

UUID: C7C6ABB1-32EE-4D2B-898A-91A1F596EC53
TCGA-A5-A0G5-01A-PR

Redacted



105-0-3 (Predominant clear cell)

Carcinoma, clear cell

8310/3

hr
11/22/10

Site: Endometrium C54.1

Ordering M.D.:

, M.D.

Copies To:

Location:

Date of Procedure

Date Received:

SURGICAL PATHOLOGY REPORT

***** Addendum - Please See End of Report *****

Reason for Addendum #1: Additional sections or studies

DIAGNOSIS:

A. OMENTUM, "#1", PARTIAL OMENTECTOMY:

- Omental adipose tissue with mild chronic inflammation, adhesions, and focal reactive mesothelial proliferation
- One reactive omental lymph node
- No evidence of metastatic carcinoma involving lymph node (0/1) or omentum

B. OMENTUM, "#2", PARTIAL OMENTECTOMY:

- Mild chronic inflammation, adhesions and reactive mesothelial proliferation
- No evidence of metastatic carcinoma

C. OMENTUM, "#3", PARTIAL OMENTECTOMY:

- Tiny adhesions
- No evidence of metastatic carcinoma

D. ADNEXA, LEFT, SALPINGO-OOPHORECTOMY:

- Ovary with atrophic changes, cystic mesothelial inclusion, and a serosal adhesion
- Fallopian tube with chronic inflammation
- No evidence of metastatic carcinoma

E. ADNEXA, RIGHT, SALPINGO-OOPHORECTOMY:

- Ovary with atrophic changes, cystic epithelial inclusions, and serosal adhesions
- Fallopian tube with focal epithelial hyperplasia with associated atypia/dysplasia (slide E2-1); findings in additional deeper routinely stained sections and immunostain for p53 will be reported in an addendum [see comment]
- No evidence of metastatic carcinoma

F. UTERUS, TOTAL ABDOMINAL HYSTERECTOMY:

- Primary uterine carcinoma with serous, clear cell and undifferentiated/anaplastic features, nuclear grade 3 (see comment)
 - Endometrium of fundus and anterior and posterior uterine corpus are virtually replaced by carcinoma
 - Carcinoma is also present in the posterior lower uterine segment where it extends very close to the endocervical-lower uterine segment junction
 - Myometrial invasion by carcinoma is present and involves slightly greater than 80% of the uterine wall thickness (maximum depth of invasion 19 cm in an area where wall thickness is 23 cm)
 - Lymphovascular invasion by carcinoma is present

Patient Case(s)

End of Report *****

GH #: [REDACTED]

- Free-floating/dislodged fragments of neoplastic endometrium are present in the endocervical canal; no involvement of cervical tissue by tumor identified
- Parametria are free of tumor
- Other findings include:
 - Scant non-neoplastic endometrium in anterior lower uterine corpus and lower uterine segment with weakly proliferative features and a few cystically dilated glands
 - Seven uterine leiomyomas, the largest of which shows focal secondary involvement by carcinoma one of which shows extensive hyalinization and focal hyaline necrosis
 - Secondary acute and chronic inflammatory changes in vicinity of tumor, chronic inflammation of myometrium, including reactive lymphoid aggregates surrounding dilated lymphovascular spaces in outermost uterine wall
 - Cervix with squamous epithelial/superficial mucosal defects/erosions, acute and chronic inflammation, atrophic squamous changes, squamous metaplasia, reactive/reparative surface epithelial atypia, reserve cell hyperplasia, focal microglandular hyperplasia, endocervical tunnel clusters, and nabothian cysts
 - Monckeberg's medial calcific sclerosis of regional arteries

G. LYMPH NODES, PELVIC, LATERALITY NOT SPECIFIED, EXCISION:

- Nine reactive lymph nodes
- No evidence of metastatic carcinoma (0/9)

H. LYMPH NODES, OBTURATOR, LATERALITY NOT SPECIFIED, EXCISION:

- Three reactive lymph nodes
- No evidence of metastatic carcinoma (0/3)

