

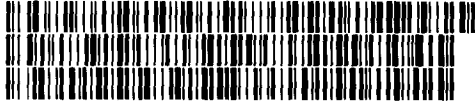
1CB-0-3

Carcinoma, Endometrioid, NOS

Site: Endometrium CS4.1 8380/3 11/22/10

UUID: 8AC80DBE-46DE-46D5-B900-C807CBE941A6  
TCGA-A5-A0GB-01A-PR

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Ordering M.D.:

Copies To:

Age/Sex:  
Location:

Assistant:  
Date of Procedure  
Date Received

## SURGICAL PATHOLOGY REPORT

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

Reason for Addendum #1: Additional sections or studies

### DIAGNOSIS:

#### A. RIGHT OVARY AND FALLOPIAN TUBE (SALPINGO-OOPHORECTOMY):

- Benign ovary with corpora albicantia, rare calcification, and rare multinucleated giant cell
- Benign fallopian tube with hydrosalpinx, small focus suggestive of endometriosis, and serosal adhesions with reactive mesothelial cells

#### B. UTERUS AND CERVIX (TOTAL HYSTERECTOMY):

- Endometrial carcinoma with endometrioid (adenosquamous) and undifferentiated features (see comment)
- Tumor measures approximately 14.0 x 7.7 cm in surface area and replaces almost all of the anterior and posterior endometrium
- Tumor is exophytic and invasive
- Tumor invades >50% of the myometrial thickness
- Invasive tumor extends into the lower uterine segment and upper endocervix
- Lymphovascular invasion present (contraction artefact around tumor nests also noted)
- Tumor associated necrosis with acute inflammatory cells
- Tumor associated lymphoplasmacytic infiltrate
- Rare tumor associated calcification
- Bilateral parametrial soft tissue with detached tumor fragments interpreted as floaters
- Uninvolved endometrium with deciduoid stromal change consistent with history of progestin therapy
- Adenomyosis
- Additional findings in the cervix include nabothian cysts, squamous metaplasia, cervicitis, and reactive cellular changes

#### C. RIGHT PELVIC LYMPH NODES (EXCISION):

- Four lymph nodes; no tumor seen (0/4)

#### D. RIGHT PA LYMPH NODE (EXCISION):

- One lymph node; no tumor seen (0/1)

#### E. LEFT PELVIC LYMPH NODE (EXCISION):

- One lymph node; no tumor seen (0/1)

#### F. LEFT OBTURATOR LYMPH NODES (EXCISION):

- Eight lymph nodes; no tumor seen (0/8)

#### G. LEFT PA LYMPH NODES (EXCISION):

Patient Case(s)

**End of Report \*\*\*\*\***

ATH #: [REDACTED]

-Nine lymph nodes; no tumor seen (0/9)

**H. LEFT COMMON ILIAC LYMPH NODES (EXCISION):**

-Four lymph nodes; no tumor seen (0/4)

**I. OMENTUM #1 (PARTIAL OMENTECTOMY):**

-Omental adipose tissue with tiny fibrous adhesions and few crushed cells  
-No tumor identified

**J. OMENTUM #2 (PARTIAL OMENTECTOMY):**

-Omental adipose tissue with tiny fibrous adhesions and few reactive mesothelial cells  
-Focal calcified fat necrosis  
-No tumor identified

**K. OMENTUM #3 (PARTIAL OMENTECTOMY):**

-Omental adipose tissue with tiny fibrous adhesions and few reactive mesothelial cells  
-No tumor identified

**COMMENT:** The tumor exhibits glandular/poorly differentiated glandular, squamous (nonkeratinizing), and undifferentiated features. The poorly differentiated endometrioid component shows glandular, trabecular/cord-like, and nested growth patterns and is considered architectural grade 3. The undifferentiated component shows solid sheets of monotonous, small to intermediate size cells with scant cytoplasm, open chromatin, and frequent mitoses. In an effort to further characterize the tumor, several immunostains were performed on blocks B4 and B14. Only rare cells in the undifferentiated component stain positive for keratin AE 1/3, MOC 31, or BER-EP4 (in contrast to the staining seen in the endometrioid component). Stains for cytokeratin 7, CAM 5.2, vimentin, WT1, ER, PR, chromogranin, and synaptophysin are negative in the undifferentiated tumor component. Some undifferentiated tumor cells stain for p53 and a few stain for p16. The lymph node profiles show prominent sinus histiocytosis (virtually negative immunostaining for epithelial markers in the undifferentiated tumor component precludes application of these antibodies to search for occult tumor cells in the lymph nodes). Based on these specimens, pathologic staging is assigned as pT2b NO.

