ICD-O-3
adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1 3/6/11 lw

SURGICAL PATHOLOGY REPORT

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

Reason for Addendum #1: Additional sections or studies

DIAGNOSIS:

A. FALLOPIAN TUBE, LEFT SALPINGECTOMY:
- Chronic and minimal acute salpingitis, lymphovascular ectasia, stromal edema, and adhesions
- No evidence of metastatic carcinoma

B. FALLOPIAN TUBE, RIGHT, SALPINGECTOMY:
- Chronic and minimal acute salpingitis, vascular ectasia, and soft tissue at fimbriated end
- Paratubal Walthard rest
- Paratubal cyst lined by benign serous epithelium (hydatid of Morgagni) with an associated adhesion
- No evidence of metastatic carcinoma

C. UTERUS, TOTAL ABDOMINAL HYSTERECTOMY:
- Primary uterine adenocarcinoma, endometrioid type, with associated squamous, eosinophilic and secretory-like changes (latter consistent with exogenous progestin effect), FIGO grade II (see comment)
  - There is extensive (diffuse) involvement of uterine fundus, anterior and posterior uterine corpus and portions of posterior lower uterine segment and anterior lower uterine segments by carcinoma
  - The tumor is exophytic/polypoid in some areas
  - Superficial myometrial invasion by carcinoma, involving less than 10% of the of the uterine wall thickness is present
  - There is secondary involvement of adenomyosis deeper in the uterine wall, within the outer half of wall about 0.85 cm from the serosa
  - No lymphatic or blood vessel invasion by carcinoma identified
  - Cervix and vaginal cuff are free of tumor
  - Bilateral parametrial soft tissues are free of tumor
- Minimal residual non-neoplastic endometrium (mostly scattered single glands intervening between aggregates of tumor with some inactive glands, some glands showing secretory-like changes, cystic glandular dilatation, and stromal decidualization consistent with exogenous progestin effect
- Benign endometrial polyp, lower uterine segment
- Cervix with chronic and mild acute inflammation, extensive microglandular endocervical hyperplasia, reserve cell hyperplasia, squamous metaplasia, and nabothian cysts

D. LYMPH NODES, LEFT PELVIC, EXCISION:

Patient Case(s)

PATIENT NOTIFIED OF RESULTS
ER NURSE DATE

- **Seventeen reactive lymph nodes**
- **No evidence of metastatic carcinoma (0/17)**

E. LYMPH NODES, LEFT COMMON ILIAC, EXCISION:
- **Six reactive lymph nodes**
- **No evidence of metastatic carcinoma in routinely stained sections (0/6)**

F. LYMPH NODE, LEFT OBTURATOR, EXCISION:
- **One reactive lymph node**
- **No evidence of metastatic carcinoma in routinely stained sections (0/1)**

G. LYMPH NODES, RIGHT PELVIC, EXCISION:
- **Five reactive lymph nodes**
- **No evidence of metastatic carcinoma in routinely stained sections (0/5)**

H. LYMPH NODES, RIGHT COMMON ILIAC, EXCISION:
- **Two reactive lymph nodes**
- **No evidence of metastatic carcinoma in routinely stained sections (0/2)**

COMMENT: The preliminary pathologic findings were conveyed to Dr. via campus e-mail on The case was subsequently discussed with Dr. Results of an immunohistochemical panel to test for potential microsatellite instability will be reported in an addendum.

SYNOPTIC REPORT:
Applies To:
A : LEFT FALLOPIAN TUBE
B : RIGHT FALLOPIAN TUBE
C : UTERUS
D : LEFT PELVIC LYMPH NODES
E : LEFT COMMON ILIAC LYMPH NODES
F : LEFT OBTURATOR LYMPH NODE
G : RIGHT PELVIC LYMPH NODES
H : RIGHT COMMON ILIAC LYMPH NODES

Macroscopic

Specimen Type:	Uterus Right fallopian tube Left fallopian tube Vaginal cuff
Other Organs Present:	None
Procedure:	Total abdominal hysterectomy and bilateral salpingectomy
Specimen Integrity:	Intact hysterectomy specimen
Lymph Node Sampling:	Pelvic lymph nodes Para-aortic lymph nodes Common iliac lymph nodes One left obturator lymph node

