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Uterine carcinoma, Endometrioid, NOS Page 1 of 5

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hw 11/23/10

UUID:F1D23669-8247-4727-8D38-BD444C16FAAE
TCGA-A5-A0GI-01A-PR

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Site endometrium c54.1

PATH #:

A/S:

Rec:

Col:

Location:

Pathologist:

Assistant:

Attending MD:

Ordering MD:

Copies To:

DIAGNOSIS:

1. UTERUS, FALLOPIAN TUBES AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
 - Primary uterine adenocarcinoma, endometrioid type with squamous changes, FIGO grade II, nuclear 2 (see comment)
 - Tumor extensively involves the endometrium of the posterior fundus, posterior uterine corpus, and posterior lower uterine segment
 - Exophytic portions of the tumor are polypoid in some areas and show focal villoglandular features
 - Surface of tumor is focally eroded in secondary inflammatory changes, hemorrhages, and necrosis are present
 - Myometrial invasion by carcinoma is superficial and involves less than 20% of the uterine wall thickness
 - No unequivocal lymphatic or vascular invasion by tumor is evident; however, retraction artifacts and inflammatory changes hamper evaluation for lymphovascular invasion in some areas
 - No extension of tumor into cervix
 - Vaginal cuff is free of tumor
 - No involvement of parametrial soft tissues by tumor
 - No evidence of metastatic carcinoma involving ovaries or fallopian tubes
 - Non-neoplastic endometrium is inactive/weakly proliferative
 - Six uterine leiomyomas
 - Cervix with microscopic benign inflamed endocervical polyps, acute and chronic inflammation, reserve cell hyperplasia, focal microglandular endocervical hyperplasia, squamous metaplasia, reactive epithelial changes, and endocervical nabothian cysts
 - Scant vaginal cuff mucosa with chronic inflammation and parakeratosis of squamous epithelium
 - Chronic inflammation and foreign body giant cell reaction, right parametrium

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- Left fallopian tube with focal mild epithelial hyperplasia without significant atypia
- Left ovary with senescent changes, a cystic epithelial inclusion, benign "micropapillary" surface epithelial and stromal proliferations, and serosal adhesions
- Right fallopian tube with minimal epithelial atypia
- Right ovary with senescent changes, multiple cystic epithelial inclusions, focal surface papillary adenofibromatous changes, benign "micropapillary" surface

epithelial and stromal proliferations, and numerous serosal adhesions, some of which show associated hemorrhage, chronic inflammation, foreign body giant cell reactions, and/or reactive mesothelial changes with tiny mesothelial inclusions (some microcytic)

2. LYMPH NODE, RIGHT PARA-AORTIC, EXCISION:
 - One reactive lymph node
 - No evidence of metastatic carcinoma (0/1)
3. LYMPH NODES, RIGHT PELVIC AND COMMON [ILIAC], EXCISION:
 - Two reactive lymph nodes
 - No evidence of metastatic carcinoma (0/2)
4. LYMPH NODES, LEFT PELVIC, EXCISION:
 - Three reactive lymph nodes
 - No evidence of metastatic carcinoma (0/3)
5. LYMPH NODE, LEFT PELVIC, EXCISION:
 - One reactive lymph node
 - No evidence of metastatic carcinoma (0/1)
6. [SOFT TISSUE], LEFT PERIAORTIC, EXCISION:
 - Soft tissues without evidence of metastatic carcinoma
 - No lymph node identified
7. SOFT TISSUE, RIGHT PELVIC, BIOPSY:
 - No evidence of metastatic carcinoma
8. SOFT TISSUE, LEFT PELVIC, BIOPSY:
 - Perivascular margination of leukocytes and thermal/cautery artifact
 - No evidence of metastatic carcinoma
- 9-11. OMENTUM, "#1", "#2", "#3":
 - Chronic inflammation, adhesions, and reactive mesothelial proliferation
 - No evidence of metastatic carcinoma

COMMENT: Findings and additional routinely stained sections have been incorporated in the diagnosis. Case to be discussed at gynecologic oncology-pathology conference on

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HISTORY: Uterine carcinoma

MICROSCOPIC: See Diagnosis.

