

100-0-3

Adenocarcinoma, Endometrial, NOS

838013

Site: Endometrium c54.1

11/23/10

UUID: 4AAFF034-45D3-4F4F-A283-262BA641D03A

TCGA-A5-A0GM-01A-PR

Redacted



Ordering M.D.:

Age/Sex: _____
Location: _____

Assistant:
Date of Procedure:
Date Received: _____

Copies To:

SURGICAL PATHOLOGY REPORT

SPECIMEN(S) SUBMITTED: A. LEFT FALLOPIAN TUBE & OVARY, B. RIGHT TUBE & OVARY, C. UTERUS+ CERVIX, D. RIGHT COMMON ILIAC LYMPH NODE, E. RIGHT PELVIC LYMPH NODE, F. LEFT COMMON ILIAC LYMPH NODE, G. LEFT PELVIC LYMPH NODE, H. OMENTUM NO 1, I. OMENTUM NO 2, J. OMENTUM NO 3

DIAGNOSIS:

A. FALLOPIAN TUBE AND OVARY, LEFT, SALPINGO-OOPHORECTOMY:

- Ovary with hemorrhagic cystic corpus luteum and serosal adhesions with associated reactive mesothelial proliferation
- Fallopian tube without pathologic changes
- No evidence of metastatic carcinoma

B. FALLOPIAN TUBE AND OVARY, RIGHT, SALPINGO-OOPHORECTOMY:

- Ovary with cystic epithelial inclusions and involuting corpus luteum/early albicans, and serosal adhesions, some with associated reactive mesothelial proliferation
- Fallopian tube with paratubal cyst lined by benign serous epithelium (hydatid of Morgagni)
- No evidence of metastatic carcinoma

C. UTERUS, TOTAL ABDOMINAL HYSTERECTOMY:

- Primary uterine adenocarcinoma, endometrioid type with focal associated squamous changes, FIGO grade 1, nuclear grade mostly 2 with a minor subpopulation of tumor cells exhibiting grade 3 features
- Endometrium of uterine fundus and uterine corpus is extensively involved by adenocarcinoma
- Tumor also extends into the lower uterine segment
- In the uterus, the tumor partially replaces endometrial polyp in a few areas
- Myometrial invasion by carcinoma is present and involves less than 50% (inner third of the muscular uterine wall)
- No lymphatic or blood vessel invasion by carcinoma identified
- No extension of tumor into cervix
- Vaginal cuff is free of tumor
- Parametrial tissues are tumor free
- Proximal intrauterine and/or paracornual portion of left fallopian tube with acute and chronic inflammation, epithelial hyperplasia, and atypia of uncertain significance
- Non-neoplastic endometrium exhibits hyperplastic features, simple and complex types with associated atypia
- Single uterine leiomyoma
- Serosal adhesions

Patient Case(s):

Local

PATH #: [REDACTED]

- Cervix with chronic and mild acute inflammation, focal changes suggestive of prior curettage, squamous metaplasia, reactive epithelial changes, endocervical tunnel clusters and nabothian cysts
- Vaginal cuff mucosa with chronic inflammation

D. LYMPH NODE, RIGHT COMMON ILIAC, EXCISION:

- One reactive lymph node
- No evidence of metastatic carcinoma (0/1)

E. LYMPH NODE, RIGHT PELVIC, EXCISION:

- One reactive lymph node
- No evidence of metastatic carcinoma (0/1)

F. SOFT TISSUE, DESIGNATED "LYMPH NODE", LEFT COMMON ILIAC, EXCISION:

- Adipose tissue and scant fibrous tissue
- No lymph node identified
- No evidence of metastatic carcinoma

G. LYMPH NODES, LEFT PELVIC, EXCISION:

- Four reactive lymph nodes
- No evidence of metastatic carcinoma (0/4)

H-J. OMENTUM "#1, #2, #3", PARTIAL OMENTECTOMY:

- Adhesions, foci of fibrosis, recent hemorrhages, and/or reactive mesothelial proliferation
- No evidence of metastatic carcinoma

COMMENT: The preliminary pathologic findings were reported to the office of Dr. [REDACTED] on [REDACTED]

HISTORY: Not provided

MICROSCOPIC: See diagnosis.

SPECIAL STUDIES: H&E-stained step sections (C13 x2)

IMMUNOSTAINS: None

GROSS:

A. LEFT FALLOPIAN TUBE AND OVARY

Labeled with the patient's name, labeled "left fallopian tube and ovary", and received in formalin is a salpingo-oophorectomy specimen. The ovary is about 3.5 x 2.0 x 1.5 cm and has an undulated tan to pink-tan serosal surface with several adhesions. Cut surfaces of the ovary are remarkable for a 1.3 cm diameter amber corpus luteum cyst that contains bloody fluid. The adjacent fallopian tube has fimbria at one end, is 5.0 cm long, and ranges from about 0.3 to 0.6 cm in diameter. The fallopian tube has a pink-tan congested serosal surface and a patent lumen that measures up to 0.2 cm in diameter. The ovary and fallopian tube appear grossly free of metastatic tumor. Representative sections are submitted.

A1. Ovary - 1

A2. Fallopian tube - 2

B. RIGHT TUBE AND OVARY

Labeled with the patient's name, labeled "right tube and ovary", and received in formalin is a salpingo-oophorectomy specimen. The ovary is 2.7 x 1.5 x 1.2 cm. The ovary has a tan, focally bloodied external surface that is generally smooth except for a few tiny adhesions. Cut surfaces of the ovary reveal a peripheral rim of yellow-tan cortical stroma, several corpora albicantia, and a minute cystic space. The adjacent fallopian tube has fimbria at one end, is about 5.0 cm long, ranges from 0.5 to 0.6 cm in diameter and has a somewhat congested pink-

PATH #: [REDACTED]

red serosal surface. There is a 1.5 cm diameter clear fluid-filled thin-walled translucent paratubal cyst attached to the fallopian tube near the fimbriated end. Elsewhere the serosal surface of the fallopian tube is pink-tan and relatively smooth. Cross sections of the fallopian tube reveal a stellate patent lumen, about 0.2 cm in maximum dimension. The ovary and fallopian tube appear grossly free of metastatic tumor. Representative sections are submitted.

