

UUID:66DEDB33-CA2C-4967-8074-1EFC1FC3CF29
TCGA-A5-A0G3-01A-PR



Redacted

1CB-0-3
Path: Adenocarcinoma, Serous papillary

CQCF: Adenocarcinoma, Serous, NOS 8460/3 8441/3 11/22/10

Ordering M.D.:

Location:

Date of Procedure
Date Received

Copies To:

Site: endometrium C54.1

SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. OMENTUM (PARTIAL OMENTECTOMY):

- Omentum with microadhesions and a rare mesothelial inclusion
- No evidence of malignancy

B. UTERUS, BILATERAL FALLOPIAN TUBES AND OVARIES (HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY):

- Uterine papillary serous adenocarcinoma
 - Tumor size: 4.5 cm
 - Adenocarcinoma invades inner half of myometrium
 - Extensive myometrial lymphovascular lesion, into outer half of myometrium, close to serosal surface
 - Cervix is involved by adenocarcinoma with invasion into endocervical stroma
 - Vaginal cuff is not involved by tumor
 - Surgical margins/parametrial tissue are not involved by tumor
 - Invasion of submucosal leiomyoma by adenocarcinoma
 - Possible bilateral paraovarian lymphovascular invasion (versus artifactual displacement of tumor aggregates into vessels)
 - Foci of tumor necrosis with associated calcifications
 - Staging information (AJCC 2002): pT2b N1 Mx (corresponding FIGO clinical stage IIC)
- Small endometrial polyp partially involved by adenocarcinoma
- Non-neoplastic endometrium is atrophic
- Adenomyosis
- Four leiomyomas, submucosal, intramural and subserosal (1.0 to 3.5 cm), showing foci of sclerosis and calcifications
- Cervix with nabothian cysts and mild chronic inflammation
- Bilateral atrophic ovaries with no evidence of metastatic adenocarcinoma (possible paraovarian lymphovascular invasion noted)
- Bilateral fallopian tubes with focal mucosal hyperplasia, showing no evidence of metastatic adenocarcinoma

C. RIGHT PARAAORTIC LYMPH NODES (EXCISION):

- Two lymph nodes positive for metastatic adenocarcinoma (2/2)

D. RIGHT COMMON ILIAC LYMPH NODES (EXCISION):

- Two lymph nodes positive for metastatic adenocarcinoma (2/2)

E. RIGHT PELVIC LYMPH NODE (EXCISION):

Patient Case(s)

- One lymph node positive for metastatic adenocarcinoma (1/1)
- Focal extracapsular extension identified

F. LEFT PELVIC LYMPH NODES (EXCISION):

- One out of two lymph nodes positive for metastatic adenocarcinoma (1/2)
- Focal endosalpingiosis in the lymph node showing metastatic adenocarcinoma

HISTORY: Endometrial carcinoma

MICROSCOPIC:

See diagnosis.

GROSS:

A. OMENTUM

Labeled with the patient's name, labeled "omentum", and received in formalin is a 7.5 x 6.0 x 0.5 cm portion of yellow fatty tissue. No mass is identified.

Representative sections submitted.

A1. 1

B. UTERUS WITH BSO

Labeled with the patient's name, labeled "uterus with BSO", received fresh for intraoperative consultation and subsequently opened and fixed in formalin is a 220 gram total hysterectomy bilateral salpingo-oophorectomy specimen consisting of a previously opened uterus with attached fallopian tubes and ovaries. The uterus measures 8.0 x 6.5 x 6.5 cm. The exocervix measures approximately 4.0 x 4.0 cm. The endocervical canal measures 2.8 cm in length and approximately 1.5 cm in diameter. The left ovary measures 2.0 x 1.5 x 0.8 cm and the left fimbriated fallopian tube measures 4.0 cm in length and 0.5 cm in diameter. The right ovary measures 2.7 x 1.5 x 0.9 cm and the right fimbriated fallopian tube measures 3.0 cm in length and 0.4 cm in diameter. The endometrial cavity measures 4.5 cm in length and approximately 4.5 cm in width.

