ICD-O-3
adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1 2/24/11

[redacted]

UUID:C8962646-1A09-4EAA-8864-2539A0CCEC4C
TCGA-B5-A1MX-01A-PR Redacted

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Surg Path

CLINICAL HISTORY:
Endometrial hyperplasia with atypia.

GROSS EXAMINATION:

A. "Uterus", received unfixed for frozen section and placed in formalin at on is a 3 x 2.5 x 0.5 cm fragment of white-tan tissue, partially frozen as AF1. The frozen section remnant is submitted in block A1, and the remainder of the specimen is submitted in block A2.

B. "Uterus and cervix", received unfixed and placed in formalin at on is a 260 gram, 11.5 x 6.5 x 4 cm uterus demonstrating a smooth, glistening unremarkable cervix (specimen is received opened). The endometrium (5.8 x 5 cm) demonstrates a diffuse, exophytic, friable, tan-white tumor that is involving the majority of the endometrial cavity (>90%). The tumor is 4 cm from the anterior cervix, and 4.5 cm from the posterior cervix. The mass extends 4.5 cm deep into the myometrium (4.5 cm thick), and abuts the serosa without invading beyond the serosa. On cut section, the mass demonstrates a fleshy, tan-yellow appearance with focal hemorrhage and necrosis. Within the anterior endometrium, there is a small area of possibly uninvolved endometrium (0.5 x 0.5 cm). Apart from the mass, no other abnormalities are seen within the myometrium.

BLOCK SUMMARY:

B1- anterior cervix
B2- posterior cervix
B3- mass abutting serosa
B4-10- mass
B11- possibly uninvolved endometrium

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	Date Reviewed	2/24/11

C. "Left pelvic lymph nodes", received unfixed and placed in formalin at on is a 3.5 x 2.7 x 1.5 cm aggregate of fibroadipose tissue, demonstrating two lymph node candidates, up to 1.8 cm in greatest dimension. One lymph node candidate is bisected and submitted in block C1, one lymph node candidate is submitted in block C2, and the remainder of the specimen is submitted in block C3.

D. "Right pelvic lymph nodes", received unfixed and placed in formalin at on is a 4 x 3 x 1 cm aggregate of fibroadipose tissue demonstrating two lymph node candidates, up to 1.5 cm in greatest dimension. One lymph node candidate is bisected and submitted entirely in block D1, the second lymph node candidate is bisected and submitted in block D2. The remainder of the specimen is submitted in block D3-4.

E. "Right obturator", received unfixed and placed in formalin at on is a 2.5 x 1 x 1 cm aggregate of fibroadipose tissue demonstrating three lymph node candidates, one lymph node candidate is bisected and submitted in block E1. One lymph node candidate is bisected and submitted in E2, and one lymph node candidate is bisected and submitted in E3 (entire specimen is submitted).

F. "Right aortic node", received unfixed and placed in formalin at on is a 1.5 x 1 x 0.5 cm fragment of tan-pink tissue, which is bisected and submitted in block F1.

G. "Left obturator node", received unfixed and placed in formalin at on is a 2 x 2 x 0.5 cm aggregate of fibroadipose tissue demonstrating

[redacted]

two lymph node candidates, up to 2.4 cm in greatest dimension. One lymph node candidates is trisected and submitted in block G1, and the other lymph node candidate is bisected and submitted in block G2 (the entire specimen is submitted).

H. "Left and right tubes and ovaries", received unfixed and placed in formalin at on is a 52 gram, bilateral salpingo-oophorectomy specimen with no orientation. One ovary (4 x 2 x 1 cm) demonstrates an unremarkable white-tan, lobulated serosa, and an unremarkable, white-tan cut surface. The attached fimbriated fallopian tube (3.5 x 0.5 cm) demonstrates an interrupted lumen consistent with previous tubal ligation. The second ovary (3.3 x 2 x 1 cm) demonstrates a pink-tan, lobulated serosa, and a pink-tan cut surface demonstrating a 0.4 x 0.4 x 0.4 cm hemorrhagic cyst. The attached fimbriated fallopian tube (4.5 x 0.5 cm) demonstrates an interrupted lumen consistent with previous tubal ligation, and is otherwise unremarkable. Representative sections of the first described tube and ovary are submitted in block H1, and sections of the second ovary and fallopian tube are submitted in block H2.

