ICD-O-3
Adenocarcinoma, Endometrioid, NOS
8380/3
Site: Endometrium C54.1
lw 11/23/10

UUID:7A76BDC7-62D9-4A8D-AAEF-CECF9F819D58
TCGA-A5-A0GN-01A-PR
Redacted

Ordering M.D.:

, MD

Copies To:

Age/Sex
Location:

Assistant:
Date of Procedure
Date Received:

# SURGICAL PATHOLOGY REPORT

## DIAGNOSIS:

**A. PERITONEAL BIOPSY:**
- **No malignancy identified**

**B. OMENTUM #1:**
- **No malignancy identified**

**C. OMENTUM #2:**
- **No malignancy identified**

**D. LEFT ADNEXA:**
- **Benign ovary with serosal adhesions**
- **Histologically unremarkable fallopian tube segment**
- **No malignancy identified**

**E. HYSTERECTOMY:**
- **Primary endometrial adenocarcinoma, endometrioid type**
  - **FIGO grade 1**
  - **Nuclear grade 2**
  - **Tumor size: 5.2 cm**
  - **Tumor involves posterior wall with an extensive intracavitary polypoid/exophytic component.**
  - **Invasion: Myometrial invasion present (56%)**
  - **Lymphovascular invasion: present**
  - **Cervix is not involved by tumor**
  - **Surgical margins are not involved by tumor**
- **Additional findings:**
  - **Calcified leiomyoma**

**F. LABELED AS PELVIC LYMPH NODE:**
- **Ovary with benign surface epithelial inclusion cyst**
- **Histologically unremarkable fallopian tube segment**
- **No lymph node identified**
- **No malignancy identified**

**G. RIGHT UTEROSACRAL TISSUE:**
- **Peritoneal tissue with reactive mesothelial changes and organizing hemorrhage**
- **No malignancy identified**

**H. LEFT PELVIC LYMPH NODE:**
- **No metastatic carcinoma identified in two lymph nodes (0/2)**

Patient Case(s):

PATH #: [redacted]

**I. LEFT PERIAORTIC LYMPH NODE:**
- **Mature adipose tissue**
- **No lymph node identified**
- **No malignancy identified**

**J. RIGHT PELVIC LYMPH NODE:**
- **No metastatic carcinoma identified in one lymph node (0/1)**

**K. RIGHT PELVIC LYMPH NODE:**
- **No metastatic carcinoma identified in two lymph nodes (0/2)**

**L. CUL DE SAC:**
- **Organizing hemorrhage**
- **No malignancy identified**

**AJCC Stage: pT1c pN0 pMx**

**COMMENT: Although the tumor is of low architectural and moderate nuclear grade, there is extensive myometrial invasion and at least focal angiolymphatic invasion; consequently, it may behave in a rather aggressive fashion.**

HISTORY: Endometrial cancer

MICROSCOPIC:
See diagnosis.

SPECIAL STUDIES:

IMMUNOSTAINS:

GROSS:
A. PERITONEAL BIOPSY
Labeled with the patient's name, labeled "peritoneal biopsy", and received in formalin are two portions of soft tan-pink tissue measuring 1.8 cm and 0.7 cm in maximum dimension, respectively and aggregating to 1.7 x 0.7 x 0.3 cm. Entirely submitted.
A1. **2**

B. OMENTUM #1
Labeled with the patient's name, labeled "omentum #1", and received in formalin is a 9.8 x 7.3 x 2.8 cm aggregate of soft tan-pink and yellow fibroadipose tissue. There are multiple adhesions and hemorrhages on the surface. The omentum appears grossly free of tumor. Sectioning reveals no masses or lesions identified. Representative sections are submitted.
B1. 2

C. OMENTUM #2
Labeled with the patient's name, labeled "omentum #2", and received in formalin is a 9.1 x 5.6 x 2.7 cm portion of soft yellow adipose tissue. The surface is covered by minimal fibrous adhesions and focal areas of hemorrhage. Sectioning reveals no masses or lesions. The surface appears grossly free of tumor. Representative sections are submitted.
C1. 2