I. LYMPH NODES, LEFT COMMON [ILIAC], EXCISION:

- Six reactive lymph nodes
- No evidence of metastatic carcinoma (0/1)

J. LYMPH NODES, LEFT, PERIAORTIC, EXCISION:

- Three reactive lymph nodes
- No evidence of metastatic carcinoma (0/3)

K. LYMPH NODES, RIGHT PELVIC, EXCISION:

- Twelve reactive lymph nodes
- No evidence of metastatic carcinoma (0/12)

L. LYMPH NODES, RIGHT OBTURATOR, EXCISION:

- Six reactive lymph nodes
- No evidence of metastatic carcinoma (0/6)

M. LYMPH NODES, RIGHT AORTIC, EXCISION:

- Six reactive lymph nodes
- No evidence of metastatic carcinoma (0/6)

COMMENT: Selected sections of the right fallopian tube (slide E2-1) were also reviewed by Dr. [REDACTED], who concurs. Pathologic tumor stage (per AJCC 2002) is assigned as follows: pT1b, N0, MX. For concurrent cytopathology findings, please see [REDACTED] The preliminary findings were conveyed to Dr. [REDACTED] via campus e-mail.

See End of Report *****

PATH #: [REDACTED]

HISTORY: Endometrial carcinoma

MICROSCOPIC:

See diagnosis.

SPECIAL STUDIES: H&E-stained short step sections (F1x2, F2x2, F3x2, F4x2, F6x1, F13x1, F14x1, H1x1)

IMMUNOSTAINS: p53 (D2, E2, F8); WT1 (F8)

GROSS:

A. OMENTUM #1

Labeled with the patient's name, labeled "omentum #1", and received in formalin is a 12.0 x 5.0 x 1.0 cm portion of lobulated omental fat that shows a few adhesions. There is a 0.1 cm diameter soft tan nodule within the omentum, possibly representing a lymph node. No metastatic tumor is evident on gross inspection of the specimen. Representative sections are submitted.

A1. 3

B. OMENTUM #2

Labeled with the patient's name, labeled "omentum #2", and received in formalin is a 12.0 x 4.0 x 1.0 cm portion of lobulated omental fat that shows a few tiny adhesions. No gross tumor is seen. Representative section are submitted.

B1. 3

C. OMENTUM #3

Labeled with the patient's name, labeled "omentum #3", and received in formalin is a 10.0 x 3.5 x 1.0 cm portion of lobulated omental fat that appears grossly free of tumor.

Representative sections are submitted.

C1. 3

D. LEFT ADNEXA

Labeled with the patient's name, labeled "left adnexa", and received in formalin is a salpingo-oophorectomy specimen. The ovary is 2.0 x 1.5 x 1.0 cm. The adjacent fimbriate fallopian tube is 2.5 cm long, has a cross sectional diameter ranging from 0.3 to 0.7 cm and a maximum luminal diameter of 0.3 cm.

The ovary is atrophic and shows a 0.2 cm diameter cortical cyst. There is no grossly evident tumor involving the left ovary. The left fallopian tube is grossly unremarkable.

The entire ovary is embedded and representative sections of the fallopian tube are submitted.

Slide key:

D1. Ovary - 3

D2. Fallopian tube - 6

E. RIGHT ADNEXA

Labeled with the patient's name, labeled "right adnexa", and received in formalin is a salpingo-oophorectomy specimen. The ovary is 2.5 x 2.0 x 0.5 cm. The adjacent fimbriated fallopian tube is 4.0 cm long, has a cross sectional diameter ranging from 0.4 to 0.6 cm and maximum luminal diameter of 0.2 cm.

The ovary is atrophic and shows a few tiny cysts, the largest of which is about 0.2 cm in diameter. The ovary appears grossly free of tumor. The fallopian tube is grossly unremarkable.

Representative sections are submitted.

