

1CD-0-3

Adenocarcinoma, Endometrioid, NOS

Site: Endometrium c54.1 8380/3

hw
11/22/10

UUID: 36A4F391-2F46-4896-8E53-223202E42A38
TCGA-A5-A0GA-01A-PR

Redacted



Ordering M.D.:

Age/Se: [REDACTED]
Location:

Assistant:
Date of Procedure:
Date Received:

Conies To:

SURGICAL PATHOLOGY REPORT

***** AMENDED REPORT *****

Reason for Amendment/Correction #1: Additional findings

DIAGNOSIS:

A. LEFT ADNEXA:

- Ovary and fallopian tube with no pathologic diagnosis

B. RIGHT ADNEXA:

- Ovary and fallopian tube with no pathologic diagnosis

C. UTERUS AND CERVIX:

- Endometrial adenocarcinoma, endometrioid type, grade 3, invasive, depth 12.0 of 26.0 mm
- Extensive lymphatic invasion present
- Lower uterine segment and cervix: No tumor seen
- Leiomyomas

D. RIGHT PARAAORTIC LYMPH NODE:

- Metastatic endometrioid carcinoma in one lymph node

E. RIGHT PELVIC LYMPH NODE:

- Metastatic endometrioid carcinoma in one node
- Four lymph nodes, no tumor seen

F. LEFT PELVIC LYMPH NODE:

- Metastatic endometrioid carcinoma in the largest lymph node
- One small lymph node, no tumor seen

G. SACRAL LYMPH NODE:

- Lymph node, no tumor seen

H. IMA NODE:

- Metastatic endometrioid carcinoma in lymph node

I. APPENDIX:

- Mucinous neoplasm of borderline malignancy

J. CEPHALAD IMA NODE:

- Metastatic endometrioid carcinoma in lymph node extending to perinodal soft tissue

K. LEFT PA LYMPH NODE:

- Metastatic endometrioid carcinoma in two of two lymph nodes

L. LEFT RENAL LYMPH NODE:

Patient Case(s):

D REPORT *****

PATH #: [REDACTED]

- Metastatic endometrioid carcinoma in the largest node with extension into perinodal soft tissue
- Three smaller lymph nodes, no tumor seen

M. RENAL NODE:

- Lymph node, no tumor present

N. RIGHT RENAL NODE:

- Metastatic endometrioid carcinoma in lymph node with extension into perinodal soft tissue

O. OMENTUM:

- Adipose tissue, no tumor seen

P. RIGHT COLON, DISTAL ILEUM:

- Tubular adenoma in right colon
- Eighteen lymph nodes, no tumor seen

COMMENT: The endometrioid carcinoma is a grade 3 tumor in the endometrium. Some of the metastases in the lymph nodes appear to be grade 2; however, it is difficult to grade the tumor because there is extensive squamous metaplasia in the primary tumor as well as in the metastases and there are clear cell changes.

Consultant: Dr. [REDACTED] reviewed the sections from the appendix.

HISTORY: Endometrial cancer

MICROSCOPIC:

See diagnosis.

GROSS:

A. LEFT ADNEXA

Labeled with the patient's name, labeled "left adnexa", and received in formalin is a salpingo-oophorectomy specimen weighing 13 grams. The ovary measures 3.0 x 1.4 x 1.5 cm and has a pink-tan undulating serosal surface. The ovary has been previously incised revealing multiple corpora albicantia and a thin tan-yellow rim of cortical stroma. No tumor involvement is identified. The attached fallopian tube is fimbriated at one end and measures 5.3 cm in length and 0.5 cm in diameter. The serosal surface is pink-tan and smooth. Sectioning reveals a stellate patent lumen up to 0.3 cm in diameter. Representative sections are submitted.

