cm in length, 4.0 cm in depth, circumferentially. The cut surface of the right paracervical/vaginal margin is grossly free of tumor, but the distance is unclear. The surfaces of the bilateral ovaries show white-tan nodular lesions. The surface of para-adnexal tissue shows a small paratubal cyst. The cut surface of the fallopian tubes and ovaries are unremarkable. The right parametrial tissue measures 4.0 X 1.0 X 0.5 cm. The left parametrial tissue measures 4.0 X 0.5 X 0.5 cm. On palpation, parametrial tissue is free of tumor. The surface of the uterine serosa does not show any tumor nodules. The endometrial cavity measures 3.5 cm in width, 4.0 cm in length. The myometrium measures up to 2.7 cm in thickness in the fundus. The cut surface of the myometrium is unremarkable. The endometrial mucosa on the fundus is unremarkable. The cut surface of the tumor is white-tan, necrotic with 50% of the area with micro-papillae and spongy appearance. A portion of the tumor was submitted to and . A gross photo was taken. Representative sections are submitted as follows:

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Acct#:Adm:

Cassette Summary:

- C1- right adnexa,
- C2- left adnexa,
- C3- right parametrium,
- C4- left parametrium,
- C5- cervix, 12:00 with tumor and vaginal cuff margin,
- C6- tumor with right vaginal cuff margin at 10:00 to 11:00,
- C7- cervix, 6:00
- C8- endocervix - lower uterine segment at 6:00,
- C9- lower uterine segment with tumor at 6:00, upper portion of C7,
- C10- endocervix 12:00 with nearly 100% invasion,
- C11- endomyometrium, posterior, fundus
- C12- endomyometrium, anterior, fundus
- C13 and C14- origin of tumor at the junction of lower uterine segment and upper endocervical canal at 12:00.

Specimen D is labeled as "cervical tumor" and consists of multiple fragments of blood clots and white-tan tumor nodule, measuring in aggregate 10.0 X 6.5 X 1.5 cm. The surface shows focally spongy appearance and focally necrotic appearance. Representative sections are submitted into cassettes D1 to D3.

Specimen E is labeled as "left periaortic lymph node F/S" and consists of one piece of fibroadipose tissue, measuring 2.0 X 0.5 X 0.7 cm. The cut surface shows one lymph node without definitive metastasis. The entire lymph node is bisected and submitted into frozen section #1, resubmitted into cassette E1. The rest of the tissue is submitted into cassette E2.

Specimen F is labeled as "left pelvic lymph node" and consists of several pieces of nodular fatty tissue, measuring in aggregate 5.0 X 4.0 X 1.0 cm. Dissection shows at least two lymph nodes, measuring 1.2 and 2.0 cm in greatest dimension, which are bisected and submitted into cassettes F2 and F3, respectively. The rest of the nodular fatty tissue is submitted into cassette F1.

Specimen G is labeled as "right pelvic lymph node" and consists of a few pieces of fibroadipose tissues, measuring in aggregate 5.0 X 1.5 X 0.7 cm. On dissection, there are at least three lymph nodes, measuring 1.5, 1.6 and 2.1 cm in greatest dimension. The specimen is submitted as follows:

SURGICAL PATHOLOGY

(Continued)

Acct#:

Adm:

Cassette Summary:

- G1- one bisected lymph node,
- G2- two lymph nodes representative sections,
- G3- nodular fatty tissue.

Specimen H is labeled as "right periaortic LN" and consists of one piece of fibroadipose tissue, measuring 3.5 X 2.2 X 0.6 cm. The cut surface shows one small lymph node, measuring 0.4 cm. The entire specimen is bisected and submitted into cassettes H1 and H2.

Specimen I is labeled as "omentum" and consists of one piece of membranous fatty tissue, measuring 21 X 5.5 X 0.3 cm. The surface and cut surface does not show any definitive tumor. Representative sections are submitted into cassettes I1 to I4.

Microscopic Description

A microscopic examination was performed.

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle): <u>QUALIFIED</u> / <u>DISQUALIFIED</u>		
Reviewer Initials: <u>HH</u> Date Reviewed: <u>7/27/14</u>		