D. LEFT ADNEXA

Labeled with the patient's name, labeled "left adnexa", and received in formalin is a salpingo-oophorectomy specimen. The left ovary is 1.9 x 1.0 x 0.9 cm and has a tan-yellow smooth surface with minimal areas of hemorrhage. Cut surfaces of the ovary reveal a yellow-tan cortical stroma. The fallopian tube is received attached to the ovary and in one piece with one fimbriated end. The fallopian tube measures 5.1 cm in length and ranges from 0.6 to 1.2 cm in diameter. The serosa is tan-pink. There is one 0.2 cm strip on the serosal surface of the mid portion of the tube. Sectioning reveals a stellate, patent lumen up to 0.3 cm. Representative sections are submitted.
D1. Left ovary - 1
D2. Fallopian tube - 4

E. UTERUS, CERVIX
Labeled with the patient's name, labeled "uterus, cervix", and received fresh in the Operating Room for intraoperative consultation and subsequently fixed in formalin is a 120 gram total hysterectomy specimen. The uterus is symmetric. The uterus measures 8.6 cm from fundus to ectocervix, 5.4 cm from cornu to cornu and a maximum of 4.5 cm from the anterior surface to the posterior cervix. The uterine serosa is tan-red and smooth with minimal fibrous adhesions and fibroadipose tissue. The cervix is about 3.5 cm long and a maximum of 2.3 cm in diameter in the ectocervical region. Attached to the cervix there is a short 0.9 cm cuff of grossly unremarkable vaginal mucosa. The mucosa lining the ectocervix is tan-pink and unremarkable. The external cervix os is 0.6 cm in diameter and slit-like. The uterus is incised from both sides. The anterior cervix is inked blue and the posterior cervix is inked black. The cervical transformation zone is indistinct. The endocervical canal is 2.8 cm long and lined by tan slightly rugose mucosa. Cut sections of the cervix reveal no gross evidence of tumor or other gross pathologic lesions. The endometrial cavity is 6.7 cm long and up to 4.2 cm in width. Within the uterus there is a large friable tan-white, partially necrotic and hemorrhagic polypoid lesion projecting from the posterior uterine corpus measuring approximately 5.2 x 4.4 x 4.0 cm. Sectioning reveals this lesion to partially invade the superficial half of the myometrium. Also located in the area underlying the tumor is an intramural leiomyoma measuring 1.2 x 0.6 x 0.6 cm. Cut surface of the leiomyoma is tan-white with a whorled surface with focal calcification and no evidence of hemorrhage or necrosis. Also identified on the endometrial surface of the uterine corpus is an area of friable, papillary projections covering approximately 40% of the endometrial cavity, but confined to the uterine cavity. There is no evidence of extension to the cervix. Sectioning of the papillary lesions reveal them to be confined to the superficial half of the myometrium. The uninvolved uterine wall has a thickness of 2.0 cm, however in the area of the tumor, the thickness of the uterine wall including tumor is up to 4.0 cm. The myometrium is tan-pink and slightly trabeculated. A second intramural leiomyoma is identified in the anterior uterine corpus measuring 1.6 x 1.3 x 0.8 cm. Cut sectioning of this leiomyoma reveals a tan-white, whorled surface with no evidence of hemorrhage, necrosis or calcification. No other lesions are grossly identified. Representative sections are submitted.
E1. Frozen section control #1 - 1
E2. Anterior cervix - 1
E3. Anterior lower uterine segment with papillary projections - 1
E4. Uninvolved anterior uterine corpus - 1
E5. Anterior uterine corpus with papillary projections and intramural leiomyoma - 1
E6. Anterior uterine fundus - 1
E7. Posterior cervix - 1
E8. Posterior lower uterine segment - 1
E9, E10. Posterior uterine fundus with tumor (top portion of the tumor bisected) - 1 each
E11, E12. Portion of tumor in posterior uterine corpus at depth of maximum invasion, bisected - 1 each
E13. Posterior uterine corpus with tumor - 1
E14. Posterior uterine fundus - 1
E15. Intramural leiomyoma with calcifications - 1
E16. Right distal fallopian tube - 3
E17. Right fallopian tube proximal to uterus - 4
E18. Left fallopian tube distal to uterus - 3
E19. Left fallopian tube proximal to uterus - 3