A1. Ovary

A2. Fallopian tube - 3

B. RIGHT ADNEXA

Labeled with the patient's name, labeled "right adnexa", and received in formalin is a salpingo-oophorectomy specimen weighing 16 grams. The ovary measures 3.3 x 1.6 x 1.5 cm and has a tan-yellow undulating serosal surface. The ovary has been previously incised revealing multiple corpora albicantia and a thin tan-yellow rim of cortical stroma. No tumor involvement is grossly identified. The attached fallopian tube is fimbriated at one end and measures 5.5 cm in length and 0.5 cm in diameter. The serosal surface is pink-tan and smooth. Sectioning reveals a stellate patent lumen up to 0.3 cm in diameter. Representative sections are submitted.

B1. Ovary - 1

B2. Fallopian tube - 3

C. UTERUS AND CERVIX

D REPORT *****PATH #: [REDACTED]

Labeled with the patient's name, labeled "uterus and cervix", and received fresh for gross consultation and subsequently fixed in formalin is a total hysterectomy specimen weighing 340 grams. The uterus is symmetric in shape. The uterus measures 12.0 cm from the fundus to the ectocervix, 7.0 cm from cornu to cornu, and a maximum of 6.0 cm from the anterior surface to the posterior surface. The serosal surfaces are pink-tan and smooth. The parauterine and paracervical soft tissues are inked black. The cervix is 3.7 cm in length and up to 4.0 cm in diameter in the ectocervical region. The ectocervix is gray-white and smooth with focal pinpoint hemorrhage. The external cervical os is 0.8 cm in length and ovoid. The specimen has been previously incised along both sides. The endocervical canal is 2.5 cm in length and lined by pink-tan rugose mucosa. The transformation zone is distinct. One soft sessile polypoid lesion is noted on the posterior surface of the lower uterine segment measuring 0.7 x 0.3 x 0.2 cm. The polyp is 2.0 cm superior to the transformation zone. Sectioning of the cervix reveals no gross abnormalities. No vaginal cuff is present. The endometrial cavity is 6.5 cm in length and up to 7.0 cm in width. Within the uterus is a friable, polypoid pink-tan tumor mass that measures 10.7 x 9.5 cm in total surface area and involves the anterior and posterior corpus and fundus as well as possible extension into the lower uterine segment on the posterior aspect. The exophytic portions of the tumor have a maximum thickness of 2.0 cm. The uterus has been previously sectioned revealing invasion of the wall to approximately 50% depth. No normal-appearing endometrial lining is identified except in the lower uterine segment, where the thickness ranges from 0.2 to 0.3 cm. The muscular uterine wall has a maximum thickness of 2.9 cm. The uninvolved myometrium is pink-tan and firm. Four well-circumscribed intramural leiomyomas are identified measuring 2.0 to 3.7 cm in greatest dimension. The cut surfaces of each leiomyoma are gray-white firm and whorled without gross evidence of hemorrhage, necrosis or calcification. The parametrial and paracervical soft tissues appear grossly free of tumor. Representative sections are submitted.

- C1. Anterior cervix - 1
- C2. Anterior lower uterine segment - 1
- C3. Posterior cervix - 1
- C4. Posterior lower uterine segment with small polyp and possible invasion of larger tumor - 1
- C5, C6. Anterior uterine corpus, bisected - 1 each
- C7, C8. Anterior uterine fundus, bisected - 1 each
- C9, C10. Anterior uterine fundus, bisected - 1 each
- C11, C12. Posterior uterine corpus, bisected - 1 each
- C13, C14. Posterior uterine fundus, bisected - 1 each
- C15. Posterior uterine fundus - 1
- C16. Right parametrial soft tissue - 2
- C17. Left parametrial soft tissue - 2
- C18. Three leiomyomas - 3
- C19. Largest leiomyoma - 2

D. RIGHT PARAAORTIC LYMPH NODE

Labeled with the patient's name, labeled "right paraaortic lymph node", and received in formalin is a portion of tan-yellow soft adipose tissue measuring 3.0 x 1.8 x 1.5 cm. Within the adipose tissue is one lymph node measuring 2.4 x 1.4 x 0.8 cm. The lymph node is sectioned and submitted entirely.