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TH #: [REDACTED]

- E1. Ovary - 4
- E2. Fallopian tube - 5

F. UTERUS AND CERVIX

Labeled with the patient's name, labeled "uterus and cervix", and received fresh in the Operating Room for intraoperative gross consultation and subsequently fixed in formalin and is a 270 gram total hysterectomy specimen. The uterus is about 10.0 x 9.5 x 8.5 cm in greatest overall dimensions with the cervical portion measuring about 3.5 cm in length and up to 2.5 cm in diameter. The external cervical os is patent and 0.5 cm in diameter. The endometrial cavity is 6.0 cm long and up to 5.0 cm in width. The muscular uterine wall has a maximum thickness of about 2.5 cm.

The endometrial cavity is partially replaced by friable pink-tan tumor. The tumor measures about 13.0 x 9.0 cm in area, involves the uterine fundus, the entire anterior and posterior corpus and the posterior lower uterine segment. In the latter area the tumor extends very close to the endocervical/lower uterine segment junction. No gross tumor is seen in the cervix. Cut sections of the uterus reveal invasion of greater than 50% of the uterine wall. Invasive tumor extends to within about 0.3 cm of the serosal surface of the uterus. No involvement of uterine serosa or parametrial tissues by tumor is evidence.

There is scant uninvolved endometrial mucosa in the anterior lower uterine corpus and lower uterine segment, which measures about 0.1 cm in thickness. Within the uterus, there are seven well-circumscribed leiomyomas, ranging from about 0.5 to 2.5 cm in maximum dimensions, three of which are subserosal and the remainder of which are intramural. One of the intramural leiomyomas is located in the anterior lower uterine corpus and lower uterine segment. One of the smaller leiomyomas has a semi-firm white rubbery cut surface. The other leiomyomas have firm solid tan-white whorled cut surfaces. No areas of hemorrhage or necrosis are evident in any of the leiomyomas. A focus of friable tumor measuring about 0.5 cm in diameter is present in the largest leiomyoma. The mucosa of the cervix appears partly defective/eroded. Several mucus-filled cysts, up to about 0.2 cm in diameter are also noted in the cervix.

Ink key: Parametrial soft tissues on one side - blue; parametrial soft tissues on opposite side - black.

Representative sections are submitted.

Slide key:

- F1. Anterior cervix - 1
- F2. Anterior endocervix - 1
- F3. Posterior lower uterine segment with tumor and adjacent endocervix - 1
- F4. Posterior cervix - 1
- F5. Anterior uterine fundus with tumor - 1
- F6. Anterior uterine corpus with tumor - 1
- F7. Anterior lower uterine corpus and adjacent lower uterine segment with leiomyoma - 1
- F8. Posterior uterine fundus with tumor - 1
- F9. Posterior uterine corpus with tumor - 1
- F10. Three small leiomyomas - 3
- F11. Two small leiomyomas - 1
- F12. Largest leiomyoma with focus of tumor - 3
- F13. Parametrial tissues from one side of uterus - multiple
- F14. Parametrial tissues from opposite side of uterus - multiple

G. PELVIC LYMPH NODES

Labeled with the patient's name, labeled "pelvic lymph nodes", and received in formalin is a 3.5 x 2.5 x 1.5 cm portion of yellow fatty tissue, within which there are embedded nine semi-soft to semi-firm tan lymph nodes. The lymph nodes range from about 0.1 to 1.5 cm in maximum dimensions. The lymph nodes are each entirely embedded along with some of the perinodal fat.

See End of Report *****

PATH #: [REDACTED]

Slide key:

G1. Five lymph nodes - 4

G2. Four lymph nodes - 4

H. OBTURATOR

Labeled with the patient's name, labeled "obturator", and received in formalin is a 3.0 x 3.0 x 2.0 cm aggregate of yellow fatty tissue and three soft to semi-soft tan lymph nodes. The lymph nodes measure about 0.3, 0.3 and 1.5 cm in maximum dimensions. The lymph nodes are each entirely embedded along with some of the perinodal fat.

Slide key:

H1. Three lymph nodes - 3

I. LEFT COMMON

Labeled with the patient's name, labeled "left common", and received in formalin is a 2.0 x 0.7 x 0.5 cm aggregate of yellow fatty tissue, within which there is embedded a single 1.3 cm diameter semi-soft tan lymph node. The entire specimen is embedded.

