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Redacted

108-0-3

Adenocarcinoma, Endometrial, NOS

8380/3 for 11/16/10

Sitz: Endometrium C54-1

SPECIMEN

- A. Uterus, cervix, bilateral tubes & ovaries
- B. Left pelvic lymph node
- C. Right pelvic lymph node
- D. Periaortic lymph node

CLINICAL NOTES

PRE-OP DIAGNOSIS: Endometrial cancer

GROSS DESCRIPTION

A. Received fresh in a container labeled "uterus, cervix, bilateral tubes & ovaries" is a 157 gm, 7.5 x 5.7 x 5.7 cm, globoid uterine corpus, with contiguous 3 cm long cervix, and bilateral fallopian tubes and ovaries. The serosal surface is smooth tan-pink to tan-red, with a few rubbery whorled to focally calcified tan-white subserosal and intramural nodules compatible with leiomyomas, up to 4.6 cm in greatest dimension, with the largest leiomyoma located posteriorly. The annular 3 cm tan-pink-red ectocervix surrounds a 1 x 0.3 cm ovoid patent os. The uterus is opened. The 6 x 4.8 cm endometrial cavity contains fragmented friable pale-tan tumor which appears to be originating from the posterior wall. The anterior portion of endometrial cavity is lined by flattened tan-pink endometrium 0.1 cm thick. The posterior endometrial wall is completely covered by the friable tumor, which is up to 3.2 cm thick, and grossly invades through >50% of the myometrial thickness. The tumor appears to involve the lower uterine segment, but not the cervix. The endocervical canal is tan-pink and glistening, without focal lesions. Bilaterally, the tan-pink-gold ovaries average 2 x 1.4 x 1 cm. On cut surface, they are tan and without focal lesions. The centrally discontinuous tan-white right and left fallopian tubes end in fimbriae, and they average 3.8 cm long x 0.5 cm in diameter. On cut surface, they have pinpoint to stellate lumina.

GROSS DESCRIPTION

BLOCK SUMMARY: A1 - anterior cervix; A2 - anterior LUS (point of continuity with cervix inked blue); A3-A6 - representative anterior endomyometrium, sequentially from fundus to LUS; A7 - posterior cervix; A8 - posterior LUS (point of continuity with cervix inked blue); A9-A14 - representative posterior endomyometrium, including full thickness uterine wall, sequentially from fundus to LUS (blocks 10&11, and 12&13, are paired bisected sections, with point of continuity between the sections inked, together making up complete cross-sections); A15, A16 - additional leiomyomas; A17 - right

fallopian tube and ovary; A18 - left fallopian tube and ovary.

B. Received fresh in a container labeled "left pelvic node" is a 6.6 x 6 x 2.1 cm. aggregate of soft lobulated yellow adipose tissue with interspersed soft tan-pink-gold lymph nodes, up to 4 cm in greatest dimension. , with all lymph nodes submitted.

BLOCK SUMMARY: B1 - four lymph nodes; B2 - one bisected lymph node;
B3, B4 - one quadrisected lymph node; B5-B7 - one sectioned lymph node; B8-B10 - one sectioned lymph node.

C. Received fresh labeled "right pelvic lymph node" is a 6.7 x 5.6 x 2 cm aggregate of similar-appearing tissue, with lymph nodes up to 4.5 cm in greatest dimension. , with all lymph nodes submitted.

BLOCK SUMMARY: C1 - three lymph nodes; C2-C4 - one sectioned lymph node per block; C5-C8 - largest lymph node sectioned.

D. Received fresh in a container labeled "periaortic lymph node" is a 4.8 x 3.6 x 1.6 cm aggregate of similar-appearing tissue, with lymph nodes up to 3 cm in greatest dimension. . with all lymph nodes submitted.

GROSS DESCRIPTION

BLOCK SUMMARY: D1 - five lymph nodes; D2 - four lymph nodes; D3 - one sectioned lymph node.

MICROSCOPIC DESCRIPTION

The following template summarizes the findings in this case:

Histologic type: Endometrioid adenocarcinoma present in the uterus in part A. There are foci with squamous differentiation.

Histologic grade: FIGO grade 3

Myometrial invasion: There is invasion through greater than 50% of the myometrial wall.

Cervix: Although tumor involves the lower uterine segment posteriorly, the tumor does not extend to invade stromal connective tissue of the cervix.

Primary tumor (pT) TNM (FIGO): pT1b [IB]. Tumor invades greater than one-half of the myometrium.
 Margins of resection: Negative for tumor.
 Lymph-vascular invasion: Identified focally.
 Regional lymph nodes (pN): pN0. The separately submitted lymph nodes in parts B, C, and D are negative for malignancy.
 Distant metastasis (pM): pMX
 Other findings: The fallopian tubes and ovaries are negative for malignancy.
 Leiomyomas.
 Note: Dr. _____ has reviewed representative slides and concurs.

4x3,5

DIAGNOSIS

- A. Uterus, bilateral fallopian tubes and ovaries, excision
 - Endometrioid adenocarcinoma, with foci with squamous differentiation, FIGO grade 3, invading through >50% of the myometrium, with focal lymph-vascular invasion (see microscopic description).
 - Tumor extends to involve the lower uterine segment, but there is no stromal connective tissue invasion of the cervix.
 - Leiomyomas.
 - Fallopian tubes and ovaries negative for malignancy.
- B. Lymph nodes, left pelvic, excision
 - Eight lymph nodes negative for malignancy.
- C. Lymph nodes, right pelvic, excision
 - Seven lymph nodes negative for malignancy.
- D. Lymph nodes, periaortic, excision
 - Ten lymph nodes negative for malignancy.

 (Electronic Signature)

--- End Of Report ---

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Just/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 11/10/10	