

Site: Endometrium 8380/3

CS4.1 2/25/11

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Pre-Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):		
Reviewer Initials	2/25/11	
QUALIFIED		
C-SQUALIFIED		

Surg Path

CLINICAL HISTORY:

Malignant neoplasm corpus uteri.

Endometrioid adenocarcinoma, FIGO grade I-II of III.

Grossly invades 0.1 cm into a 2.5 cm myometrium.

GROSS EXAMINATION:

A. "Right ovarian implant (AF1)". Received fresh for frozen section and placed in formalin at [REDACTED] is a 1 x 0.2 x 0.1 cm fragment of tissue which is totally frozen as AF1 and the frozen section remnant (0.3 x 0.3 x 0.1 cm) is submitted in toto in block A1.

B. "Uterus, cervix, tubes and ovaries (BF1)". Received fresh for frozen section and placed in formalin at [REDACTED] a 193 gram, 13 x 7 x 5 cm uterus with attached bilateral fimbriated fallopian tubes (each 4 cm long x 0.8 cm in diameter) and ovaries (each 2 x 1.8 x 0.8 cm). The endometrium (2.5 cm wide at the fundus x 5 cm long) is remarkable for brown lush excrescences up to 0.5 cm thick along the anterior and posterior endometrial cavity measuring 5 x 2.5 x 1.3 cm and extending to the anterior and posterior endocervical canal junction. These excrescences grossly invade 0.1 cm into a 2.5 cm tan-pink trabeculated myometrial wall. The excrescences are 2 cm from the serosal surface which is tan-gray, smooth and glistening. The myometrium also exhibits four white firm nodules, 0.6 cm in diameter, with bulging whorled cut surfaces devoid of hemorrhage and necrosis.

The ectocervix is 3 cm in diameter and has a tan, smooth surface, is focally erythematous and leads into a 2.5 cm long endocervical canal which is tan, smooth and focally erythematous.

The right ovary is tan-white with a smooth, glistening surface. On cut sectioning there is a 0.5 cm subcapsular simple cyst. The left ovary exhibits a 0.7 cm diameter white, firm subserosal nodule. The remaining parenchyma of both ovaries is unremarkable. The right and left fallopian tubes have gray-tan, smooth and glistening serosal surfaces with hemorrhagic mucosal surfaces.

A representative section of the endometrium at the area of excrescences is frozen as BF1 and the frozen section remnant is submitted in toto in block [REDACTED]

BLOCK SUMMARY:

- B1- BF1
- B2- anterior cervix.
- B3- posterior cervix.
- B4- anterior lower uterine segment.
- B5- posterior lower uterine segment.
- B6- anterior endomyometrium full thickness.
- B7- anterior endometrium.
- B8- posterior endomyometrium full thickness.
- B9- posterior endometrium.
- B10- right ovary and tube.
- B11- left ovary and tube.

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TCGA-B5-A121-01A-PR

Redacted



C. "Hernia sac". Received fresh and placed in formalin at [REDACTED] is a 4.5 x 4 x 1.5 cm fragment of gray-tan, fibromembranous tissue with a small amount of attached adipose. Representative sections are submitted in blocks C1-C2.

INTRA OPERATIVE CONSULTATION:

- A. "Right ovarian implant": AF1 (1 x 0.2 x 0.1 cm) (in toto)- endometrioid adenocarcinoma [REDACTED]
- B. "Uterus, cervix, tubes and ovaries": BF1- (representative)-minimally invasive endometrioid adenocarcinoma, FIGO II [REDACTED]

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterectomy and bilateral salpingo-oophorectomy

PATHOLOGIC STAGE (AJCC 7th Edition): pT3A pNX 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. "RIGHT OVARIAN IMPLANT" (BIOPSY):

ENDOMETRIOID ADENOCARCINOMA.

- B. "UTERUS, CERVIX, TUBES AND OVARIES" (HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY)

ADENOCARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.

FIGO GRADE: 1 OF 3 (WELL DIFFERENTIATED)

TUMOR SIZE: 5 X 2.5 X 1.3 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 1.2 CM, IN A 2.5 THICK WALL.
SEE COMMENT.

LYMPHATIC/VASCULAR INVASION: ABSENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA.

REMAINING MYOMETRIUM: LEIOMYOMATA, UP TO 0.6 CM, AND ADENOMYOSIS.

CERVIX: FREE OF TUMOR.

SEROSA: PENDING; TO BE REPORTED IN AN ADDENDUM.

SPECIMEN MARGINS: NOT INVOLVED.

RIGHT OVARY: BENIGN SEROUS CYST, 0.6 CM, NEGATIVE FOR MALIGNANCY.
RIGHT FALLOPIAN TUBE: PARATUBAL CYST, NEGATIVE FOR MALIGNANCY.

LEFT OVARY: SEROUS ADENOFIBROMA, 0.7 CM, NEGATIVE FOR MALIGNANCY.
LEFT FALLOPIAN TUBE: PARATUBAL CYST, NEGATIVE FOR MALIGNANCY.

- C. "HERNIA SAC" (EXCISION):

MESOTHELIAL-LINED FIBROADIPOSE TISSUE CONSISTENT WITH HERNIA SAC.
NEGATIVE FOR MALIGNANCY.

COMMENT: There is extensive adenomyosis, much of which is involved by adenocarcinoma or EIN, making assessment of depth of invasion very difficult. In the permanent sections, there is an area with numerous glands

with no identifiable endometrial stroma that are as deep as 1.2 cm in the wall (B6). A few of these have an associated desmoplastic stromal reaction and these are interpreted as invasive. This area was not apparent grossly and was therefore not sampled at the time of frozen section, accounting for the difference in depth of invasion between the frozen section and final diagnosis.

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

[REDACTED]

ADDENDUM 1:

This addendum is issued to report the results of examination of the serosa. There is a small approximately 2 mm nodule on the surface, which on cut section has a pearly white interior. The nodule is submitted in block B12. The previous diagnoses are unchanged.

ADDENDUM DIAGNOSIS:

UTERINE SEROSA: SUBSEROUSAL LEIOMYOMA.

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

[REDACTED] 23
[REDACTED]

CI ADDENDUM 1:

[REDACTED]

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

[REDACTED]

[REDACTED]