UUID:0AAD58D4-7865-4235-AE18-8685DC5F4FE1
TCGA-A5-A0R9-01A-PR
Redacted

ICD-O-3
Adenocarcinoma, Endometrioid, NO.
8380/3 lw
11/22/10
Site: Endometrium
C54.1

SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. ENDOMETRIUM, BIOPSY: Primary uterine adenocarcinoma, endometrioid type with associated squamous changes, grade II (see comment)

Tumor-associated necrosis and secondary acute and chronic inflammatory changes are present

B. ENDOCERVIX, CURETTAGE: Benign endocervical tissue showing acute and chronic inflammation, reserve cell hyperplasia, microglandular endocervical hyperplasia, squamous metaplasia, and reactive epithelial changes Fragments of benign mature glycogenated squamous epithelium with acute and chronic inflammation

COMMENT: Pathologic findings were communicated to Dr. a campus e-mail on

HISTORY: Endometrial carcinoma

MICROSCOPIC:
See diagnosis.

SPECIAL STUDIES: Step sections same slide (B I)

IMMUNOSTAINS : None

GROSS :
A. EMB Labeled with the patient's name, labeled "EMB", and received in formalin is a 2.5 x 2.I x 0.3 cm aggregate ofblood and multiple soft pink tissue fragments. Entirely embedded. A I. Multiple

B. ECC Labeled with the patient's name, labeled "ECC", and received in formalin is a 1.0 x 0.6 x 0.1 cm aggregate of blood clot, scant blood-tinged mucus and multiple tiny soft tan tissue fragments. Entirely embedded. B1. Multiple

Gross dictated b·
Patient Case(s):

NOTIFIED OF RESULTS : RSE DATE:

Ifthisreport includes immunohistochemicaltestresults,pleasenotethefollowing: Numerous immunohistochemical tests were developed and their performance characteristics determined by . Those immunohistochemical tests have not been clearedor approvedby the U.S Food and Drug Administration (FDA), and FDA approval is not required.

Ihavepersonallvexaminedthespecimen interpreted theresults,reviewedthereportandsigneditelectronically.

boratory Director:

Assistant:

Date of Procedure: Copies To:

Location: Date Received:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

SYNOPTIC REPORT:

APPLIES TO:

a. **A : RIGHT TUBE & OVARY**
b. **B : LEFT TUBE & OVARY**
c. **C : UTERUS (FROZEN)**
d. **D : CERVIX (PERM)**
e. **E : RIGHT PELVIC LYMPH NODE (PERM)**
f. **F : LEFT PELVIC LYMPH NODE (PERM)**
g. **G : OMENTUM (PERM)**

MACROSCOPIC

SPECIMEN TYPE: **UTERUS RIGHT OVARY LEFT OVARY RIGHT FALLOPIAN TUBE LEFT FALLOPIAN TUBE**
OTHER ORGANS PRESENT: **NONE** PROCEDURE: **SUBTOTAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY** LYMPH NODE SAMPLING: **PELVIC LYMPH NODES**

MICROSCOPIC

HISTOLOGIC TYPE: **ENDOMETRIOID ADENOCARCINOMA, NOT OTHERWISE CHARACTERIZED**
HISTOLOGIC GRADE: **G2: 6% TO 50% NONSQUAMOUS SOLID GROWTH**
TUMOR SITE: **CORPUS FUNDUS LOWER UTERINE SEGMENT**
TUMOR SIZE: **GREATEST DIMENSION: 13.5CM** MYOMETRIAL INVASION: **LESS THAN 50% MYOMETRIAL INVASION** INVOLVEMENT OF CERVIX: **NO INVOLVEMENT** EXTENT OF INVOLVEMENT OF OTHER ORGANS: **NONE** MARGINS: **SURGICAL MARGIN IS FREE OF TUMOR.** LYMPHOVASCULAR INVASION: **NOT IDENTIFIED**

Patient Case(s):

PATHOLOGIC STAGING (PTNM [FIGO]) AJCC 6TH EDITION 2002
PRIMARY TUMOR (PT): **PT1B [IB]: TUMOR INVADES LESS THAN ONE-HALF OF THE MYOMETRIUM**
REGIONAL LYMPH NODES (PN): **PN0: NO REGIONAL LYMPH NODE METASTASIS**