Microscopic

Histologic Type:	Endometrioid adenocarcinoma, variant

Histologic Grade:	Variant: Endometrioid adenocarcinoma with associated squamous, eosinophilic and secretory-like changes FIGO grade II
Tumor Site:	Corpus Fundus Lower uterine segment
Tumor Size:	Greatest dimension: 8.5cm
Myometrial Invasion:	Less than 50% myometrial invasion
Involvement of Cervix:	No involvement
Extent of Involvement of Other Organs:	None
Margins:	Surgical margins of hysterectomy specimen are free of tumor.
Lymphovascular Invasion:	Not identified

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

Primary Tumor (pT):	pT1a [IA]: Tumor limited to endometrium or invades less than one-half of the myometrium
Regional Lymph Nodes (pN):	pN0: No regional lymph node metastasis Comment(s): In addition to the pelvic, and common iliac lymph nodes, one left obturator lymph node was examined and found to be negative for metastatic tumor.
Number of pelvic lymph nodes examined:	23
Number of pelvic lymph nodes involved:	0
Number of para-aortic lymph nodes examined:	0
Number of para-aortic lymph nodes involved:	0
Number of common iliac lymph nodes examined:	8
Number of common iliac lymph nodes involved:	0

HISTORY:
Endometrial adenocarcinoma

MICROSCOPIC FINDINGS:
See diagnosis.

SPECIAL STUDIES:
H&E-stained step sections (C3 x2, C4 x2, C5 x2)

IMMUNOHISTOCHEMISTRY:

Study Antibody	Block	Result
Keratin AE1/AE3	D1, D2, D3, D4	No "occult" keratin-positive metastatic tumor cells are identified in the left pelvic lymph nodes.
Keratin AE1/AE3	E1	No "occult" keratin-positive metastatic tumor cells are identified in the left common iliac lymph nodes.
Keratin AE1/AE3	F1	No "occult" keratin-positive metastatic tumor cells are identified in the left obturator lymph node.
Keratin AE1/AE3	G1, G2, G3	No "occult" keratin-positive metastatic tumor cells are identified in the right pelvic lymph nodes.
Keratin AE1/AE3	H1	No "occult" keratin-positive metastatic tumor cells are identified in the right common iliac lymph nodes.

GROSS:

A. LEFT FALLOPIAN TUBE
Labeled with the patient's name, labeled "left fallopian tube", and received in formalin is a fimbriated portion of fallopian tube measuring 8.0 cm in length and ranging from 0.4 to 0.7 cm in greatest diameter. The patent lumen measures up to 0.4 cm in diameter.

No tumor is identified.

Representative sections are submitted.

Slide key:
A1. Proximal, mid, distal and fimbriated end of fallopian tube - 4

B. RIGHT FALLOPIAN TUBE
Labeled with the patient's name, labeled "right fallopian tube", and received in formalin is a fimbriated fallopian tube measuring 7.5 cm in length and ranging from 0.4 to 0.6 cm in maximum diameter. The patent lumen measures up to 0.3 cm in diameter.

No tumor is identified.

There is about a 1.0 cm diameter translucent paratubal cyst containing clear pale yellow fluid. There is an adhesion that is about 0.9 cm long x less than 0.1 cm in diameter attached to the paratubal cyst.

Representative sections are submitted.

Slide key:
B1. Proximal, mid, distal and fimbriated end of fallopian tube; paratubal cyst - 5

C. UTERUS, CERVIX (GROSS AND FROZEN SECTION)
Labeled with the patient's name, labeled "uterus, cervix", and received fresh for intraoperative frozen section and subsequently fixed in formalin is an intact 300 gram total hysterectomy specimen. The uterus is about 11.0 x 8.0 x 5.0 cm in greatest overall dimensions. The cervical portion of the uterine alone is about 5.0 cm in length and up to 2.0 cm in diameter. Attached to the cervix, there is about a 0.5 cm long cuff of vaginal mucosa. The endometrial cavity is 8.5 cm in length and up to 5.0 cm in width. The endometrial mucosa ranges from about 0.2 to 0.8 cm in thickness. The muscular uterine wall ranges from about 1.5 to 3.3 cm in thickness. There are small amounts of parametrial tissues attached bilaterally; those on the left side are up to 0.5 cm in width and those on the right side are up to 1.0 cm in width.

Almost the entire endometrial cavity is coated by soft tan friable endometrial tumor. The tumor involves the uterine fundus, anterior and posterior lower uterine segments and also involves portions of the anterior and posterior lower uterine segments. The tumor is exophytic for the most part, polypoid in some areas, and up to 0.8 cm in thickness. Cut sections of the uterus show no grossly evident invasive tumor. The cervix and vaginal cuff appear to be grossly free of tumor. The parametrial tissues appear to be grossly free of tumor.

