

UID:009B5049-74B7-49B8-8B64-28184A3ACA2B  
TCGA-AS-A0GR-01A-PR

Redacted

Site: endometrium c54.1

ICD 0-3  
Adenocarcinoma, Endometrioid, NOS  
8380/3  
11/23/10



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 studies/stains/opinion(s)

### DIAGNOSIS:

#### A. UTERUS AND RIGHT TUBE:

- Endometrial adenocarcinoma, endometrioid type, with clear cell changes, grade 2, involving an endometrial polyp; there is minimal superficial invasion of the myometrium (depth 1.0 mm) (see comment)
- Cervix: Chronic inflammation; no tumor present
- Adenomyosis
- Leiomyomas
- Ovary and fallopian tube: No pathologic diagnosis

#### B. LEFT TUBE AND OVARY:

- Ovary and fallopian tube: No pathologic diagnosis

#### C. LEFT PELVIC LYMPH NODE:

- Adipose tissue with focal fibrosis, no tumor present
- No lymph node found

#### D. LEFT OBTURATOR:

- Four lymph nodes, no tumor present; endosalpingiosis with muscle

#### E. LEFT PA:

- Three lymph nodes, no tumor present

#### F. RIGHT PELVIC LYMPH NODE:

- Adipose tissue with fibrosis, no lymph node found, no tumor present

#### G. RIGHT OBTURATOR LYMPH NODE:

- Nine lymph nodes, no tumor present

#### H. RIGHT PA:

- Adipose tissue with fibrosis, no tumor present

**COMMENT:** There are some papillary areas in the carcinoma which are endometrioid areas. p53 stain is negative. The stage of this neoplasm is 1B, N0, Mx.

**HISTORY:** Endometrial carcinoma

#### MICROSCOPIC:

See diagnosis.

#### GROSS:

Patient Case(s)

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

PATH #: [REDACTED]

#### A. UTERUS AND RIGHT TUBE

Labeled with the patient's name, labeled "uterus and right tube", and received fresh in the Operating Room for intraoperative frozen and subsequently fixed in formalin is a 120 gram total hysterectomy specimen with attached right adnexa and left portion of possible fallopian tube. The uterus is 9.1 x 8.2 x 6.0 cm. The cervical portion is 3.7 cm in length and up to 2.7 cm in width. The endometrial cavity is 5.0 cm in length, and up to 2.0 cm in width. The endometrial thickness is 1.7 cm. The myometrial thickness is 0.2 cm. The right fimbriated fallopian tube is 6.5 cm in length, 0.5 cm in diameter. The right ovary is 4.1 x 2.5 x 0.9 cm.

Located along the left lateral wall of the anterior and posterior cavity is a poorly circumscribed exophytic tan-red soft tumor measuring 3.6 x 3.0 cm in surface area and coming 1.2 cm above the mucosal surface. On cut surface this tumor appears to only involve the superficial aspect and does not show any gross deep invasion. The tumor appears to be confined to the uterine corpus and does not involve the lower uterine segment, or the cervix grossly. This tumor does not appear to involve the parametrial tissues as well.

The uterus is also large and distorted by several approximately five to seven well-circumscribed tan firm leiomyomas ranging from 0.5 to 4.0 cm in greatest dimension. On cut surface the leiomyomas are located within the majority of intramural. On cut section these nodules are tan, firm, whorled, homogenous without hemorrhage or necrosis. No other gross lesions are identified within the myometrium. The serosa is remarkable for multiple adhesions and congestion. The right fallopian tube is remarkable for external congestion but no gross tumor is seen. The cut surface of the ovary reveals an ill-defined yellow soft suspicious area measuring 2.1 x 1.1 x 0.4 cm and occupies approximately 50% of the parenchyma. Otherwise there are multiple corpora albicans amongst the congested stroma.

A representative portion of tissue was submitted for frozen section analysis.

Representative sections are submitted.