B1. Ovary - 1

B2. Fallopian tube and paratubal cyst - 2

C. UTERUS AND CERVIX

Labeled with the patient's name, labeled "uterus and cervix", and received in formalin is a 200 gram uterus which has been previously incised. The uterus is symmetric. The uterus measures about 11.0 cm from fundus to ectocervix, 5.0 cm from cornu to cornu, and up to 5.0 cm from the anterior surface to the posterior surface. The serosal surface is tan-pink and generally smooth except for a few tiny adhesions. The cervix is about 3.0 cm long and up to 3.2 cm in diameter in the ectocervical region. Attached to the cervix, there is an up to 0.6 cm long cuff of grossly unremarkable pink-tan vaginal mucosa. The mucosa lining the ectocervix is pink-tan and smooth. The external cervical os is 0.5 cm in diameter and patent. The cervical transformation zone is distinct. The endocervical canal is about 2.0 cm long and lined by tan rugose mucosa. Cut sections of the cervix reveal several mucus-filled cysts ranging from about 0.1 to 1.0 cm in maximum dimension. The cervix appears grossly free of tumor. The endometrial cavity is about 6.0 cm long and up to 5.0 cm in width. The endometrium of the uterine fundus and uterine corpus show diffuse involvement by tumor. Tumor also extends into the lower uterine segment. The tumor is soft, and tan and focally hemorrhagic. Cut sections of the uterus reveal relatively superficial myometrial invasion involving less than one-third of the uterine wall thickness. The uninvolved myometrium is pink-tan and semifirm. The muscular uterine wall has a maximum thickness of about 2.5 cm. Within the uterus there is a single sharply circumscribed intramural leiomyoma that is about 1.3 cm in diameter and has a cut surface composed of firm solid tan-white whorled tissue without grossly evident areas of hemorrhage or necrosis. Attached to the uterus, there are parametrial soft tissues that measure up to about 1.0 cm in width on the right side and up to about 0.5 cm in width on the left side. The parametrial tissues are focally hemorrhagic, but appear grossly free of tumor. Representative sections are submitted.

C1. Anterior cervix - 1

C2. Posterior cervix and vaginal cuff - 1

C3. Anterior lower uterine segment - 1

C4. Posterior lower uterine segment - 1

C5. Anterior lower uterine corpus - 1

C6. Posterior lower uterine corpus - 1

C7. Anterior mid uterine corpus - 1

C8. Posterior mid uterine corpus - 1

C9. Anterior uterine fundus - 1

C10. Posterior uterine fundus - 1

C11. Leiomyoma - 1

C12. Right parametrial tissues - 1

C13. Left parametrial tissues - 2

D. RIGHT COMMON ILIAC LYMPH NODE

Labeled with the patient's name, labeled "right common iliac lymph node", and received in formalin are two portions of soft yellow fatty tissue, each of which is about 1.5 cm in diameter. Within one of the aggregates of fatty tissue, there is a single 1.0 cm diameter semisoft tan lymph node. The lymph node is bisected. The entire specimen is embedded.

D1. One bisected lymph node and fat - 3

E. RIGHT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is a 3.0 x 1.5 x 1.5 cm portion of soft yellow adipose tissue within which there is embedded a single semisoft tan lymph node that measures about 2.0 cm in maximum dimension. The lymph node is sectioned. The entire specimen is embedded.

E1. One sectioned lymph node and fat - 2

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F. LEFT COMMON ILIAC LYMPH NODE

Labeled with the patient's name, labeled "left common iliac lymph node", and received in formalin is are two portions of soft tan-yellow fibroadipose tissue, measuring about 1.0 cm and 2.5 cm in maximum dimension. No lymph nodes or tumor are evident on gross inspection of the specimen.

Entirely submitted.

F1. 2

G. LEFT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin are two portions of soft, focally hemorrhagic yellow adipose tissue, within which there are embedded several semisoft tan lymph nodes. The lymph nodes range from about 0.3 to 1.2 cm in maximum dimensions. The larger lymph node is bisected prior to embedding. The lymph nodes are entirely embedded along with some of the perinodal fat.

G1. Four lymph nodes (largest bisected) and fat - 3

H. OMENTUM #1

Labeled with the patient's name, labeled "omentum #1", and received in formalin is a 4.5 x 3.5 x 0.5 cm portion of soft tan-yellow lobulated omental fat that appears grossly free of tumor. A representative section is submitted.

H1. 1

I. OMENTUM #2

Labeled with the patient's name, labeled "omentum #2", and received in formalin is a 5.0 x 2.5 x 0.7 cm portion of soft tan-yellow lobulated omental fat that appears grossly free of tumor. A representative section is submitted.

I1. 1

J. OMENTUM #3

Labeled with the patient's name, labeled "omentum #3", and received in formalin is a 4.0 x 2.5 x 1.0 cm portions of soft yellow focally hemorrhagic lobulated omental fat with some intervening fibrous tissue. No gross tumor is seen. Representative sections are submitted.

J1. 2

Gross dictated by

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		
HIPAA Discrepancy		
Prior Malignancy History		
Local/Synchronous Primary Noted		
See is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials		
Date Reviewed		

*Subsequently
disqualified*