NUMBER OF LYMPH NODES EXAMINED: **4**
NUMBER OF LYMPH NODES INVOLVED: **0**

ADDITIONAL PATHOLOGIC FINDINGS
[<]SIMPLE HYPERPLASIA WITH ATYPIA [<]COMPLEX HYPERPLASIA WITH ATYPIA

A. FALLOPIAN TUBE AND OVARY, RIGHT, SALPINGO-OOPHORECTOMY: -Ovary with senescent changes, diffuse stromal hyperplasia with some luteinized stromal cells -Fallopian tube with mild epithelial hyperplasia -No evidence of metastatic carcinoma

B. FALLOPIAN TUBE AND OVARY, LEFT, SALPINGO-OOPHORECTOMY: -Ovary with senescent changes, diffuse stromal hyperplasia with patchy foci of luteinization, a small benign mature cystic teratoma (dermoid cyst), and a cystic epithelial inclusion -Fallopian tube with epithelial hyperplasia -Paratubal cystic Walthard rest -No evidence of metastatic carcinoma

C. UTERUS, SUPRACERVICAL HYSTERECTOMY: -Primary uterine adenocarcinoma, endometrioid type with focal associated squamous changes, grade II (see comment) -Tumor is about 12.0 x 5.0 cm in surface area -Tumor virtually replaces the endometrium of the uterine fundus, anterior and posterior uterine corpus and lower uterine segments extending to the surgical margin of the specimen -Myometrial invasion by carcinoma is present and involves less than 50% of the uterine wall thickness -No unequivocal lymphatic invasion by tumor; retraction artifacts surround nests of tumor cells severely hampers evaluation for lymphovascular invasion -Aggregates of tumor are present in veins, including veins of large caliber interpreted as iatrogenic artifacts (dissection strays) -Other findings include: -Endometrial glandular hyperplasia simple and complex type with foci of associated atypia -Adenomyosis with and without involvement by tumor -Uterine adenomatoid tumor (less than 0.5 cm in diameter) -Autolytic changes

D. UTERUS, INCLUDING LOWER UTERINE SEGMENT AND ENDOCERVIX, PARTIAL TRACHELECTOMY: - Endometrioid adenocarcinoma, involving lower uterine segment extending very close to the lower uterine segment-endocervical junction; no endocervical involvement by tumor -Tumor in this specimen is about 1.5 cm in maximum dimension

-Tumor exhibits superficial myometrial invasion in the lower uterine segment (involving less than 50% of the wall thickness) -No lymphatic or blood vessel invasion by carcinoma identified -No evidence of carcinoma at inferior surgical margin -No ectocervical tissue identified

-Other findings include endometrial glandular hyperplasia, simple and complex types with foci with associated atypia -Mixed endometrial-endocervical polyp, located at junction of lower uterine segment and endocervix -Some cystically dilated endometrial glands in lower uterine segment and endocervix -Acute and chronic inflammation -Microglandular endocervical hyperplasia and reserve cell hyperplasia

E. LYMPH NODES, RIGHT PELVIC, EXCISION: -Two lymph nodes without evidence of metastatic carcinoma (0/2) -Immunostains for keratin are pending

F. LYMPH NODES, LEFT PELVIC, EXCISION: -Two lymph nodes without evidence of metastatic carcinoma (0/2)

G. OMENTUM, PARTIAL OMENTECTOMY: -Chronic inflammation, adhesions, and reactive mesothelial proliferation -No evidence of metastatic carcinoma

COMMENT: Preliminary findings were discussed with Dr. at . Findings in additional routinely stained sections and immunostains have been incorporated in the final diagnosis. The results of immunohistochemical studies are listed below.

HISTORY: Endometrial carcinoma

MICROSCOPIC FINDINGS:
See diagnosis.

