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Copies To:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. LEFT ADNEXA (SALPINGO-OOPHORECTOMY):

- Benign atrophic ovary with calcifications and epithelial microinclusion cysts
- Benign fallopian tube with paratubal cystic and solid Walthard rests

B. RIGHT ADNEXA (SALPINGO-OOPHORECTOMY):

- Benign atrophic ovary
- Benign fallopian tube with paratubal cystic Walthard rests

C. UTERUS AND CERVIX (HYSTERECTOMY):

- Endometrial adenocarcinoma, high grade, with endometrioid features and associated malignant squamous changes (see comment)
 - FIGO grade III
 - Tumor size: 4 x 3 cm
 - Tumor involves posterior uterine corpus, fundus, and superior anterior uterine corpus
 - Myometrial invasion greater than 50% of myometrial thickness (maximum depth of invasion: 1.5 cm/myometrial thickness: 2.3 cm)
 - Focal lymphovascular invasion identified
 - Cervix is not involved by tumor
 - Surgical margins are not involved by tumor
 - Staging information: pT1b N0
- Additional findings:
 - Non-neoplastic endometrium is weakly proliferative with a benign endometrial polyp
 - Leiomyomas
 - Focal superficial adenomyosis
 - Cervix with squamous metaplasia, chronic inflammation, and nabothian cysts

D. LEFT PELVIC LYMPH NODES (EXCISION):

- Three lymph nodes with no evidence of metastatic carcinoma (0/3)

E. LEFT PERIAORTIC LYMPH NODES (EXCISION):

- Four lymph nodes with no evidence of metastatic carcinoma (0/4)

F. LEFT OBTURATOR LYMPH NODES (EXCISION):

- Five lymph nodes with no evidence of metastatic carcinoma (0/5)

G. RIGHT PELVIC LYMPH NODES (EXCISION):

- Four lymph nodes with no evidence of metastatic carcinoma (0/4)
-

H. RIGHT OBTURATOR LYMPH NODE (EXCISION):

- One lymph node with no evidence of metastatic carcinoma (0/1)

I. RIGHT PERIAORTIC LYMPH NODES (EXCISION):

- Two lymph nodes with no evidence of metastatic carcinoma (0/2)

J-I. OMENTUM #1-#3 (OMENECTOMY):

- Omentum with micro-adhesions
- No evidence of malignancy

M. APPENDIX (APPENDECTOMY):

- Appendix without significant histopathologic change

COMMENT: The high grade Mullerian-derived endometrial carcinoma shows endometrioid features with associated malignant squamous changes (adenosquamous carcinoma). There is some "spindling"/streaming of the endometrioid component. Some cytoplasmic clearing is noted, raising the possibility of a clear cell component, but the overall cytoarchitectural features of those areas of the tumor showing clearing favor squamous change over a clear-cell carcinoma component. Selected slides were reviewed in consultation with Dr.

SYNOPTIC REPORT:

Applies To:

- A : LEFT ADNEXA
- B : RIGHT ADNEXA
- C : UTERUS / CERVIX
- D : LEFT PELVIC LYMPH NODE
- E : LEFT PERIAORTIC
- F : OBTURATOR, LEFT
- G : RIGHT PELVIC LYMPH NODE
- H : RIGHT OBTURATOR
- I : PERIAORTIC, RIGHT
- J : OMENTUM 1
- K : OMENTUM 2
- L : OMENTUM 3
- M : APPENDIX

ICD-0-3

adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1

hw
12/21/11

Macroscopic

Specimen Type:

Uterus
Right ovary
Right fallopian tube
Left fallopian tube
Omentum

Other Organs Present:

Appendix

Procedure:

Total abdominal hysterectomy and bilateral salpingo-oophorectomy

Specimen Integrity:

Intact hysterectomy specimen

Lymph Node Sampling:

Pelvic lymph nodes
Common iliac lymph nodes

Microscopic

SURGICAL PATHOLOGY REPORT

Histologic Type: Endometrioid adenocarcinoma, variant
Variant: with associated malignant squamous changes (adenosquamous carcinoma)

Histologic Grade: FIGO grade III

Tumor Site: Corpus
Fundus

Tumor Size: Greatest dimension: 4cm

Myometrial Invasion: Invasion present
Depth of invasion: 1.5cm
Myometrial thickness: 2.3cm
Greater than 50% myometrial invasion

Involvement of Cervix: No involvement

Extent of Involvement of Other Organs: None

Margins: Uninvolved by invasive carcinoma

Lymphovascular Invasion: Present

Pathologic Staging (pTNM) AJCC

Primary Tumor (pT): pT1b : Tumor invades greater than or equal to one-half of the myometrium

Regional Lymph Nodes (pN): pN0: No regional lymph node metastasis

Number of pelvic lymph nodes examined: 7

Number of pelvic lymph nodes involved: 0

Number of para-aortic lymph nodes examined: 6

Number of para-aortic lymph nodes involved: 0

Number of common iliac lymph nodes examined: 6

Number of common iliac lymph nodes involved: 0

FIGO Stage: IB

HISTORY:
Prior endometrial curettage showed high grade müllerian derived carcinoma

MICROSCOPIC FINDINGS:
See diagnosis.