D1. 3

E. RIGHT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is an aggregate of tan-yellow soft adipose tissue measuring 4.0 x 3.2 x 3.0 cm. Within the adipose tissue are five lymph nodes measuring 1.0 to 3.1 cm in greatest dimension. The largest lymph node has a gray-white firm gritty cut surface which is grossly positive. The four smaller lymph nodes are entirely submitted. A representative section of the largest lymph node is submitted.

- E1. Four smaller lymph nodes - 4
- E2. Portion of largest lymph node - 1

F. LEFT PELVIC LYMPH NODE

MEDICAL CENTER

REPORT *****

PATH #: [REDACTED]

Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin is a portion of tan-yellow soft adipose tissue measuring 4.0 x 3.2 x 2.5 cm. Within the fatty tissue are two lymph nodes measuring 1.3 to 3.5 cm in greatest dimension. The cut surface of the larger lymph node is gray-white firm gritty and grossly positive. Representative sections are submitted.

F1. Smaller lymph node (entire) - 1

F1. Portion of larger lymph node - 1

G. SACRAL LYMPH NODE

Labeled with the patient's name, labeled "sacral lymph node", and received in formalin is a portion of tan-yellow soft adipose tissue measuring 2.0 x 1.5 x 1.4 cm. Within the adipose tissue is one lymph node measuring 1.4 x 0.8 x 0.4 cm. The lymph node is bisected and submitted entirely.

G1. 2

H. IMA NODE

Labeled with the patient's name, labeled "IMA node", and received in formalin is one lymph node measuring 1.1 x 1.0 x 0.9 cm with a scant amount of attached tan-yellow soft adipose tissue. Bisected and submitted entirely.

H1. 2

I. APPENDIX

Labeled with the patient's name, labeled "appendix", and received fresh for frozen section evaluation and subsequently fixed in formalin is a previously opened appendix measuring 4.3 cm in length and 3.0 cm in diameter. The appendix is grossly distorted. The serosal surface is pink-tan and smooth with focal hemorrhage and one transmural defect measuring 0.5 x 0.5 cm. The resection margin is inked green. Periappendiceal fat measures 1.0 cm in width and up to 1.2 cm in thickness. The wall thickness ranges from 0.2 to 0.5 cm. The luminal surface is lined by an adherent layer of tan-yellow mucus up to 1.7 cm in thickness. Admixed with the mucus is scattered tan-yellow soft substance that appears to be necrotic tissue. The mucosa appears almost entirely denuded/replaced. Some adherent tan-yellow soft necrotic tissue is present. Entirely submitted.

I1. Frozen section control for FS 1 - 1

I2. 2

I3. 3

I4. 4

I5. 3

I6. 2

I7. 4

I8. 3

I9. 3

I10. 3

I11. 4

I12. 4

I13. 3

I14. 3

I15. 3

J. CEPHALAD IMA NODE

Labeled with the patient's name, labeled "cephalad IMA node", and received in formalin is a 3.5 x 1.7 x 1.5 cm portion of tan-yellow soft adipose tissue. Within the adipose tissue is one lymph node measuring 2.2 x 1.4 x 1.4 cm. The lymph node is sectioned and submitted entirely.

J1, J2. 2 each

K. LEFT PA LYMPH NODE

Labeled with the patient's name, labeled "left PA lymph node", and received in formalin is a portion of tan-yellow soft adipose tissue measuring 3.5 x 2.2 x 1.7 cm. Within the fatty tissue are two lymph nodes measuring 0.9 and 2.5

REPORT *****

ATH #: [REDACTED]

cm in greatest dimension. The larger lymph node has a gray-white firm gritty cut surface which is grossly positive. Representative sections are submitted.

K1. Entire smaller lymph node - 1

K2. Portion of larger lymph node - 1

L. LEFT RENAL LYMPH NODE

Labeled with the patient's name, labeled "left renal lymph node", and received in formalin is a portion of tan-yellow soft adipose tissue measuring 3.0 x 2.0 x 1.3 cm. Within the adipose tissue are four lymph nodes measuring 0.3 to 2.0 cm in greatest dimension. The largest lymph node has a gray-white firm gritty cut surface which is grossly positive. Representative sections are submitted.