F. LEFT PELVIC LYMPH NODE

Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin is a 4.8 x 3.2 x 1.2 cm portion of soft tan-pink fibroadipose tissue containing one 1.7 x 1.7 x 1.4 cm firm lymph node. Sectioning the lymph node reveals a tan-yellow homogeneous stroma with focal areas of white friable material which grossly appear to be tumor. There appears to be a portion of fallopian tube contained within this tissue that measures 4.0 cm in length and ranges from 0.8 to 1.0 cm in diameter. The serosal surface is tan-pink and smooth. Sectioning reveals a stellate patent lumen up to 0.3 cm in diameter. Representative sections are submitted.
F1. One lymph node - 2
F2. Possible fallopian tube - 4

G. RIGHT URETEROSACRAL
Labeled with the patient's name, labeled "right ureterosacral", and received in formalin is a 1.1 x 1.0 x 0.5 cm portion of soft tan-red fibrous tissue. The specimen is serially sectioned and entirely submitted.
G1. 4

H. LEFT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin is a 5.5 x 5.0 x 1.2 cm aggregate of soft yellow adipose tissue containing two lymph nodes measuring 1.5 x 1.5 x 0.7 cm and 3.0 x 0.6 x 0.5 cm, respectively. Representative sections are submitted.
H1. Larger lymph node - 4
H2. Smaller lymph node - 3

I. LEFT PERIAORTIC LYMPH NODE
Labeled with the patient's name, labeled "left periaortic lymph node", and received in formalin is a 1.2 x 0.7 x 0.2 cm portion of soft yellow adipose tissue. No lymph nodes are grossly identified. Entirely submitted.
I1. 1

J. RIGHT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is a 2.0 x 1.6 x 0.6 cm portion of soft tan-yellow fibroadipose tissue. One possible lymph node is grossly identified measuring 0.6 x 0.4 x 0.2 cm. The specimen is entirely submitted.
J1. 1

K. RIGHT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is a 5.0 x 3.1 x 0.8 cm aggregate of soft yellow adipose tissue. One possible lymph node measuring 1.1 x 1.0 x 0.3 cm is identified and entirely submitted. There is firm area of fat that may represent a lymph node that measures 4.0 x 1.5 x 1.0 cm. Representative sections of this tissue are submitted.
K1. One lymph node - 2
K2. Firm area of adipose tissue - 4

L. CUL DE SAC
Labeled with the patient's name, labeled "cul de sac", and received in formalin are two tiny fragments of soft tan-red tissue measuring 0.3 and 0.2 cm, respectively, and aggregating to 0.4 x 0.3 x 0.2 cm. Entirely submitted.
L1. 2

Gross dictated by

OPERATIVE CALL
OPERATIVE CONSULT (FROZEN):

FS #1 (SPECIMEN E, UTERUS, CERVIX):
- Adenocarcinoma penetrating inner half of myometrium

**PATH #:** [redacted]

*If this report includes immunohistochemical test results, please note the following:*
*Numerous immunohistochemical tests were developed and their performance characteristics determined by [redacted]. These 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.



| Criteria | Yes | No |
|---|---|---|
| Diagnosis Discrepancy | | ✓ |
| Primary Tumor Site Discrepancy | | ✓ |
| HIPAA Discrepancy | | ✓ |
| Prior Malignancy History | | ✓ |