#### Slide key:

- A1. FSA remnant - 1
- A2. Anterior cervix - 1
- A3. Anterior lower uterine segment - 1
- A4. Anterior uterus lesion - 1
- A5. Posterior cervix - 1
- A6. Posterior lower uterine segment - 1
- A7-A8. Posterior aspect of lesion - 1 each
- A9. Leiomyomas - 3
- A10. Right ovary - 1
- A11. Right fimbriated fallopian tube, proximal mid and fimbriated end - 3
- A12. Possible segment of left fallopian tube - 1

#### B. LEFT TUBE AND OVARY

Labeled with the patient's name, labeled "left tube and ovary", and received in formalin is a salpingo-oophorectomy specimen consisting of a 2.1 x 1.4 x 0.5 cm ovary adhered to a possible 2.0 cm in length x 0.3 cm in diameter segment of fallopian tube.

The external surface of the ovary is remarkable for multiple adhesions but no gross tumor is identified. The questionable portion of fallopian tube is remarkable for multiple adhesions and congestion and a slightly dilated lumen up to 0.4 cm in diameter. There is also a paratubal cyst located within the questionable fimbriated end measuring 0.2 cm in greatest dimension, which contains a clear serous fluid.

Representative sections are submitted.

#### Slide key:

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

PATH #: [REDACTED]

B1. Ovary - 1

B2. Fimbriated fallopian tube including paratubal cyst, proximal mid and distal end - 3

**C. LEFT PELVIC LYMPH NODE**

Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin are four irregular portions tan-yellow congested fibrofatty tissue amounting to 1.3 x 1.3 x 0.2 cm in aggregate. No lymph node is grossly identified. Entirely embedded.

Slide key:

C1. Multiple

**D. LEFT OBTURATOR**

Labeled with the patient's name, labeled "left obturator", and received in formalin are multiple portions of tan-yellow fibrofatty tissue amounting to 3.1 x 2.0 x 0.5 cm in aggregate. Within the tissue are four tan-pink lymph nodes ranging from 0.2 to 1.5 cm in greatest dimension. Entirely embedded.

Slide key:

D1. Four lymph nodes - 4

**E. LEFT PA**

Labeled with the patient's name, labeled "left PA", and received in formalin is a 2.1 x 0.6 x 0.6 cm irregular portion of tan-yellow fibrofatty tissue. There are two possible tan-pink focally fatty infiltrative lymph node measuring 0.9 and 1.1 cm in greatest dimension each. Entirely embedded.

Slide key:

E1. 2

**F. RIGHT PELVIC LYMPH NODE**

Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin are multiple irregular portions of tan-yellow congested fibrofatty tissue amounting to 2.0 x 1.7 x 0.2 cm in aggregate. No lymph nodes are grossly identified. Entirely embedded.

Slide key:

F1. Multiple

**G. RIGHT OBTURATOR LYMPH NODE**

Labeled with the patient's name, labeled "right obturator lymph node", and received in formalin is a 4.3 x 2.2 x 1.0 cm aggregate of multiple irregular portions of fibrofatty tissue. Within the soft tissue are nine tan-pink focally fatty infiltrated lymph nodes ranging from 0.3 to 1.1 cm in greatest dimension. Entirely embedded.

Slide key:

G1. Four lymph nodes - 4

G2. Five lymph nodes - 5

**H. RIGHT PA**

Labeled with the patient's name, labeled "right PA", and received in formalin is a 2.2 x 1.5 x 0.2 cm aggregate of multiple portions of tan-yellow fibrofatty tissue. No lymph nodes are identified. Entirely embedded.

Slide key:

H1. Multiple

Gross dictated

See End of Report \*\*\*\*\*  
PATH #: [REDACTED]

OPERATIVE CALL  
OPERATIVE CONSULT (FROZEN):

A. UTERUS:

- Adenocarcinoma, favor FIGO 1-2, multiple fibroids
- No obvious myometrial invasion on gross examination

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

*Numerous immunohistochemical tests were developed and their performance characteristics determined by*

*2. 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.

I.D. Electronically signed

\*\*\*ADDENDUM

In the endometrial tumor there is no lymphovascular invasion. The clear cells represent clear cell endometrioid and therefore they are graded as a grade 2. There is no high-grade clear cell carcinoma.

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

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

Electronically signed

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
IPAA Discrepancy		✓
Prior Malignancy History		✓
Qual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	[Signature]	[Signature]
Date Reviewed	11/11/10	