SPECIAL STUDIES: H&E-stained short step sections (D2 x1, D4 x1, D5 x1); step sections (C4 x1, C6 x1, C8 x1, C10 x1, C14 x1, D1 x1, D2 x1, D3 x1, D4 x1, D5 x1, and D6 x1)

IMMUNOHISTOCHEMISTRY:

Study / Antibody	Block	Result
P53	A3	Very few tubal epithelial cells exhibit positive nuclear staining. No runs of 6 or more consecutive positive nuclei identified.
P53	B4	Rare tubal epithelial cells exhibit positive nuclear staining. No runs of 6 or more consecutive positive nuclei identified.
Calretinin	C11	Mesothelial cells in the uterine adenomatoid tumor exhibit positive staining.
Keratin AE1/AE3	E1, E2	No "occult" keratin-positive metastatic tumor cells identified in right pelvic lymph nodes.
Keratin AE1/AE3	F1	No "occult" keratin-positive metastatic tumor cells identified in left pelvic lymph nodes.

GROSS:
A. RIGHT TUBE AND OVARY Labeled with patient's name, labeled "right tube and ovary", and received fresh in the Operating Room, and subsequently fixed in formalin is a 19.5 gram salpingo-oophorectomy specimen. The ovary is about 5.0 x 2.5 x 1.5 cm. The fallopian adjacent fimbriated fallopian tube is 4.0 cm long and ranges from 0.4 to 0.6 cm in diameter with a maximal luminal diameter of 0.2 cm.

The ovary and fallopian tube appear grossly free of metastatic tumor.

The ovary is remarkable for relatively abundant yellow-tan to white-tan cortical stroma which is focally vaguely nodular. The fallopian tube is grossly unremarkable.

Representative sections are submitted.

Slide key: A1, A2. Ovary - 2 each A3. Fallopian tube (proximal, mid and distal/fimbriated segment) - 2

B. LEFT TUBE AND OVARY Labeled with patient's name, labeled "left tube and ovary", and received fresh in the Operating Room and subsequently fixed in formalin, is about a 21.5 gram salpingo-oophorectomy specimen. The ovary is about 5.0 x 3.5 x 2.0 cm. The adjacent fimbriated fallopian tube is 3.5 cm long and ranges from 0.5 to 0.6 cm in diameter with a maximum luminal diameter of about 0.2 cm.

The ovary and fallopian tube appear grossly free of metastatic tumor.

The ovary is remarkable for about a 0.5 cm cystic lesion that is lined by white-tan tissue and contains tan grumous material and a few strands of hair. The lesion is grossly consistent with a teratoma. The ovary is also remarkable for relatively abundant yellow-tan cortical stroma. Attached to the fallopian tube, there is a less than 0.2 cm diameter thin-walled translucent smooth-filled paratubal cyst. The fallopian tube is otherwise grossly unremarkable.

Representative sections are submitted.

Slide key: B1-B3. Ovary - 2 each B4. Fallopian tube (proximal, mid and distal segments (and paratubal cyst) - 3

C. UTERUS (FROZEN) Labeled with patient's name, labeled "uterus (frozen)", and received fresh in the Operating Room for intraoperative frozen section, and subsequently fixed in formalin is about a 680 gram supracervical hysterectomy specimen. The uterus is about 13.0 x 12.0 x 8.0 cm in greatest overall dimensions. The endometrial cavity is about 13.0 cm long and up to 6.0 cm in diameter. The endometrial mucosa has a maximum thickness of about 1.3 cm. The muscular uterine wall ranges from about 2.5 to 3.0 cm in thickness.

The endometrial cavity is largely occupied by a friable tan exophytic tumor that is about 12.0 x 5.0 cm in area. The tumor involves the fundus, anterior and posterior lower uterine corpus, and lower uterine segments. The surface of the tumor is focally necrotic. Cut sections reveal induration of the inner third of the myometrium consistent with myometrial invasion by tumor. The tumor extends to the surgical margin of resection of the specimen.

No other gross pathologic lesions of the endometrium are seen. The myometrium shows trabeculations and a few minute cystic spaces suggestive of adenomyosis. There is also a 0.5 cm diameter fairly well delineated tan tumor nodule in the subserosal region of the uterus. No areas of hemorrhage or necrosis are seen in this nodule.

Ink key: Outer aspect of anterior uterus - blue; outer aspect of posterior uterus - black.

Representative sections are submitted.