There is a broad-based sessile endometrial polyp, about 1.1 cm in diameter and 0.4 cm in thickness in the anterior lower uterine segment. The myometrium is focally trabeculated and shows some minute to tiny cystic spaces. No other gross pathologic lesions are seen.

Ink key: anterior uterine serosa and surgical margin - blue; posterior uterine serosa and posterior surgical margin - black.

Representative sections are submitted.

Slide key:
C1. Remnant of FSC - 1
C2. Anterior cervix - 1
C3. Anterior lower uterine segment with polyp and tumor - 1
C4. Posterior cervix - 1
C5. Posterior lower uterine segment with tumor and adjacent upper endocervix - 1
C6. Anterior uterine corpus with tumor - 1
C7, C8. Posterior uterine corpus with tumor - 1 each
C9. Left parametrial tissues - 2
C10. Right parametrial tissues – 2
C11. Anterior uterine fundus -1
C12,13. Posterior uterine fundus – 1 each

D. LEFT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin is about a 4.0 x 3.5 x 1.0 cm aggregate of soft yellow adipose tissue within which there are embedded multiple soft to semisoft tan lymph nodes. The lymph nodes range from about 0.2 to 1.2 cm in maximum dimensions.

No gross tumor is seen.

Entirely submitted.

Slide key:
D1. Two lymph nodes, each sectioned (bisected) - 2
D2. Three lymph nodes, two of which are bisected - 4
D3. Four lymph nodes - multiple
D4. Multiple lymph nodes - multiple

E. LEFT COMMON ILIAC
Labeled with the patient's name, labeled "left common iliac", and received in formalin is a 3.0 x 3.0 x 1.0 cm aggregate of soft yellow fatty tissue within which there are embedded several soft tan lymph nodes. The lymph nodes range from about 0.2 to 1.0 cm in maximum dimension.

No gross tumor is seen.

Entirely submitted.

Slide key:

E1. Multiple lymph nodes and perinodal fat - multiple

F. OBTURATOR LEFT
Labeled with the patient's name, labeled "obturator left", and received in formalin is about a 1.8 x 1.2 x 0.8 cm portion of soft yellow fatty tissue within which there is embedded a single 0.6 cm diameter soft tan lymph node.

No gross tumor is seen.

Entirely submitted.

Slide key:
F1. One lymph node and fat - 2

G. RIGHT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is a 6.5 x 2.0 x 1.0 cm aggregate of soft yellow fatty tissue, within which there are embedded multiple soft to semisoft tan lymph nodes. The lymph nodes range from about 0.3 to 2.0 cm in maximum dimensions.

No gross tumor is seen.

Entirely submitted.
G1. Three lymph nodes, two of which are bisected - 4
G2. Largest lymph node, bisected - 2
G3. One lymph node and fat - multiple

H. RIGHT COMMON ILIAC
Labeled with the patient's name, labeled "right common iliac", and received in formalin is about a 3.5 x 2.0 x 0.8 cm aggregate of soft yellow fatty tissue. Dissection of the fat reveals two soft tan lymph nodes, about 0.4 and 0.6 cm in maximum dimensions.

No gross tumor is seen.

Entirely embedded.

Slide key:
H1. Two bisected lymph nodes - 4
H2. Fat - multiple

Gross dictated by

INTRAOPERATIVE CONSULTATION:
L
OPERATIVE CONSULT (FROZEN):

C. UTERUS, CERVIX:
- Endometrial adenocarcinoma
- No obvious high-grade features noted on representative sections
- No definitive myometrial invasion identified on representative sections

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

Electronically signed

ADDENDUM:

RESULTS OF IMMUNOHISTOCHEMICAL STAINS FOR EVALUATION FOR POTENTIAL MICROSATELLITE INSTABILITY:

Study / Antibody	Block	Result
MLH-1	C12	No specific staining of the tumor cells is identified, i.e. there is loss of the normal pattern of staining for this mismatch repair protein.
MSH-2	C12	There is retention of the normal pattern of staining for MSH-2 by the tumor cells.
MSH-6	C12	Some of the neoplastic cells exhibit positive staining.
PMS2	C12	There is retention of the normal pattern of staining for PMS2.

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

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials	Date Reviewed: 3/6/11	

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