

1CB-0-3

Adenocarcinoma, Endometrioid Page 1 of 6

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11/22/10

Site: endometrium c54.1

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TCGA-A5-A0G9-01A-PR

Redacted



PATH # [REDACTED]

A/S: [REDACTED]

Rec:

Col:

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

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DIAGNOSIS:

1. UTERUS, FALLOPIAN TUBES, AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY AND UNILATERAL SALPINGO-OOPHORECTOMY:
 - Primary uterine adenocarcinoma, predominantly endometrioid-type with associated secretory, eosinophilic and squamoid changes, focal mucinous type, and possible minor component of tumor with clear cell features, FIGO grade III, nuclear grade mostly 2, focally 3 (see comment)
 - Uterine fundus, anterior uterine corpus and posterior uterine corpus are extensively involved by tumor
 - Myometrial invasion by carcinoma is present and involves greater than 50% (about 65-70%) of the uterine wall thickness in the deepest area of invasion
 - Carcinoma extends into the posterior lower uterine segment; invasion by tumor in the posterior uterine segment is superficial
 - Lymphovascular invasion by carcinoma is present
 - Adenomyosis with and without secondary involvement by carcinoma
 - No extension of carcinoma into endocervix or ectocervix
 - No involvement of parametrial soft tissues by carcinoma identified
 - Non-neoplastic endometrium is scant and ranges from inactive/weakly proliferative to hyperplastic; foci of simple and complex hyperplasia with atypia are present
 - Five uterine leiomyomas, third smallest of which is present in the anterior lower uterine segment, second largest of which shows extensive hyalinization and calcifications and largest of which also shows extensive hyalinization
 - Two benign tiny posterior endocervical polyps with associated inflammatory changes and stromal hyalinization
 - Cervix also shows acute and chronic inflammation, focal epithelial denudation, atrophic squamous changes, squamous metaplasia, reactive epithelial changes, and nabothian cysts

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2. FALLOPIAN TUBE AND OVARY, RIGHT, SALPINGO-OOPHORECTOMY:
 - Ovary with senescent changes, relative cortical stromal hyperplasia with associated hyperthecosis, cystic epithelial inclusion, and a paraovarian mesothelial cyst
 - Fallopian tube with focal chronic perivascular inflammation in the subserosa and focal mild epithelial hyperplasia

- without significant atypia
- No evidence of metastatic carcinoma
3. FALLOPIAN TUBE AND OVARY, LEFT, SALPINGO-OOPHORECTOMY:
 - Ovary with atrophic changes, cortical stromal hyperplasia with associated hyperthecosis, epithelial inclusion cysts and a mesothelial cyst, latter probably paraovarian rather than intraovarian
 - Fallopian tube with foci of chronic perivascular inflammation
 - No evidence of metastatic carcinoma
 4. LYMPH NODES, LEFT PELVIC, EXCISION:
 - Four lymph nodes negative for metastatic carcinoma (0/4)
 5. LYMPH NODE, LEFT OBTURATOR, EXCISION:
 - One lymph node negative for metastatic carcinoma (0/1)
 6. LYMPH NODES, LEFT PERIAORTIC, EXCISION:
 - Two lymph nodes negative for metastatic carcinoma (0/2)
 7. LYMPH NODES, RIGHT PELVIC, EXCISION:
 - Three lymph nodes negative for metastatic carcinoma (0/3)
 8. LYMPH NODES, RIGHT OBTURATOR, EXCISION:
 - Four lymph nodes negative for metastatic carcinoma (0/4)
 9. LYMPH NODES, RIGHT PERIAORTIC, EXCISION:
 - Three lymph nodes negative for metastatic carcinoma (0/3)
 10. [SOFT TISSUE] DESIGNATED "LYMPH NODE #2", LEFT PELVIC, EXCISION:
 - Focally hemorrhagic adipose tissue
 - No lymph node identified
 - No evidence of metastatic carcinoma

COMMENT: Preliminary pathologic findings were communicated to Dr. Findings in additional routinely stained sections have been incorporated in the final diagnosis.

HISTORY: Uterine carcinoma

MICROSCOPIC: See Diagnosis.

