

Patient Name: _____

Med Rec #: _____

Requested By _____

Ordered By _____

Report Name: _____

ICD-O-3
Adenocarcinoma, endometrial
NOS 8380/3
Site: ^{path}Endometrium C54.1
Fundus Uteri C54.3
103131/14

Surg Path Case - STATUS: Final

**SEE NOTE

Collect/Perform: _____

Ordered By: _____

Ordered Date: _____

Department: _____

UUID: 3E66FA38-8D87-47CA-A72D-63C8619A2182
TCGA-PG-A916-01A-PR

Redacted



Physician Who Performed Procedure

Requesting Physician

Attending Pathologist

DIAGNOSIS:

1. Uterus, cervix, bilateral ovaries and fallopian tubes, hysterectomy and bilateral salpingo-oophorectomy:

- Histologic Type: Endometrioid adenocarcinoma
- Histologic Grade: FIGO grade 2 (6-50% solid non-squamous growth)
- Nuclear grade: Low grade to intermediate grade
- Tumor Size:
 - Greatest dimension: 4cm; other two dimensions: 2.5 x 1.2 cm
- Specimen Integrity: Intact
- Tumor Site: Anterior fundus
- Myometrial Invasion: Approximately 5%
 - Depth of invasion: 1 mm
 - Myometrial thickness: 18 mm
- Cervical Stromal Invasion: Absent
- Lymph-vascular Invasion: Absent
- Paracervical Soft Tissue Margin: Negative
- Other Tissues/Organs Involved: None
- Peritoneal Ascitic Fluid: Pelvic washing (cytospins), NEGATIVE FOR MALIGNANT CELLS

- Regional Lymph Node Metastasis:
 - Pelvic nodes: 0/5 (part 2 and 3)
 - Para-aortic nodes: Cannot be assessed
- Distant Metastasis: Cannot be determined
- Additional Pathologic Findings: Uterine leiomyomas with infarction and degenerative changes, inactive endometrium with adenomyosis. RIGHT and LEFT ovaries with no neoplasm seen. Fallopian tubes with paratubal cysts. Cervical tissue with nabothian cysts.

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- Ancillary Studies:

ER: Positive (approximately 70%)

PR: Positive (approximately 90%)

Other: Immunohistochemical stain for P53 is negative

- AJCC Pathologic Staging: pT1a N0 M Not applicable; FIGO: IA

2. LEFT pelvic lymph nodes, dissection:

- Four lymph nodes, negative for carcinoma (0/4).

3. RIGHT pelvic lymph nodes, dissection:

- One lymph node, negative for carcinoma (0/1).

COMMENT: None

Case reviewed with one or more pathologist(s) in the Department of Pathology, who concurred with the above diagnosis.

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CLINICAL INFORMATION:

Pelvic mass.

GROSS DESCRIPTION:

1. The specimen is received fresh for intraoperative consultation and labeled uterus, cervix, tubes and ovaries. It consists of a uterus, cervix with attached bilateral ovary and fallopian tubes. The specimen weighs 279 gram in toto and with following measurements: 10.5 cm from fundus to exocervix; 5.0 cm from cornu to cornu; 6.0 cm from anterior to posterior. The right ovary and fallopian tube measures 3.5 x 1.8 x 1.4 cm and 10 x 0.6 x 0.5 cm respectively. The left ovary and fallopian tube measures 2.7 x 1.7 x 1.5 cm and 9.5 x 0.6 x 0.5 cm respectively. The exocervix is tan white and smooth. On opening, the endocervical canal measures 3.0 cm in length and 0.7 cm across. It has a tan 2.5 cm polyp located at anterior aspect. The endometrial cavity measures 6.5 cm in length and 3.8 cm from cornu to cornu. The endometrium is tan and polypoid mass on the anterior fundus, measuring 4.0 x 2.5 x 1.2 cm. The mass appears to be invasion of the underlying mucosa. The myometrium measures 2.5 cm in maximum thickness. The mass is located 4.0 cm from the lower uterine segment. The anterior endometrium is focally thickened, measuring up to 0.6 cm. there are four tan white, rubbery and well-circumscribed masses located subserosa and

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intramural, measuring from 2.0 cm up to 6.5 cm in greatest dimension. No degeneration identified, grossly. The right and left ovaries have a tan white smooth outer surface with several white corpora albicantia. The both fallopian tubes have grossly identifiable pinpoint lumen with fimbriated ends. Representative sections are submitted as follows:

- A: Frozen section from endometrial tumor
- B: Tumor with deepest invasion
- C-F: Tumor (50% of the tumor is submitted)
- G-H: Thickened anterior endometrium
- I: Anterior lower segment of the endometrium
- J: Posterior lower segment of the endometrium
- K: Anterior cervix with polyp
- L: Anterior cervix
- M-O: Entire right ovary
- P-S: Entire right fallopian tube
- T-V: Entire left ovary
- W-Y: Entire left fallopian tube
- Z-AE: masses

Intraoperative consult: Representative section from the fundus mass showing endometrial adenocarcinoma, no definitive invasion seen. Reported to

2. The specimen is received fresh and labeled left pelvic lymph node. It consists of a piece of tan-red soft tissue, measuring 3.5 x 2.5 x 1.0 cm the specimen is serially sectioned and has three possible lymph nodes identified, measuring up to 2.7 cm in greatest dimension. The specimen is entirely submitted as follows:

- A: One lymph node
- B: One lymph node
- C: One lymph node
- D: Adipose tissue

3. The specimen is received fresh and labeled RIGHT pelvic lymph node. It consists of a piece of tan-red soft tissue, measuring 3.0 x 2.0 x 0.8 cm. The specimen is serially sectioned and one lymph node identified, measuring up to 0.7 cm in greatest dimension. The specimen is entirely submitted as follows:

- A: One lymph node
- B-D: Adipose tissue

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The following special studies were performed on this case and the interpretation is incorporated in the diagnostic report above:

1xER (FOR DIAGNOSIS), 1xPR (FOR DIAGNOSIS), 1xP53

** Electronic Signature **

**Electronically Signed Out by

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

Note: The histology, immunochemistry and in situ hybridization components for this case were performed at

The Attending Pathologist reviewed this case and made the diagnosis.

Where applicable, immunohistochemistry and in situ hybridization tests were developed and the performance characteristics determined by the

have not been cleared or approved by the US Food and Drug Administration and the results should be correlated with other clinical and laboratory data. Appropriate controls were performed for all immunohistochemistry, in situ hybridization and histochemical tests.

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	JW	Date Reviewed: 12/5/2013