UUID:4618A1F6-B969-4746-8190-7D856A21C25F
TCGA-AJ-A3NE-01A-PR Redacted

SURGICAL PATHOLOGY:

PROCEDURE DATE: RECEIVED DATE: REPORT DATE:

COPY TO: [redacted]

Criteria JW 1/7/12	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary noted		
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials: [illegible] Date Reviewed: 1/13/11		

Pre-Op Diagnosis
Endometrial cancer
Post-Op Diagnosis
Same
Clinical History
Nothing indicated on requisition
Gross Description:
Five parts

Container labeled "[redacted]1 - left pelvic lymph nodes" are 8.8 x 6.0 x 1.7 cm of tan yellow fibroadipose tissue fragments which on palpation and sectioning reveal several poorly defined tan yellow to brown nodules up to 3.2 cm. Sectioning the largest nodule is a fleshy gray tan cut surface. The largest nodule is sectioned and submitted labeled "A and B." The remaining nodules are submitted labeled "C and D."

Container labeled "[redacted]2 - right pelvic lymph nodes" are 8.2 x 5.0 x 1.5 cm of tan yellow fibroadipose tissue fragments which on palpation and sectioning reveal several well defined and poorly defined tan yellow to brown nodules up to 4.2 cm. The largest nodule has a fleshy and fatty cut surface. The largest nodule is sectioned and submitted labeled "A and B." The next largest nodule is bisected and submitted labeled "C." The whole smaller nodules are submitted labeled "D and E."

Container labeled "[redacted]3 - right aortic nodes" are 3.5 x 2.6 x 0.8 cm of tan yellow fibroadipose tissue fragments which on palpation and sectioning reveal several poorly defined tan yellow to brown nodules up to 1.1 cm. The nodules are entirely submitted in a single cassette.

ICD-O-3

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

JW
1/7/12

Container labeled [redacted] 4 - left aortic nodes" are 4.4 x 3.0 x 1.0 cm of tan yellow fibroadipose tissue fragments which on palpation and sectioning reveal several poorly defined tan yellow to brown nodules up to 2.2 cm. The largest nodule is bisected and submitted labeled "A." The whole smaller nodules are submitted labeled "B."

Container labeled "[redacted] 5 - uterus, cervix, bilateral tubes and ovaries" is a previously laterally opened uterus with attached cervix and bilateral adnexa. The uterus and cervix together weigh 114 grams and on reconstruction measure approximately 9.2 x 6.0 x 5.2 cm. The cervix has a wrinkled gray tan to brown ectocervical mucosa. The os is patent. The uterine canal sounds to a depth of approximately 7.9 cm. The endocervical canal is lined by trabeculated gray tan to brown mucosa with anterior and left lateral areas of marked granularity and focal friability. The uterine serosa is smooth and tan brown anteriorly with a few thin gray brown fibrous adhesions noted posteriorly. The myometrium measures up to 2.7 cm and is tan pink and trabecular. In the anterior wall there is an intramural 1.7 cm well defined tan white fibrous nodule with a bulging whorled tan white fibrotic cut surface. The endometrial canal is virtually completely lined by granular gray tan mucosa which focally appears to extend up to 0.1 cm into the underlying myometrium noted predominantly in the anterior aspect. Focal areas of papilliferous change are identified noted predominantly in the fundic region. A small amount of parametrial soft tissue on each side shows no nodularity or gross lesions. Within the specimen container are 2.0 x 1.6 x 0.5 cm of papilliferous friable gray tan tissue fragments.

The left fallopian tube is 4.7 x 0.8 x 0.8 cm. The right fallopian tube is 5.3 x 0.8 x 0.8 cm. Each has a focally shaggy gray tan to brown serosa with an area of discontinuity grossly consistent with previous ligation. On sectioning each has a tan wall with pinpoint lumen. The left ovary is 2.6 x 2.0 x 1.7 cm and has a lobular gray tan to brown outer surface with a mottled gray tan fibrotic cut surface having several thin walled cystic structures up to 0.7 cm containing clear serous fluid. The right ovary is 3.1 x 2.6 x 2.2 cm and has a lobular tan gray to brown outer surface. On sectioning there is a mottled tan gray fibrotic cut surface with an eccentric 1.2 cm centrally hyalinized appearing corpus luteum. Also received in the same container are three tissue cassettes each labeled

Representative sections are submitted labeled as follows: A - anterior cervix; B - posterior cervix; C - lower uterine segment and shaved posterior serosa; D through H - anterior endomyometrium; I through N - posterior endomyometrium; O and P - left lateral endomyometrium; Q and R - right lateral endomyometrium; S through X - fundic endomyometrium; Y - left parametrium; Z - right parametrium; AA - separate papilliferous tissue fragments; BB - left adnexa; CC - right adnexa.