Slide key:

I1. One lymph node and perinodal fat - 1

J. LEFT PERIAORTIC LYMPH NODE

Labeled with the patient's name, labeled "left periaortic lymph node", and received in formalin is a 2.0 x 2.0 x 1.0 cm portion of yellow fatty tissue, within which there are embedded three semi-soft tan lymph nodes, measuring about 0.1, 1.0 and 1.3 cm in maximum dimensions. The lymph nodes are each entirely embedded along with some of the perinodal fat.

Slide key:

J1. Three lymph nodes - 2

K. RIGHT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is a 5.0 x 2.5 x 1.5 cm aggregate of yellow fatty tissue, within which there are embedded 12 semi-soft tan lymph nodes. The lymph nodes range from about 0.3 to 2.3 cm in maximum dimensions. The lymph nodes are each entirely embedded along with some of the perinodal fat.

Slide key:

K1. Four lymph nodes - 4

K2. Four lymph nodes (one bivalved) - 4

K3. Four lymph nodes - 4

L. RIGHT OBTURATOR LYMPH NODE

Labeled with the patient's name, labeled "right obturator lymph node", and received in formalin is a 3.0 x 3.0 x 1.5 cm aggregate of yellow fatty tissue within which there are embedded multiple soft to semi-soft tan lymph nodes. The lymph nodes range from about 0.1 to 1.5 cm in maximum dimensions. The lymph nodes are each entirely embedded with some of the perinodal fat.

Slide key:

L1. Multiple lymph nodes - 3

M. RIGHT AORTIC LYMPH NODE

Labeled with the patient's name, labeled "right aortic lymph node", and received in formalin is a 4.0 x 3.0 x 1.0 cm aggregate of yellow fatty tissue within which there are embedded a total of six soft tan lymph nodes. The lymph

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nodes range from about 0.1 to 0.4 cm in maximum dimensions. The lymph nodes are each entirely embedded along with some of the perinodal fat.

Slide key:

MI. Six lymph nodes - 3

Gross dictated by

OPERATIVE CALL

OPERATIVE CONSULT (GROSS):

SPECIMEN F: UTERUS AND CERVIX:

- On gross examination, extensive tumor filling endometrial cavity, involving more than 50% of the myometrium and lower uterine segment.

, M.D.)

If this report includes immunohistochemical test results, please note the following:

Numerous immunohistochemical tests were developed and their performance characteristics determined by

U.S. Food and Drug Administration (FDA), and FDA approval is not required.

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

ADDENDUM:

The rest of both fallopian tubes were embedded. The cassette/slide key for the additional sections of the fallopian tubes is as follows:

- D3. Left fallopian tube - 3
- D4. Left fallopian tube - 2
- D5. Left fallopian tube - 3
- E3. Right fallopian tube - 3
- E4. Right fallopian tube - 3
- E6. Right fallopian tube - 3

The additional sections of the left fallopian tube also show mild chronic inflammation (as did the original sections). Paratubal cystic Walthard rests, focal paratubal endosalpingiosis, and adnexal Wolffian duct remnants are also noted in additional sections of the left fallopian tube. There is no evidence of metastatic carcinoma or primary tubal epithelial dysplasia/neoplasia in the additional sections of the left fallopian tube.

There is no evidence of metastatic carcinoma or other significant additional findings in the additional submitted sections of the right fallopian tube.

Immunohistochemical stain for p53, which was performed on sections from block E2 (slide E2-2), reveal positive nuclear staining of tubal epithelial cells in the area corresponding to that which showed hyperplasia with atypia/dysplasia in the original routinely stained sections of the right fallopian tube.

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 GH #: [REDACTED]

Immunohistochemical stain for p 53, which was performed on a section from block F8 of the primary uterine carcinoma, reveals positive nuclear staining of most of the neoplastic cells for p53. Rare carcinoma cells in the uterus (slide F8-3) also stain positively for WT-1, but most of the uterine carcinoma cells are negative for the latter marker.

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

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