**Reference:** Altrabulsi B, Malpica A, Deavers MT, et al. Undifferentiated carcinoma of the endometrium. Am J Surg Pathol 2005;29(10):1316-1321.

**Findings were discussed with**

**HISTORY:** "Clear cell endometrial cancer"

**MICROSCOPIC:**

Stain for WT1 is also negative in the endometrioid component of the tumor. Additional immunostains will be reported in an addendum.

**SPECIAL STUDIES:** Decalcification (J2)

**IMMUNOSTAINS:**

B4: keratin AE 1/3, cytokeratin 7, p53, ER, PR, MOC31, BER-EP4, chromogranin, synaptophysin  
B14: keratin AE 1/3, cytokeratin 7, CAM 5.2, vimentin, WT1, p16

**GROSS:**

: See End of Report \*\*\*\*\*

PATH #: [REDACTED]

#### A. RIGHT TUBE AND OVARY

Labeled with the patient's name, labeled "right tube and ovary", and received fresh for gross consultation and subsequently fixed in formalin is a 14 gram salpingo-oophorectomy specimen. The ovary measures 2.8 x 2.0 x 1.6 cm. The fallopian tube is 4.0 cm in length and 0.7 cm in diameter.

The serosal surface of the ovary is mostly smooth with focal adhesions to the tube. The cut surface of the ovary is pink-tan to tan-yellow and grossly unremarkable without evidence of tumor involvement. The tube has an inner luminal diameter of 0.5 cm with hydrosalpinx noted. No gross tumor involvement is seen. The entire fallopian tube and representative sections of the ovary are submitted.

- A1. Ovary - 1
- A2. Proximal tube - 4
- A3. Mid tube - 4
- A4. Distal tube - 3

#### B. UTERUS WITH CERVIX

Labeled with the patient's name, labeled "uterus with cervix", and received fresh for gross consultation and subsequently fixed in formalin is a 520 gram total hysterectomy specimen. The uterus measures 7.5 x 9.2 x 11.4 cm. The cervical portion is 5.0 cm in length and up to 3.2 cm in diameter in the ectocervical region. The ectocervical os is 1.4 cm in diameter. The endocervical canal is 4.0 cm in length. The endometrial cavity measures 8.0 cm in length and up to 7.7 cm in width. The myometrium measures up to 3.6 cm in thickness.

The anterior and posterior endometrium is almost entirely replaced by friable red-tan fungating tumor that measures 14.0 x 7.7 cm in surface area and almost fills the endometrial cavity. The tumor extends into the lower uterine segment and cervical canal in the posterior aspect and is within 1.0 cm in the transformation zone. The tumor invades into the superficial half of the lower uterine segment/cervix (to within 0.7 cm of the serosal surface). The main volume of the tumor is in the endometrial cavity and shows maximum invasion of approximately two-thirds of the uterine wall (within 1.9 cm of the serosa at the superior most aspect of the uterus).

Within the uterus there is one well-circumscribed intramural leiomyoma measuring 2.5 x 2.2 x 1.8 cm. The cut surface is gray-white firm and whorled without evidence of hemorrhage, necrosis, or calcification. The external cervical os, the transformation zone, and the anterior endocervical canal are grossly unremarkable. The uninvolved mucosa is pink-tan and soft with focal pinpoint hemorrhage. The serosa is pink-tan and smooth without adhesions. The bilateral parametrial soft tissues are grossly unremarkable.

Ink key: Parametrial soft tissues - black.

Representative sections are submitted.

#### Slide key:

- B1. Anterior cervix - 1
- B2. Anterior lower uterine segment - 1
- B3. Posterior cervix - 1
- B4, B5. Posterior lower uterine segment/endocervical canal/tumor - 1 each
- B6, B7. Deepest invasion of tumor (superior aspect of uterus), bisected - 1 each
- B8, B9. Anterior uterine corpus, bisected - 1 each
- B10. Posterior uterine corpus with tumor, full-thickness - 1
- B11, B12. Uninvolved appearing area of posterior uterine fundus, bisected - 1 each
- B13, B14. Anterior fundus, bisected - 1 each
- B15. Right parametrial soft tissue - 1
- B16. Left parametrial soft tissue - 1

#### C. RIGHT PELVIC LYMPH NODE

See End of Report \*\*\*\*\*

PATH #: [REDACTED]

Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is a 4.3 x 3.5 x 2.0 cm aggregate of tan-yellow soft fatty tissues. Examination of the fatty tissue reveals pink-tan soft lymph nodes measuring 1.4 x 0.7 x 0.5 to 1.7 x 1.4 x 0.6 cm. The lymph nodes are trimmed and entirely submitted.