I. "Left aortic nodes", received unfixed and placed in formalin at on is a 1.5 x 0.5 x 0.5 cm fragment of tan tissue, which is bisected and submitted entirely in block I1.

[redacted]

INTRA OPERATIVE CONSULTATION:
A. "Uterus": AF1- (representative)- high-grade carcinoma, extending through the entire thickness of the representative section. Dr. concurs (Dr.).

MICROSCOPIC EXAMINATION:
Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: TOTAL VAGINAL HYSTERECTOMY

PATHOLOGIC STAGE (AJCC 7th Edition): pT1b 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 (TOTAL VAGINAL HYSTERECTOMY):

ENDOMETRIAL ENDOMETRIOID ADENOCARCINOMA (FIGO GRADE 3). SEE NOTE.
CARCINOMA INVADES FULL THICKNESS OF MYOMETRIUM.
BACKGROUND WITH COMPLEX ATYPICAL HYPERPLASIA.

B. UTERUS AND CERVIX (TOTAL VAGINAL HYSTERECTOMY):

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: DIFFUSE ENDOMETRIAL INVOLVEMENT.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA. SEE NOTE.

FIGO GRADE: 3.

[redacted]

TUMOR SIZE: 5.8 CM IN GREATEST DIMENSION.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 4.5 CM, IN A 4.5 CM THICK WALL.

LYMPHATIC/VASCULAR INVASION: PRESENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM WITH COMPLEX ATYPICAL HYPERPLASIA.

ADDITIONAL FINDINGS: CERVIX WITH NO DIAGNOSTIC ABNORMALITY.
THE TUMOR ABUTS THE SEROSAL SURFACE.

SPECIMEN MARGINS ARE NOT INVOLVED.

NOTE: Microscopic examination demonstrates a poorly differentiated carcinoma with a predominant (>80%) solid growth pattern, extensive areas of necrosis and focal pseudorosette/pseudoglandular formation. A histochemical stain for mucicarmine was negative. Additionally, immunohistochemical stains were performed and show positive immunolabeling of tumor cells for EMA (strong/diffuse), CK7 (focal), and CD99 (focal/patchy), while negative immunoreactivity for chromogranin and synaptophysin. Morphologically, the differential diagnosis would include an undifferentiated carcinoma, a PNET or a high grade endometrioid adenocarcinoma (FIGO 3). The diffuse EMA positivity supports the latter diagnosis.

C. LYMPH NODES, LEFT PELVIC (EXCISION):

TWO LYMPH NODES ARE IDENTIFIED, NEGATIVE FOR MALIGNANCY (0/2).

D. LYMPH NODES, RIGHT PELVIC (EXCISION):

SIX LYMPH NODES ARE IDENTIFIED, NEGATIVE FOR MALIGNANCY (0/6).

E. LYMPH NODES, RIGHT OBTURATOR (EXCISION):

FOUR LYMPH NODES ARE IDENTIFIED, NEGATIVE FOR MALIGNANCY (0/4).

F. LYMPH NODE, RIGHT AORTIC (EXCISION):

ONE LYMPH NODE IS IDENTIFIED, NEGATIVE FOR MALIGNANCY (0/1).

G. LYMPH NODES, LEFT OBTURATOR (EXCISION):

TWO LYMPH NODES ARE IDENTIFIED, ONE OF THEM WITH FOCI OF ENDOSALPINGIOSIS, NEGATIVE FOR MALIGNANCY (0/2).
MULTIPLE STEP SECTIONS WILL BE OBTAINED AND RESULTS REPORTED IN A SEPARATE ADDENDUM.

H. OVARIES AND FALLOPIAN TUBES, RIGHT AND LEFT (BILATERAL SALPINGO-OOPHORECTOMY):

OVARIES WITH SEROSAL ADHESIONS.
FALLOPIAN TUBES WITH NO DIAGNOSTIC ABNORMALITY.

I. LYMPH NODES, LEFT AORTIC (EXCISION):

ONE LYMPH NODE IS IDENTIFIED, NEGATIVE FOR MALIGNANCY (0/1).

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

[redacted]

CI ADDENDUM 1:

[redacted]

Please see Image Cytometry Report for results of supplementary tests.

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

[redacted]

Performed by: [redacted]

Ordering MD:
[redacted]

[redacted]