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 TCGA-B5-A11R-01A-PR

Redacted



Surg Path

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
diPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (Circle):	QUALIFIED	DISQUALIFIED
Reviewed Initially	Date Reviewed	

CLINICAL HISTORY:

Malignant neocorporis uteri.

GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries". Received unfixed and placed in formalin at [redacted] on [redacted] is a 144 gm (9.1 x 6.5 x 3.7 cm) uterus with attached left ovary (3.1 x 2.1 x 0.8 cm), left fimbriated fallopian tube (5.1 cm long x 0.5 cm in diameter), right ovary (2.6 x 1.7 x 1 cm) and right fimbriated fallopian tube (5.7 cm long x 0.5 cm in diameter). The endometrial cavity is 3.5 cm wide x 4.7 cm long that has a 4.4 x 3.8 x 0.3 cm (protruding into the cavity) soft white-gray fungating mass that extends 0.6 cm into a 2.4 cm thick trabeculated myometrium. The mass is ill defined and is 2.5 cm from the anterior and posterior lower uterine segments. The uninvolved endometrium is tan-brown and smooth (0.1 cm thick). The myometrium contains three intramural homogenous white whorled nodules ranging from 1 x 0.8 x 0.4 cm up to 2.5 x 2 x 1.8 cm. The cervix is 3.4 cm in diameter with a smooth pink-white ectocervix and a 1.8 cm in diameter cervical os that leads into a 2.4 cm long smooth endocervical canal. Within the anterior and posterior endocervical canal and extending into the lower uterine segment is a 2.5 x 2.1 x 1 cm soft tan-brown fungating mass that extends 0.8 cm into the underlying stroma, 0.7 cm from the blue-inked soft tissue margin. The mass is 2.1 cm from the anterior ectocervix and 1.7 cm from the posterior ectocervix. The uterine serosa, left ovary, left fallopian tube, right ovary and right fallopian tube are all unremarkable.

BLOCK SUMMARY:

- A1- anterior cervix with endocervical canal mass
- A2- perpendicular cut, endocervical canal mass & ant lower uterine segment
- A3- posterior cervix with endocervical canal mass
- A4- perpendicular cut, endocervical canal mass & post lower uterine seg
- A5- full thickness of anterior endomyometrium with mass
- A6- full thickness of posterior endomyometrium with mass
- A7- intramural nodules
- A8- left tube and ovary
- A9- right tube and ovary
- A9-19- remaining anterior endomyometrium from fundus towards LUS
- A20-30-remaining post endomyomet from fundus towards lower uterine segment

B. "Right periaortic nodes". Received unfixed placed in formalin is a 4.6 x 1.7 x 0.5 cm pink-tan lymph node with surrounding adipose tissue is serial sectioned submitted entirely in blocks B1-B3.

C. "Left paraaortic lymph nodes". Received unfixed placed in formalin is a 2.6 x 2 x 0.6 cm aggregate of pink-tan lymph nodes and a scant amount of adipose tissue are submitted entirely in blocks C1 and C2.

D. "Left pelvic nodes". Received unfixed placed in formalin is a 5.6 x 3.8 x 2 cm portion of adipose tissue that contains five lymph nodes ranging from 1 x 0.6 x 0.4 cm up to 3.1 x 1.4 x 1 cm.

BLOCK SUMMARY:

- D1- one lymph node candidate bisected
- D2- two lymph node candidates each bisected one inked blue
- D3- one lymph node candidate serial sectioned
- D4-D5 one lymph node candidate serial sectioned

E. "Right round ligament". Received unfixed placed in formalin is a 1.6 cm long x 1.1 cm in diameter ovoid smooth pink-tan rubbery tissue that is

contiguous with a 3.1 x 1.1 x 0.2 cm fragment of soft fatty membranous tissue. The specimen is serial sectioned and submitted in blocks E1 and E2.

F. "Right pelvic nodes". Received unfixed placed in formalin is a 5.7 x 3.1 x 2.8 cm portion of adipose tissue that contains two lymph nodes ranging from 1.6 x 1.3 x 1 cm up to 5.2 x 2 x 1 cm.

BLOCK SUMMARY:

F1- one lymph node candidate bisected
F2-F5 one lymph node candidate serial sectioned

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPHADENECTOMY

PATHOLOGIC STAGE (AJCC 6th Edition): pT2 pN0 pMX

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

DIAGNOSIS:

A. UTERUS: 144 GRAMS

ENDOMETRIUM:

TUMOR SITE: LOWER UTERINE SEGMENT
HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA ✓
FIGO GRADE: 3 (SEE NOTE)
TUMOR SIZE: 4.4 X 3.8 X ?1.0 CM.
MAXIMUM DEPTH OF MYOMETRIAL INVASION: SEE NOTE
LYMPHATIC/VASCULAR INVASION: NEG
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: NONE
REMAINING MYOMETRIUM: LEIOMYOMATA
CERVIX: TUMOR IMPLANT. SEE NOTE.
SEROSEA: NO PATHOLOGIC DIAGNOSIS.
SPECIMEN MARGINS: NOT INVOLVED

THE FOLLOWING SPECIMENS ARE FREE OF TUMOR

- A. OVARIES AND FALLOPIAN TUBES, BILATERAL:
- B. RIGHT PERIAORTIC LYMPH NODES: NO TUMOR IN 9 LYMPH NODES (0/9).
- C. LEFT PERIAORTIC LYMPH NODES: NO TUMOR IN 3 LYMPH NODES (0/3).
- D. LEFT PELVIC LYMPH NODES: NO TUMOR IN 4 LYMPH NODES (0/4).
- E. RIGHT ROUND LIGAMENT: FIBROMUSCULAR TISSUE.
- F. RIGHT PELVIC LYMPH NODES: NO TUMOR IN 2 LYMPH NODES (0/2).

NOTE: The uterus harbors two tumors that are interpreted as a low grade large endometrial cancer located in the lower uterine segment and its 2.5 x 2.1 x 1 cm implant that is FIGO grade 3 and penetrates 9 mm into the 15 mm thick cervical wall.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).