GROSS:

1: UTERUS CERVIX

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Labeled with the patient's name, designated "uterus, cervix", received fresh in the Operating Room for intraoperative gross consultation and subsequently fixed in formalin is an 84 gram total hysterectomy specimen. The uterus measures about 7.4 cm from the fundus to the ectocervix, 3.8 cm from cornu to cornu, and up to 4.1 cm from the anterior surface to the posterior surface. The uterine serosa is tan-red, and generally smooth except for procedure-related artifact. Attached to the uterus, there is a small amount of pink-tan firm parametrial soft tissue. The parametrial soft tissues, bilaterally, appears grossly free of tumor. The cervix is about 2.8 cm long and has a maximum diameter of 1.9 cm in the ectocervical region. The mucosa lining the ectocervix is tan and smooth. The external cervical os is patent and about 0.9 cm in diameter. The uterus was previously incised on both sides at the time of the intraoperative consult. The cervical transformation zone is distinct. The endocervical canal is about 2.1 cm long and lined for

the most part by slightly rugose tan mucosa. In the posterior endocervix, there are two tiny endocervical polyps, measuring about 0.2 and 0.3 cm in maximum dimension, each is composed of semi-soft tan-white tissue. Cut sections of the cervix reveal multiple mucus-filled cysts ranging from about 0.1 to 0.3 cm in diameter. The cervix appears grossly free of tumor. The endometrial cavity is about 5.0 cm long and up to 3.0 cm in diameter. The endometrial cavity is largely occupied by an exophytic polypoid pale tan tumor mass that has a friable and focally papillated surface. The tumor mass measures about 4.2 x 3.0 cm in surface area and has a maximum thickness of about 1.6 cm, including exophytic and endophytic components. extensively involves the uterine fundus, anterior uterine corpus, posterior uterine corpus, and extends into the posterior lower uterine segment. Upon sectioning the uterus, invasive carcinoma is seen involving the fundus, posterior uterine corpus and anterior uterine corpus. In the posterior fundus and posterior corpus, greater than 50% of the wall thickness is involved by tumor. Tumor in the anterior uterus and in the posterior lower uterine segment is more superficially invasive (involves less than 50% of the wall thickness). Within the uterus, mostly in the lower anterior corpus and lower uterine segment, there is a small amount of uninvolved tan endometrium that has a maximum thickness of less than 0.1 cm. Within the uterus, there are five sharply circumscribed intramural leiomyomas that measure about 0.3, 0.5, 0.6, 1.2 and 1.5 cm in maximum dimensions. The smallest and second smallest leiomyomas are in the fundus. The third smallest leiomyoma is located in the anterior lower uterine segment. The largest and second largest leiomyomas are located in the posterior uterine corpus. The largest and second largest leiomyomas have firm white cut surfaces without grossly evident areas of hemorrhage or necrosis. The second largest leiomyoma is partially calcified. The smallest and second smallest leiomyomas have firm tan-white whorled cut surfaces without grossly evident areas of hemorrhage or necrosis. The uninvolved myometrium is semi-firm, tan-pink, up to 1.8 cm in thickness and shows trabeculations and focal minute cystic spaces suggestive of adenomyosis.

Representative sections.

- L. Posterior cervix with two tiny endocervical polyps - 1
- M. Anterior cervix - 1
- N. Posterior lower uterine segment with tumor and adjacent upper posterior endocervix - 1

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- O. Anterior lower uterine segment with small leiomyoma and adjacent upper endocervix - 1
- P. Posterior uterine fundus with deeply invasive tumor and small leiomyoma - 2
- Q. Posterior uterine corpus with tumor and second largest leiomyoma - 1
- R. Lower posterior uterine corpus with tumor and largest leiomyoma - 1
- S. Anterior uterine fundus with tumor and small leiomyoma - 1
- T. Anterior uterine corpus with tumor - 1
- U. Lower anterior uterine corpus - 1
- V. Left parametrial soft tissues - 2
- W. Right parametrial soft tissue - 2

2: RIGHT ADNEXA

Labeled with the patient's name, designated "right adnexa", received fresh in the Operating Room and subsequently fixed in formalin, is a salpingo-oophorectomy specimen. The ovary is atrophic, about 2.6 x 1.1 x 0.1 cm and has a generally smooth, tan-yellow serosal surface. Attached to the ovary, there is a translucent thin-walled paraovarian cyst that contains clear pale yellow fluid. The

paraovarian cyst measures about 0.7 cm in maximum dimension. Cut surfaces of the ovary reveal relatively abundant yellow-tan cortical stroma and several corpora albicantia, but no gross evidence of metastatic tumor. The fallopian tube has fimbria at one end, is 9.2 cm long, ranges from 0.3 to 0.5 cm in diameter, has a smooth, tan-red serosal surface, and a patent lumen, up to 0.1 cm in diameter. The fallopian tube appears grossly free of metastatic tumor. Representative sections.

A. Ovary, paraovarian cyst, and fallopian tube - 4

3: LEFT ADNEXA

Labeled with the patient's name, designated "left adnexa" and received in formalin is a salpingo-oophorectomy specimen. The ovary is atrophic, about 2.3 x 1.2 x 0.7 cm and has a yellow-tan undulated serosal surface. Attached to the ovary, there is a thin-walled translucent unilocular paraovarian cyst that contains clear pale yellow fluid and measures about 0.4 cm in maximum dimension. Cut surfaces of the ovary reveal abundant yellow-tan cortical stroma and a few corpora albicantia, but no gross evidence of metastatic tumor. The adjacent fallopian tube has fimbria at one end, is 8.1 cm long, and ranges from 0.3 to 0.4 cm in diameter. The serosal surface of the fallopian tube is pink-tan and smooth. The fallopian tube has a patent lumen, up to 0.1 cm in diameter and appears grossly free of metastatic tumor.