The endometrial cavity is partially lined by friable tan tumor measuring 4.5 x 4.0 cm which extends from the fundus to the endocervical canal on both anterior and posterior surfaces. There is a 3.5 cm, posterior submucosal myoma protruding into the endometrial cavity that is serviced by tumor. The anterior endometrial cavity is partially lined by thin, smooth endometrium. Cut sections reveal invasion of tumor into the superficial one-third of the myometrium. There are three additional myomas one located intramurally and two subserosally that range in size from 1.0 to 2.5 cm in greatest dimension. Cut surfaces of the myomas reveal a white fibrous often whorled surface and firm texture without hemorrhage or necrosis. The myometrium measures up to 2.5 cm in thickness away from the myomas.

The exocervix and external os are grossly unremarkable. The serosa shows no gross abnormalities. The ovaries and fallopian tubes are grossly unremarkable with no evidence of involvement by tumor.

Ink key: Anterior cervical parametrium - blue, posterior cervical parametrium - green.

Representative sections are submitted, including the entire ovaries and fallopian tubes.

- B1. Anterior cervix - 1
- B2. Posterior cervix - 1
- B3. Anterior lower uterine segment - 1
- B4. Posterior lower uterine segment - 1
- B5-B7. Tumor posterior wall to serosa, including submucosal myoma - 1 each
- B8. Tumor anterior wall to serosa - 1
- B9-B10. Representative sections of tumor - 1 each
- B11. Anterior lower uterine segment - 1

PATH #: [REDACTED]

- B12. Posterior lower uterine segment - 1
- B13, 14. Leiomyomas - 2, 1
- B15. Right ovary - 1
- B16. Right fallopian tube - 3
- B17. Left ovary - 1
- B18. Left fallopian tube - 3
- B19. Anterior cervix to lower uterine segment - 1
- B20. Posterior cervix to lower uterine segment - 1
- B21. Tumor anterior wall to serosa - 1
- B22. Tumor posterior wall to serosa - 1
- B23. Submucosal myoma with overlying tumor - 1
- B24. Submucosal myoma to underlying myometrium - 1
- B25. Portion of smooth endometrium in the anterior wall - 1
- B26. Left parametrium - 1
- B27. Right parametrium - multiple
- B28. Left ovary and fallopian tube - 3
- B29. Right ovary and fallopian tube - 2
- B30. Right ovary and fallopian tube - 4

C. RIGHT PARAAORTIC NODE

Labeled with the patient's name, labeled "right paraaortic node", and received in formalin is a 4.5 x 1.5 x 1.0 cm portion of tan firm and yellow fatty tissue. Two possible lymph nodes are identified. Lymph nodes entirely submitted.

- C1. One lymph node - 2
- C2. One lymph node - 1

D. RIGHT COMMON ILIAC

Labeled with the patient's name, labeled "right common iliac", and received in formalin is a 3.5 x 1.5 x 1.0 cm portion of tan-yellow fibrofatty tissue. Lymph node identified and entirely submitted.

- D1. One lymph node - 2

E. RIGHT PELVIC NODE

Labeled with the patient's name, labeled "right pelvic", and received in formalin is a 4.5 x 2.5 x 1.2 cm portion of tan firm and yellow fibrofatty tissue. One grossly positive lymph node is identified and bisected. Representative sections submitted.

- E1. 1

F. LEFT PELVIC NODE

Labeled with the patient's name, labeled "left pelvic", and received in formalin are two portions of tan firm fibrofatty tissue measuring 1.5 to 2.0 cm in diameter. Two lymph nodes are identified and entirely submitted.

- F1. One lymph node - 2
- F2. One lymph node - 2

Gross dictated by

OPERATIVE CALL
OPERATIVE CONSULT (GROSS):

B. UTERUS AND CERVIX:

- Anterior and posterior corpus with friable lesion, abutting lower uterine segment - upper endocervix
- Tissue procured for research

PATH #: [REDACTED]

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

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DEQUALIFIED
Reviewer Initials	Date Reviewed: 10/6/10	