[redacted]

Microscopic Description:
The slides labeled V. Conner are examined. See diagnosis.

Final Diagnosis
Uterus (radical hysterectomy):
Specimen integrity: Intact hysterectomy specimen.
Histologic type: Endometrioid adenocarcinoma (see comment).

Histologic grade: Moderately to poorly differentiated, FIGO grade II-III.
Tumor size: Approximately 2 cm in greatest diameter (see comment).
Myometrial invasion: Focal invasion of myometrium, less than half the myometrium, maximal thickness of invasion is approximately 1 mm into an approximately 24 mm thick myometrium. = 4%
Involvement of endocervix: No.
Involvement of uterine serosa: No.
Involvement of lower uterine segment: Yes.
Lymphovascular space invasion: Present.
Surgical margin status:
Cervix: No carcinoma is identified.
Left parametrium: Endometriosis and endosalpingiosis, no carcinoma identified. PAS 4
Right parametrium: Endometriosis, no carcinoma identified. PAS 4

Treatment effect: Unknown.
Other findings:
Adenomyosis, endometriosis, and endosalpingiosis. PAS 4
Leiomyoma. PAS 8
Right adnexa:
Right fallopian tube:
Evidence of prior tubal ligation and endosalpingiosis, no carcinoma identified. PAS 3, 4
Right ovary:
Endosalpingiosis, no carcinoma identified. PAS 4
Left adnexa:
Left fallopian tube:
Evidence of prior tubal ligation, no carcinoma identified. PAS 3
Left ovary:
Endosalpingiosis, no carcinoma identified. PAS 4
Left pelvic lymph nodes (regional resection):
Three lymph nodes demonstrating glandular inclusions consistent with endosalpingiosis (see comment). PAS 4
Reactive sinus histiocytosis, lymphoid hyperplasia, no metastatic carcinoma identified within 14 lymph nodes (0/14). PAS 4 pelvic nodes = 0/24
Right pelvic lymph nodes (regional resection):
Reactive sinus histiocytosis and lymphoid hyperplasia, no metastatic carcinoma identified within 10 lymph nodes (0/10). PAS 4
Right aortic lymph node (regional resection):
Glandular inclusion consistent with endosalpingiosis identified within one (1) lymph node.
Reactive sinus histiocytosis and lymphoid hyperplasia, no metastatic carcinoma identified within five lymph nodes (0/5). PAS 4 aortic node = 0/12
Left aortic lymph nodes (regional resection):
Reactive sinus histiocytosis and lymphoid hyperplasia, no metastatic carcinoma identified within seven lymph nodes (0/7). PAS 4 SPC-A

pTN stage: pT1aN0

CPT: 88309 x 1, 88307 x 4

Comments
Only focally is a small amount of endometrioid adenocarcinoma

present predominantly seen within the separate fragment of papilliferous soft tissue that measured 2 cm in greatest diameter. Focally, tumor is present invading into the myometrium and invades less than half the myometrium and maximal thickness of invasion is 1 mm into an approximately 24 mm thick myometrium. Foci of endometrioid adenocarcinoma are present with an endothelial lined lymphovascular space which is consistent with lymphovascular space invasion. Areas of adenomyosis are present as well as endosalpingiosis and endometriosis. A leiomyoma is present. Some bland glandular inclusions are identified within the lymph nodes which are interpreted as representing areas of endosalpingiosis. Clinical correlation and follow up is recommended.

At the request of the undersigned pathologist, these slides have been additionally reviewed by Dr. [redacted] who concurs with the diagnosis.

This test has been finalized at the [redacted] Campus.

<Sign Out Dr. Signature>