GROSS:

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1: UTERUS CERVIX BILATERAL TUBES

Labeled with the patient's name, designated "uterus, cervix and bilateral tubes", received fresh in the Operating Room for gross consultation, and subsequently fixed in formalin, is a 140 gram total hysterectomy and bilateral salpingo-oophorectomy specimen. The uterus was previously incised on both sides at the time of intraoperative consultation. The uterus is slightly distorted in shape. The uterus is about 8.5 cm from the fundus to the ectocervix, 5.5 cm from cornu to cornu, and up to 4.2 cm from the anterior surface to the posterior surface. The uterine serosa is red-tan and smooth. The cervix is about 3.0 cm in long and up to 3.6 cm in maximum diameter in the ectocervical region. Attached to the ectocervix, there is a short (less than 0.3 cm long) cuff of grossly unremarkable pink-tan vaginal mucosa. The mucosa lining the ectocervix is tan-pink, focally wrinkled, but otherwise smooth. The external cervical os is patent and about 0.3 cm in diameter. The cervical transformation zone is distinct. The endocervical canal is

about 2.5 cm long. Within the endocervical canal, there is relatively abundant mucoid material that is blood-tinged. The endocervical mucosa is tan and rugose. Cut sections of the cervix reveal several tiny to small mucus-filled cysts, ranging from about 0.1 to 0.3 cm in diameter. The cervix appears grossly free of tumor. The endometrial cavity is about 5.5 cm long and up to 3.2 cm in width. Within the posterior uterus, there is a large friable, polypoid to papillated tan-red tumor mass that extends from the posterior fundus to the posterior lower uterine segment. The tumor measures about 5.5 x 3.0 cm in surface area. The surface of the tumor is focally hemorrhagic and focally necrotic. Cut sections reveal a maximum tumor thickness of about 0.8 cm. Cut sections of the posterior uterus reveal superficial myometrial invasion involving less than 20% of the uterine wall thickness. The endometrium of the posterior uterus (from the fundus to the lower uterine segment) is tan to red-tan, smooth, and has a maximum thickness of less than 0.1 cm. No endometrial tumor is seen in the anterior uterus. Cut sections of the uterus also reveal six circumscribed leiomyomas, one of which is submucosal, two of which are subserosal, and the remainder of which are intramural. The leiomyomas are each well circumscribed and range from about 0.2 to 1.5 cm in maximum dimensions. Each of the leiomyomas is composed of firm solid tan-white whorled tissue with grossly evident areas of hemorrhage or necrosis. The muscular uterine wall has a maximum thickness of about 2.0 cm. The uninvolved myometrium is tan and firm. The left fallopian tube has fimbria at one end, is 5.4 cm long, up to 0.5 cm in diameter, has a smooth, pink-tan serosal surface, a pinpoint patent lumen, and appears grossly free of tumor. The left ovary is atrophic, about 1.8 x 1.5 x 0.7 cm and has a cerebriform, tan-yellow serosal surface with a few tiny adhesions. Cut surfaces of the left ovary reveal a peripheral rim of yellow-tan cortical stroma and multiple corpora albicantia, but no gross evidence of tumor. The white fallopian tube has fimbria at one end, is about 5.2 cm long, up to 0.4 cm in diameter, has a smooth, tan-pink serosal surface, and a pinpoint patent lumen. The right fallopian tube appears grossly free of tumor. The right ovary is atrophic, about 2.0 x 1.3 x 0.9 cm, and has a cerebriform to undulated, yellow-tan serosal surface with multiple adhesions. Cut surfaces of the right ovary reveal a peripheral rim of yellow-tan cortical stroma, several minute to tiny cystic spaces, several corpora albicantia, and no gross evidence of tumor.

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Representative sections.

- A. Two subserosal leiomyomas - 2
- B. One submucosal leiomyoma and two intramural leiomyomas - 3
- C. Anterior uterine corpus with small leiomyoma - 1
- D. Anterior lower uterine segment - 1
- E. Anterior cervix and vaginal cuff - 1
- F. Posterior fundus with tumor - 1
- G. Posterior uterine corpus with tumor - 1
- H. Posterior uterine corpus with tumor - 1
- I. Posterior lower uterine segment with tumor - 1
- J. Posterior cervix and vaginal cuff - 1
- K. Left parametrial tissues - 1
- L. Right parametrial tissues - 1
- M. Left fallopian tube and ovary - 3
- N. Right fallopian tube and ovary - 3

2: RIGHT PERIAORTIC LYMPH NODE

Labeled with the patient's name, designated "right periaortic lymph node", and received in formalin is a 2.6 x 0.8 x 0.2 cm aggregate of yellow fatty tissue within which there is embedded a single semi-soft tan lymph node that measures about 2.2 cm in maximum dimension. Entirely submitted.