C1. Two lymph nodes - 2

C2. One lymph node, bisected - 2

C3. One lymph node, bisected - 2

#### D. RIGHT PA

Labeled with the patient's name, labeled "right PA", and received in formalin is a 3.2 x 2.5 x 1.5 cm aggregate of tan-yellow soft fatty tissue. Examination of the fatty tissue reveals one pink-tan soft lymph node measuring 1.5 x 0.7 x 0.3 cm. The lymph node is trimmed and entirely submitted.

D1. 1

#### E. LEFT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin is a 4.7 x 4.2 x 1.7 cm aggregate of tan-yellow soft fatty tissue. Within the fatty tissue is one pink-tan soft ovoid lymph node measuring 2.5 x 1.7 x 0.8 cm. The lymph node is trisected and entirely submitted.

E1-E3. 1 each

#### F. LEFT OBTURATOR

Labeled with the patient's name, labeled "left obturator", and received in formalin is a 10.2 x 3.2 x 2.0 cm portion of tan-yellow soft fatty tissue. Examination of the fatty tissue reveals eight pink-tan soft lymph nodes measuring 0.8 to 2.7 cm in greatest dimension. The lymph nodes are trimmed and entirely submitted.

F1. Three lymph nodes - 3

F2. Three lymph nodes - 3

F3. One lymph node, bisected - 2

F4. One lymph node, bisected - 2

#### G. LEFT PA

Labeled with the patient's name, labeled "left PA", and received in formalin is a 5.0 x 4.5 x 1.7 cm aggregate of tan-yellow soft fatty tissues. Examination of the fatty tissue reveals ten pink-tan soft lymph nodes measuring 0.5 to 2.0 cm in greatest dimension. The lymph nodes are trimmed and entirely submitted.

G1. Three lymph nodes - 3

G2. Three lymph nodes - 3

G3. Two lymph nodes - 2

G4. Two lymph nodes - 2

#### H. LEFT COMMON ILIAC

Labeled with the patient's name, labeled "left common iliac", and received in formalin is a 6.0 x 3.3 x 1.8 cm portion of tan-yellow soft fatty tissue. Examination of the fatty tissue reveals four pink-tan soft lymph nodes measuring 0.5 to 3.5 cm in greatest dimension. The lymph nodes are trimmed and entirely submitted.

H1. Two lymph nodes - 2

H2. One lymph node, bisected - 2

H3. One lymph node, bisected - 2

#### I. OMENTUM #1

Labeled with the patient's name, labeled "omentum #1", and received in formalin is a 15.0 x 4.2 x 1.8 cm portion of tan-yellow soft adipose tissue. The cut surfaces show tan-yellow soft adipose tissue without evidence of tumor. Representative sections are submitted.

I1. 2

#### J. OMENTUM #2

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PATH #: [REDACTED]

Labeled with the patient's name, labeled "omentum #2", and received in formalin is a 15.7 x 11.0 x 1.2 cm portion of tan-yellow soft fatty tissue. Cut sections show one gray-white firm calcific nodule measuring 0.7 x 0.5 x 0.5 cm. The remaining cut surfaces consist of soft adipose tissue without lesions. The entire calcific nodule and representative sections of the fatty tissue are submitted.

J1. Omentum - 2

J2. Calcific nodule, bisected, entirely submitted - 2

#### K. OMENTUM #3

Labeled with the patient's name, labeled "omentum #3", and received in formalin is a 13.1 x 9.3 x 1.5 cm portion of tan-yellow soft fatty tissue. The cut surfaces show tan-yellow soft grossly unremarkable adipose tissue. No tumor is seen. Representative sections are submitted.

K1. 2

Gross dictated by

#### OPERATIVE CALL

##### OPERATIVE CONSULT (GROSS):

##### SPECIMEN A: RIGHT TUBE AND OVARY:

- Bisected ovary, grossly unremarkable.

##### SPECIMEN B: UTERUS AND CERVIX:

- Endometrial cavity filled with soft friable tumor masses.  
(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.

..D. Electronically signed

#### Addendum

There is heterogeneous staining for ER, less staining for PR, and rare cells that stain positive for CK5/6 in the endometrioid component.

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

..D. Electronically signed

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	[Signature]	
Date Reviewed	[Date]	