IMMUNOHISTOCHEMISTRY:

Study / Antibody	Block	Result
Cytokeratin 5/6 QL	C9	Patchy positive staining
P63	C9	Some patchy positive nuclei

*These IHC studies were interpreted in conjunction with appropriate positive and negative controls which demonstrated the expected positive and negative reactivity.

PATIENT:

GROSS:

A. LEFT ADNEXA

Labeled with the patient's name _____, designated "left adnexa", and received in formalin is an 8.14 gram, 6.1 x 2.2 x 2.0 cm salpingo-oophorectomy specimen. The fimbriated fallopian tube measures 5.5 cm long, ranges from 0.2 to 1.0 cm in diameter, and has a maximum luminal diameter of 0.3 cm. The left ovary is 2.4 x 1.7 x 0.9 cm.

The specimen is notable for five paratubal cysts ranging from less than 0.1 to 0.2 cm in greatest dimension. The ovary appears atrophic. No other gross abnormalities are seen. Representative sections are submitted.

Slide key:

- A1. Left ovary - 1
- A2. Proximal, mid, and longitudinal section of distal left fallopian tube - 3

B. RIGHT ADNEXA

Labeled with the patient's name _____ designated "right adnexa" and received in formalin is a 7.57 gram, 5.5 x 3.2 x 1.0 cm salpingo-oophorectomy specimen. The right ovary measures 2.4 x 1.4 x 1.0 cm. The fimbriated right fallopian tube is 5.5 cm long and ranges from 0.3 to 1.5 cm in diameter with a maximum luminal diameter of 0.4 cm.

There are multiple (greater than 10) small paratubal cysts measuring from less than 0.1 to 0.1 cm in greatest dimension. The ovary appears atrophic. No other gross abnormalities are seen. Representative sections are submitted.

Slide key:

- B1. Right ovary - 1
- B2. Proximal, mid, and longitudinal section of distal right fallopian tube - 3

C. UTERUS/CERVIX

Labeled with the patient's name _____, designated "uterus/cervix", received fresh for intraoperative frozen section consultation and research tissue collection, and subsequently fixed in formalin is an 81.4 gram total hysterectomy specimen. The uterus is about 7.5 x 4.5 x 4.0 cm. The cervical portion of the uterus is about 2.5 cm long and 2.0 cm in diameter. The endometrial cavity is 4.0 cm long and 3.0 cm in width. The endometrial mucosa ranges from 0.1 to 0.3 cm in thickness. The muscular uterine wall ranges from 1.5 to 2.5 cm.

There is a 4.0 x 3.0 cm firm, white tumor. There is myometrial invasion of up to 3/4 of the myometrial wall. The cervix appears grossly free of tumor.

There is also a 1.1 x 1.0 x 0.1 cm endometrial sessile polyp that is tan-brown and well-circumscribed. There is also a well-circumscribed 0.9 cm intramural leiomyoma in the anterior endometrium. The leiomyoma is composed of firm, solid, tan-white whorled tissue without grossly evident areas of necrosis or hemorrhage. The cervix is grossly unremarkable. Representative sections are submitted.

Ink key: Anterior surface - blue, posterior surface - black.

Slide key:

- C1. Frozen section C remnant - 1
- C2. Anterior cervix and lower uterine segment - 1
- C3. Uninvolved anterior endometrial cavity - 1
- C4. Anterior endometrial cavity - 1
- C5,C6. Anterior endometrial cavity with tumor and sessile polyp - 1 each
- C7. Posterior cervix - 1
- C8. Posterior lower uterine segment with tumor - 1

- C9. Posterior endometrial cavity with tumor - 1
- C10. Posterior endometrial cavity with tumor and leiomyoma - 1
- C11. Posterior endometrial cavity with tumor - 1
- C12-C14. Representative sections of tumor - 1 each
- C15. Fundic portion of posterior endometrial cavity with tumor - 1

D. LEFT PELVIC LYMPH NODES

Labeled with the patient's name _____ and designated "left pelvic lymph nodes" and received in formalin is a 6.0 x 2.0 x 1.0 cm portion of fatty tissue containing two possible lymph nodes measuring from 1.5 to 3.0 cm in greatest dimension.