Slide key: C1. Remnant of frozen section C - 1 C2. Anterior lower uterine segment - 1 C3. Posterior lower uterine segment - 1 C4, C5. Anterior uterine fundus - 1 each C6, C7. Anterior uterine corpus - 1 each C8, C9. Anterior uterine corpus - 1 each C10, C11. Posterior uterine fundus - 1 each C12, C13. Posterior uterine corpus - 1 each C14, C15. Posterior uterine corpus - 1 each

D. CERVIX (PERM) Labeled with patient's name, labeled "cervix (perm)", and received in formalin is an unoriented partial cervicectomy specimen that is about 4.5 x 3.0 x 2.5 cm in greatest overall dimensions. There is a central canal that is up to 1.2 cm in diameter. The specimen appears to consist mostly of endocervical tissue and includes some tissue from the lower uterine segment. No ectocervical tissue is evident on gross inspection of the specimen.

The mucosa and portion of the wall of the superior aspect of the specimen is replaced by soft tan friable tumor similar to that seen in specimen C. The tumor involves about a 1.5 cm long segment of the specimen. The tumor appears to extend into the upper endocervix. There is invasion of the muscular wall involving less than 50% of the wall thickness in the superior aspect of the specimen. No tumor is seen at the surgical margin.

Based in the lower uterine segment, near the endocervical junction, there is also about a 1.0 cm diameter soft tan polyp. No other gross pathologic lesions are seen.

Ink key: Superior margin - blue; inferior margin - black.

Representative sections are submitted.

Slide key: D1, D2. Cervix (including full length of specimen), bisected - 1 D3, D4. Cervix and lower uterine segment, including full length of specimen, bisected - 1 each D5. Cervix and lower uterine segment, bisected - 2 D6. Cervix and lower uterine segment, bisected - 2

Additional representative sections (submitted on 5/10/08): D7, D8. Cervix and lower uterine segment, including full length of specimen, bisected - 1 each D9, D10. Cervix and lower uterine segment, including full length of specimen, bisected - 1 each

E. RIGHT PELVIC LYMPH NODES (PERM) Labeled with patient's name, labeled "right pelvic lymph nodes (perm)", and received in formalin is about a 4.5 x 3.0 x 1.0 cm aggregate of yellow fatty tissue within which there are embedded two semisoft tan lymph nodes. The lymph nodes are about 0.5 and 2.0 cm in maximum dimensions.

The lymph nodes appear grossly free of metastatic tumor.

The lymph nodes are each entirely embedded along with some of the perinodal fat.

Slide key: E1. Larger lymph node, bisected - 2 E2. Smaller lymph node - 1

F. LEFT PELVIC LYMPH NODES (PERM) Labeled with patient's name, labeled "left pelvic lymph nodes (perm)", and received in formalin is about a 4.5 x 3.5 x 1.0 cm aggregate of yellow fatty tissue within which there are embedded two semisoft tan lymph nodes, about 0.7 and 1.2 cm in maximum dimensions.

No metastatic tumor is evident on gross inspection of the specimen.

The lymph nodes are each entirely submitted along with some of the perinodal fat.

Slide key: F1. Two lymph nodes - 2

G. OMENTUM (PERM) Labeled with patient's name, labeled "omentum (perm)", and received in formalin is about a 7.5 x
4.5 x 3.5 cm partial omentectomy specimen.

No metastatic tumor is seen.

A few tiny adhesions are noted.

Representative sections are submitted.

ide key: G1.
Multiple

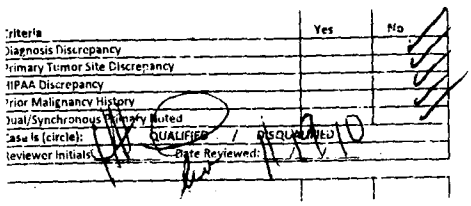
Gross dictated b.

INTRAOPERATIVE CONSULTATION: OPERATIVE CALL OPERATIVE CONSULT (FROZEN):

FROZEN SECTION C - UTERUS: -Endometrioid adenocarcinoma, grade I-II/III -Superficial muscle invasion on representative sections

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

SURGICAL PATHOLOGY REPORT
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.



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:		