L1. Three smaller lymph nodes (submitted entirely) - 3

L2. Portion of larger lymph node - 1

M. RENAL NODE #2

Labeled with the patient's name, labeled "renal node #2", and received in formalin is a portion of tan-yellow soft adipose tissue measuring 2.2 x 1.7 x 0.4 cm. Within the adipose tissue are three lymph nodes measuring 0.3 to 0.5 cm in greatest dimension. The lymph nodes are trimmed and submitted entirely.

M1. 3

N. RIGHT RENAL NODE

Labeled with the patient's name, labeled "right renal node", and received in formalin is a portion of tan-yellow soft adipose tissue measuring 2.1 x 1.7 x 0.6 cm. Within the adipose tissue is one lymph node measuring 1.2 x 1.0 x 0.4 cm. The lymph node is bisected and submitted entirely.

N1. 2

O. OMENTUM

Labeled with the patient's name, labeled "omentum", and received in formalin is a portion of tan-yellow soft adipose tissue measuring 66.0 x 22.3 x 2.0 cm. Sectioning reveals a tan-yellow lobular cut surface with no gross evidence of tumor involvement. Representative sections are submitted.

O1. 2

P. RIGHT COLON, DISTAL ILEUM

Labeled with the patient's name, labeled "right colon, distal ileum", and received in formalin is an ileocolon specimen including 6.0 cm in length portion of distal ileum with an open circumference of 5.0 cm. The mucosa is pink-tan, plicated and grossly unremarkable. The ileocecal valve is 5.0 cm in length and pink-tan and soft. The portion of large bowel is 15.4 cm in length and 6.6 cm in open circumference. There is abundant attached tan-yellow soft adipose tissue extending up to 5.0 cm from the bowel wall. The serosal surface is pink-tan and smooth. The mucosa is pink-tan soft with the usual folds. One polypoid lesion is noted measuring 0.5 x 0.4 x 0.4 cm which is 14.5 cm from the distal margin. The polyp does not appear to invade past the mucosa. Examination of the attached fatty tissue reveals 18 lymph nodes measuring 0.2 to 1.2 cm in greatest dimension. Representative sections are submitted.

P1. Proximal margin - 2

P2. Ileocecal valve - 1

P3. Polyp, bisected - 2

P4. Mucosa - 2

P5. Distal margin - 2

P6. Five lymph nodes - 5

P7. Five lymph nodes - 5

P8. Five lymph nodes - 5

P9. Three lymph nodes - 3

Gross dictated by :

ED REPORT *****

PATH #: [REDACTED]

OPERATIVE CALL
OPERATIVE CONSULT (FROZEN):

FS1 (SPECIMEN I):

- Mucinous neoplasm (adenomatous on section sampled). Cannot rule out malignancy (Drs. [REDACTED] and [REDACTED] reviewed slides and concur).

OPERATIVE CALL
OPERATIVE CONSULT (GROSS):

SPECIMEN C:

- Uterus with extensive carcinoma involvement. Both exophytic and endophytic/invasive component (deep half myometrium). Carcinoma may extend to LUS.

*****AMENDMENT (*******I. APPENDIX:**

- Mucinous neoplasm of borderline malignancy
- A small focus of metastatic endometrioid adenocarcinoma measuring 1.5 mm in the serosa of the appendix

COMMENT: This amendment report is issued to include in the diagnosis of the appendix a small focus of metastatic endometrioid adenocarcinoma. The rest of the report remains the same.

I, the pathologist of record on the above amendment, personally examined the material described in the amendment, interpreted the results, reviewed this amended report and signed it electronically.

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

Numerous immunohistochemical tests were developed and their performance characteristics determined by

Those immunohistochemical tests have not been cleared or approved by the 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.

- 1. Electronically signed
- 2. Electronically signed

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	UNQUALIFIED
Reviewer Initials: [Signature]	Date Reviewed: 10/10/10	