Slide key:

- D1. One lymph node - 1
- D2. One lymph node, bisected - 2
- D3. Additional fatty tissue - 1

E. LEFT PARAAORTIC LYMPH NODES

Labeled with the patient's name _____, and designated "left paraaortic" and received in formalin is a 4.0 x 1.0 x 0.7 cm portion of fatty tissue containing two possible lymph nodes measuring 1.5 cm each in greatest dimension. The specimen is entirely submitted.

Slide key:

- E1. One lymph node, bisected - 2
- E2. One lymph node, bisected - 2

F. OBTURATOR LEFT

Labeled with the patient's name _____ and designated "obturator left" and received in formalin is a 4.0 x 3.5 x 1.5 cm aggregate of fatty tissue containing six possible lymph nodes measuring from 0.5 to 1.3 cm in greatest dimension. The specimen is entirely submitted.

Slide key:

- F1. Three smaller lymph nodes - 3
- F2. Three lymph nodes - 3
- F3. Remaining tissue - multiple

G. RIGHT PELVIC LYMPH NODE

Labeled with the patient's name _____ and designated "right pelvic lymph node" and received in formalin is a 5.0 x 2.5 x 2.0 cm aggregate of fatty tissue containing three lymph nodes measuring 1-2 cm in greatest dimension. All lymph nodes are submitted in their entirety.

Slide key:

- G1. One lymph node - 1
- G2. One lymph node - 1
- G3. One lymph node - 1

H. RIGHT OBTURATOR

Labeled with the patient's name _____ and designated "right obturator" and received in formalin are two fatty fragments of tissue measuring 1.5 x 0.5 x 0.5 cm and 2.0 x 1.0 x 0.5 cm. No distinct lymph nodes are identified. The specimen is entirely submitted.

Slide key:

- H1. 2

I. PARAAORTIC, RIGHT

Labeled with the patient's name _____ and designated "para-aortic, right" and received in formalin is a 4.0 x 1.5 x 1.0 cm fragment of fatty tissue containing two possible lymph nodes measuring 2.2 x 1.5 x 1.0 cm and 2.0 x 1.5 x 0.5 cm. The specimen is entirely submitted.

Slide key:

I1, I2. One lymph node bisected - 1 each
I3. One lymph node bisected - 2

J. OMENTUM #1

Labeled with the patient's name _____ and designated "omentum #1" and received in formalin is a 57 gram, 12.5 x 10.0 x 1.5 cm portion of yellow fatty omentum. The omentum is unremarkable. Representative sections.

Slide key:

J1. 2

K. OMENTUM #2

Labeled with the patient's name _____ and designated "omentum #2" and received in formalin is a 40.1 gram, 15.0 x 4.0 x 1.0 cm portion of yellow fatty omentum. The omentum is unremarkable. Representative sections.

Slide key:

K1. 2

L. OMENTUM #3

Labeled with the patient's name _____ and designated "omentum #3" and received in formalin is a 58.9 gram, 13.0 x 9.0 x 2.0 cm portion of yellow fatty omentum. The omentum is unremarkable. Representative sections.

Slide key:

L1. 2

M. APPENDIX

Labeled with the patient's name _____ and designated "appendix" and received in formalin is a 10 gram, 8.3 cm long piece of appendix with diameter ranging from 0.4 to 0.6 cm and a maximum luminal diameter of 0.5 cm. The attached mesoappendiceal fat extends up to 2.0 cm away from the wall. A staple line is not present.

The serosal surface of the appendix has prominent vasculature but is otherwise unremarkable. No perforation is identified. The appendiceal wall averages 0.3 cm in thickness. The mucosa is 0.1 cm in thickness. No fecalith is present. Representative sections are submitted.

Slide key:

M1. Proximal, mid and longitudinal section of distal appendix - 3

Gross dictated by _____

INTRAOPERATIVE CONSULTATION:
OPERATIVE CALL
OPERATIVE CONSULTATION (FROZEN):

FSC1 UTERUS:

- Poorly differentiated adenocarcinoma
- Invades 3/4 of the myometrial wall
- Saved for research

, M.D.

, M.D.)

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		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	W	12/2/11

SURGICAL PATHOLOGY REPORT

If this report includes immunohistochemical tests, the laboratory must follow 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.