Representative sections.

B. Ovary, paraovarian cyst, and fallopian tube - 4

4: LEFT PELVIC LYMPH NODE NO1

Labeled with the patient's name, designated "left pelvic lymph node #1", received fresh in the Operating Room for intraoperative frozen section, is a 4.5 x 4 x 1.7 cm aggregate of soft yellow fatty tissue, within which there are embedded four semisoft tan lymph nodes. The lymph nodes range from about 0.7 to 2.5 cm in maximum dimension. The largest lymph node is sectioned into four portions and entirely frozen for intraoperative diagnosis (FS#1). Interpretation of the frozen section was rendered by Dr. The frozen section remnants and the rest of the specimen are subsequently fixed in formalin.

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Lymph nodes entirely embedded.

C. Three lymph nodes, largest bisected - 3

D. Largest lymph node (remnant of frozen section #1) - 4

5: LEFT OBTURATOR LYMPH NODE

Labeled with the patient's name, designated "left obturator lymph node" and received in formalin is a 1.6 x 1.3 x 0.3 cm portion of yellow fatty tissue, within which there is embedded a single soft tan lymph node that measures about 0.4 cm in diameter. Entirely submitted.

E. One lymph node and fat - 1

6: LEFT PERIAORTIC LYMPH NODE

Labeled with the patient's name, designated "left periaortic lymph node" and received in formalin are three tissue fragments. The largest tissue fragment is about 1.2 cm in maximum dimension and consists of yellow fatty tissue and a 0.5 cm semisoft tan lymph node. The second largest tissue fragment is about 1 cm in maximum dimension and consists of tan-yellow fibroadipose tissue. The third tissue fragment is about 0.7 cm in maximum dimension and consists of a 0.6 cm semisoft tan lymph node with a small amount of adjacent fat. Entirely submitted.

F. Two lymph nodes and fat - 3

7: RIGHT PELVIC LYMPH NODE

Labeled with the patient's name, designated "right pelvic lymph

node" and received in formalin is a 5 x 2.7 x 0.7 cm aggregate of mostly soft yellow adipose tissue. Dissection of the fat reveals three tiny to small semisoft tan lymph nodes ranging from about 0.2 to 0.3 cm in maximum dimension. The lymph nodes are each entirely embedded.

G. Three lymph nodes - 3

8: RIGHT OBTURATOR LYMPH NODE

Labeled with the patient's name, designated "right obturator lymph node" and received in formalin is a 4.2 x 3.0 x 1.2 cm aggregate of soft yellow fatty tissue, within which there are embedded four semisoft tan lymph nodes that range from about 0.5 to 1.3 cm in maximum dimensions. The lymph nodes are each entirely embedded along with some of the perinodal fat.

H. Two lymph nodes, each bisected - 4

I. Two smaller lymph nodes - 2

9: RIGHT PA

Labeled with the patient's name, designated "right PA" and received in formalin is a 4.6 x 2.3 x 1.5 cm aggregate of soft yellow adipose tissue, within which there are embedded three semisoft tan lymph nodes. The lymph nodes measure about 0.5, 0.6, and 0.8 cm in maximum dimension. The lymph nodes are each entirely embedded along with some of the perinodal fat.

J. Three lymph nodes and fat - 4

10: LEFT PELVIC LYMPH LYMPH NODE NO2

Labeled with the patient's name, designated "left pelvic lymph node" and received in formalin is a 1.8 x 1.4 x 0.3 cm portion of focally hemorrhagic soft yellow adipose tissue. No lymph node is identified.

Entirely submitted.

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Gross dictated by .

OPERATIVE CALL

OPERATIVE CONSULT (GROSS):

#1 Uterus and cervix:

-Previously opened uterus with deeply invasive, greater than 50% of myometrium, neoplasm; small portion of tumor sent to research lab

OPERATIVE CONSULT (GROSS):

#2. Right adnexa:

-Small portion of ovary sent to research lab

OPERATIVE CONSULT (FROZEN):

#4. Left pelvic lymph node:

-One slightly firm lymph node identified by surgeon negative for metastatic carcinoma; fragments of adipose tissue and lymph nodes

Special Studies: Frozen section (x1 on specimen #4); additional H&E-stained sections (Ax2, Fx1, Px1, Qx1, Sx1, and Ux1)

See Also:

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:

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Local/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case Is (circle):	QUALIFIED	UNQUALIFIED
Reviewer Initials	AKC	Date Reviewed: 11/17/10