O. One lymph node and fat - 1

3: RIGHT COMMON AND PELVIC LYMPH NODE

Labeled with the patient's name, designated "right common and pelvic lymph node", and received in formalin are two aggregates of yellow fatty tissue, within each of which are embedded a single lymph node. The larger aggregate measures about 2.0 cm in maximum dimension and contains a 1.5 cm diameter lymph node. The smaller aggregate measures about 1.7 cm in maximum dimension and contains a 1.3 cm diameter semi-soft tan lymph node. Entirely submitted.

P. Smaller lymph node bisected - 2

Q. Larger lymph node bisected - 2

4: LEFT PELVIC

Labeled with the patient's name, designated "left pelvic", and received in formalin is a 3.0 x 1.5 x 0.5 cm aggregate of yellow fatty tissue within which there are embedded three semisoft, tan to yellow-tan lymph nodes. The lymph nodes measure about 0.3, 1.7 and 2.4 cm in maximum dimension. Entirely submitted.

R. Three lymph nodes and fat - 3

5: LEFT COMMON ILIAC LYMPH NODE

Labeled with the patient's name, designated "left common iliac lymph node", and received in formalin is a 1.2 x 0.3 x 0.2 cm ovoid, semi-soft, tan lymph node with scant attached fat. Entirely submitted.

S. One lymph node and perinodal fat - 1

6: LEFT PERIAORTIC

Labeled with the patient's name, designated "left periaortic", and received in formalin is a 1.4 x 0.5 x 0.1 cm irregularly shaped fragment of tan-yellow fibroadipose tissue. No lymph node is identified. Entirely submitted.

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T. Fibroadipose tissue - 1

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7: RIGHT PELVIC BIOPSY

Labeled with the patient's name, designated "right pelvic biopsy", and received in formalin is a 1.5 x 0.3 x 0.1 cm fragment of soft, tan, fibromembranous tissue. Entirely submitted.

U. Soft tissue - 1

8: LEFT PELVIC BIOPSY

Labeled with the patient's name, designated "left pelvic biopsy", and received in formalin is a 1.3 x 0.6 x 0.1 cm irregularly shaped fragment of tan-yellow fibroadipose tissue. Entirely submitted.

V. Fibroadipose tissue - 1

9: OMENTUM 1

Labeled with the patient's name, designated "omentum #1", and received in formalin is an 8.3 x 3.6 x 1.0 cm portion of soft, tan, yellow lobulated omental fat that appears grossly free of tumor. Representative sections.

W. Omentum - 2

10: OMENTUM 2

Labeled with the patient's name, designated "omentum #2", and received in formalin is a 5.8 x 4.3 x 1.3 cm portion of soft, tan-yellow, lobulated omental fat that appears grossly free of tumor.

Representative sections.
X. 2

11: OMENTUM 3

Labeled with the patient's name, designated "omentum #3", and received in formalin is a 5.2 x 3.6 x 0.8 cm portion of soft, yellow-tan, lobulated omental fat that appears grossly free of tumor.

Representative sections.
Y. 2

Gross dictated by:

OPERATIVE CALL

OPERATIVE CONSULT (GROSS):

1. Uterus, tube and ovaries:
 - Exophytic endometrial tumor (posterior, right wall)
 - Leiomyomas
 - Atrophic ovaries
 - Portion of uterine tumor and left ovary taken for Dr.

Special Studies: Additional H&Es (Cx2, DX1, Hx2, Nx1, Rx2)
(continued on next page)

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M.D.

Pathologist

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.

I, _____, M.D., the pathologist of record, have personally examined the specimen, interpreted the results, reviewed this report and signed it electronically.

Date Finalled:

Previous Malignancy per chart review by TSS. JW

| Criteria | Yes | No |
|--------------------------------|-----------|--------------|
| Diagnosis Discrepancy | | |
| Primary Tumor Site Discrepancy | | |
| IIPAA Discrepancy | | |
| Prior Malignancy History | | |
| Qual/Synchronous Primary Notes | | |
| Case is (circle): | QUALIFIED | DISQUALIFIED |
| Reviewer Initials | JW | |
| Date Reviewed: | 11/17/10 | |