

103 0-3

Adenocarcinoma, Endometrioid, NOS 838613

Site Code: Endometrium C54.1

1/9/11
lw

Name: [REDACTED]

DOB:

FIN:

MRN:

Visit:

SEX: Female

AGE

Attending

Ordering

Copy to:

Consulting:

Surgical Pathology Final

Collected Date:

Received Date:

Verified Date:

Diagnosis

A. Uterus, cervix, bilateral ovary and fallopian tube; total hysterectomy (198 gms) and bilateral salpingo-oophorectomy:

Endometrioid endometrial adenocarcinoma

- FIGO grade III/III

- pT3a Tumor involves uterine serosal surface, parametria and bilateral ovaries
- lower uterine segment and cervix involved
- extensive angiolymphatic invasion present
- bilateral fallopian tubes with paratubal cyst (right side); negative for tumor
- left ovary with extensive involvement by tumor
- right ovary with surface involvement by tumor
- 2 lymph nodes positive for tumor (2/3) - Parts C and E.
- omentum negative for tumor - Part G
- minimum pathologic stage **pT3a N1 Mx**

B. Cul de sac, biopsy:

Positive for tumor.

C. Lymph node, right pelvic, excisional biopsy:
Positive for tumor. (1/1)

D. Lymph node, left pelvic, excisional biopsy:
Negative for tumor.(0/1)

E. Lymph node, right periaortic, excisional biopsy:
Positive for tumor. (1/1)

F. Submitted as left periaortic lymph node, biopsy:
Mature adipose tissue.

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TCGA-AX-A1C5-01A-PR

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No lymphoid tissue present.
Negative for tumor.

G. Omentum, biopsy:
Negative for tumor

Comment

A: Endometrium, Hysterectomy, Macroscopic
SPECIMEN TYPE:

Radical hysterectomy (includes parametria)

*TUMOR SITE:

*Specify location(s), if known: uterus

TUMOR SIZE:

Greatest dimension: 9 cm

*Additional dimensions: 6 x 3.2 cm

OTHER ORGANS PRESENT:

Right ovary

Left ovary

Right fallopian tube

Left fallopian tube

A: Endometrium, Hysterectomy, Microscopic
HISTOLOGIC TYPE:

Endometrioid adenocarcinoma, not otherwise characterized

HISTOLOGIC GRADE:

G3: More than 50% nonsquamous solid growth

MYOMETRIAL INVASION:

Invasion present

Specify depth of invasion: 22 mm

Specify myometrial thickness: 22 mm

PRIMARY TUMOR (pT):

pT3a [IIIA]: Local and/or regional spread as specified in T3a, T3b, and FIGO IIIA and IIIB: Tumor involves serosa, parametria, and/or adnexa (direct extension or metastasis)

REGIONAL LYMPH NODES (pN):

pN1 [IIIC]: Regional lymph node metastasis

Number examined: 3

Number involved 2

DISTANT METASTASIS (pM):

pMX: Cannot be assessed

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MARGINS:

Involved by invasive carcinoma

Specify margin(s): posterior uterine serosal

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L):

*Present

*ADDITIONAL PATHOLOGIC FINDINGS:

*None identified

This case was also reviewed by Dr.

who agrees with the above diagnosis.

(Electronic Signature)

Clinical History

_Endometrial carcinoma.

Specimen

A) Uterus, bilateral ovaries/fallopian tubes, cervix. B) Pelvic cul-de-sac biopsy. C) Right pelvic lymph node. D) Left pelvic lymph node. E) Right paraaortic. F) Left paraaortic. G) Omentum.

Gross Description

The specimens are received fresh in seven containers, each designated with the patient's name

Part A is designated "uterus, bilateral tubes and ovaries, and cervix". The specimen consists of a total hysterectomy specimen to include a uterus with attached cervix and attached bilateral adnexa. The left fallopian tube with fimbriae is 2.5 cm in length and 0.3 cm in diameter. The ovary is tan-gray, 2.5 cm in greatest dimension. Bivalving reveals a tan cut surface with normal ovarian architecture present. The right fallopian tube with fimbriae is 5 cm in length and 0.5 cm in diameter. The ovary is tan-gray, 2.5 cm in greatest dimension. Serially sectioning reveals a tan-gray cut surface.

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The uterus with cervix is 198 g, approximately 11.5 x 8.6 x 5.7 cm. The serosa is tan-pink with a moderate amount of hemorrhagic adhesions. The paracervical/parametrial margin is inked black. The cervix is tan-pink, 3.5 x 3.0 x 1.5 cm. Upon bivalving, the endocervical canal is 1.5 cm and the endometrial cavity is entirely replaced by tan-gray mass extending and involving the lower uterine cavity, 2.5 cm from the squamocolumnar junction. Sectioning the anterior endometrium/myometrium and mass, the mass is 1.2 cm in thickness, it involves 50% of the myometrium, 1.2 cm from the serosa. Sectioning the posterior endometrium/myometrium and mass, the mass extends to and there is serosal involvement, the mass is approximately 3.2 cm in depth. There also appears to be parametrial involvement (black ink). Tissue was taken according to the and protocol. The specimen is submitted as per code of sections.

CODE OF SECTIONS:

- A1 Left fallopian tube and ovary
- A2 Right fallopian tube and ovary
- A3 Anterior cervix
- A4-A5 Anterior endometrium/myometrium, mass, deepest invasion
- A6 Right parametrial margin
- 7 A6 Posterior cervix
- 7 A10 Posterior endometrium/myometrium, mass, deepest invasion (serosal involvement)
- A11 Parametrial margin involvement

Part B is designated "pelvic cul-de-sac". The specimen consists of a portion of yellow-gray to red membranous tissue, 1.2 cm in greatest dimension. The specimen is entirely submitted in a single cassette.

Part C is designated "right pelvic lymph node". The specimen consists of a portion of tan-gray to yellow rubbery tissue, 2.5 x 1.5 x 0.7 cm. The specimen is entirely submitted in a single cassette.

Part D is designated "left pelvic lymph node". The specimen consists of lobulated adipose tissue, 4.5 x 3.0 x 1.5 cm. Sectioning reveals a lymph node with possible tumor involvement, 2.5 x 2.0 x 1.5 cm. The entire lymph node is submitted in cassettes D1-D3.

Part E is designated "right paraaortic". The specimen consists of lobulated adipose tissue with tan-gray rubbery tissue, 2.0 x 1.5 x 1.0 cm. Sectioning reveals a possible tumor bisected and entirely submitted in a single cassette.

Part F is designated "left paraaortic". The specimen consists of a portion of lobulated adipose tissue, 1.0 x 1.0 x 0.4 cm. The specimen is submitted as received in a single cassette.

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Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
h/PAR Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	<input checked="" type="radio"/> QUALIFIED / <input type="radio"/> DISQUALIFIED	
Reviewer Initials	PB Date Reviewed: 11/5/10	

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Part G is designated "omentum". The specimen consists of an apron of omentum, 22 x 12 x 4 cm. Sectioning, there are no implants identified. The cut surface is lobulated adipose tissue. Representative portions are submitted in cassettes G1-G2.

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