

TSS:

SPECIMENS:

- A. UTERUS, TUBES AND OVARIES
- B. PELVIC LYMPH NODE

1CB-0-3

adenocarcinoma, endometrioid (8380/3) and
serous (8441/3) - Code to highest 8441/3

SPECIMEN(S):

- A. UTERUS, TUBES AND OVARIES
- B. PELVIC LYMPH NODE

Site: Endometrium C54.1

hw 8/24/4

DIAGNOSIS:

A. UTERUS, FALLOPIAN TUBES AND OVARIES, HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:

- POORLY DIFFERENTIATED ENDOMETRIAL ADENOCARCINOMA, MIXED TYPE, ENDOMETRIOID CARCINOMA COMPONENT (FIGO 3) WITH SQUAMOID DIFFERENTIATION (65%), AND SEROUS CARCINOMA COMPONENT (35%), INVADING > 50% (27 MM /33 MM) OF THE MYOMETRIUM. SEE SYNOPTIC REPORT.
- MYOMETRIUM WITH LEIOMYOMATA
- ATROPHIC OVARIES WITH SIMPLE CYSTS
- FALLOPIAN TUBES WITH ENDOSALPINGIOSIS
- SEROSAL ADHESIONS.

B. LYMPH NODE, PELVIC, EXCISION:

- METASTATIC CARCINOMA TO ONE OF ONE LYMPH NODE (1/1), MEASURING 0.5 CM WITH FOCAL EXTRANODAL EXTENSION.

SYNOPTIC REPORT - ENDOMETRIUM

Prior biopsy specimen: Yes

Prior case #::

Prior biopsy diagnosis: Moderate to poorly differentiated endometrial adenocarcinoma, endometrioid type with foci suggestive of high grade serous carcinoma

Specimen Type: Hysterectomy plus bilateral salpingo-oophorectomy

Tumor Size: Greatest dimension: 5.4cm

Additional dimensions: 4.5cm x 3.2cm

WHO CLASSIFICATION

Mixed cell adenocarcinoma 8323/3

Endometrioid (65%), Serous (35%)

Histologic Grade: G3: More than 50% nonsquamous solid growth

Myometrial Invasion: Invasion present

Depth of invasion: 27mm

Myometrial thickness: 33mm

Venous/lymphatic invasion: Present

Cervical Involvement: No

Margins: Negative

Lymph nodes: No lymph nodes sampled

Positive Right pelvic 1 / 1 Left pelvic 0 / 0 Paraaortic 0 / 0

Additional Findings: leiomyomata

Peritoneal cytology: Negative

Cytology case #:

Pathologic stage (pTNM): pT 1b N 1 M x

UUID: B67CD692-73B4-4A61-A65B-65964AA3ACF4
TCGA-E6-A2P8-01A-PR

Redacted



GROSS DESCRIPTION:

A. UTERUS, TUBES AND OVARIES

Received fresh for frozen section is a 318g TAH with BSO. The uterus is 11cm from fundus to ectocervix, 9cm from cornua to cornua and 7cm from anterior to posterior. The serosa is tan pink and smooth. The attached cervix is 4.2cm in diameter and 5.3cm in length. The ectocervix is remarkable for a 1cm patent slit like os. The specimen is bivalved into anterior and posterior halves to reveal a patent endocervical canal 3cm. The endometrial cavity is 6cm in length and 5cm from cornua to cornua and remarkable for a tan pink friable mass 5.4 x 4.5 x 3.2cm, occupying approximately 90% of the cavity. The mass does not grossly appear to involve the cervix. A portion of the specimen is submitted in FSA1-FSA2. The maximum depth of invasion of the mass in to the myometrium is 3.2cm. The uninvolved trabeculated myometrium is 1.5cm and is remarkable for multiple tan white well circumscribed leiomyomas, the largest of which is 2.5 x 2.3cm. The leiomyomas are sectioned to reveal

TSS:

a homogenous whorled cut surface without any areas of hemorrhage or necrosis. The attached right tan pink cerebriiform ovary is 3 x 1.5 x 1.4cm, is bivalved to reveal unremarkable parenchyma. The attached right fimbriated fallopian tube is 4cm in length x 0.6cm in diameter. The tube is serially sectioned to reveal a patent lumen. The attached left tan pink cerebriiform ovary is 2 x 1.8 x 1.7cm, is bivalved to reveal unremarkable parenchyma. The attached left fimbriated fallopian tube is 3.4cm in length x 0.5cm in diameter. The fallopian tube is serially sectioned to reveal a patent lumen. Gross photographs are taken. Representatively submitted as follows:

FSA1-FSA2: mass with endomyometrium

A3: anterior cervix

A4: posterior cervix

A5-A7: anterior endomyometrium

A8-A10: posterior endomyometrium

A11: right ovary and fallopian tube

A12: left ovary and fallopian tube

B. PELVIC LYMPH NODE

Received in formalin labeled with the patient's identification and 'pelvic lymph node' is a tan pink lymph node 0.5 x 0.4 x 0.4cm. The specimen is serially sectioned. Toto B1.

CLINICAL HISTORY:

None provided.

PRE-OPERATIVE DIAGNOSIS:

Endometrial carcinoma.

INTRAOPERATIVE CONSULTATION:

FSA1-FSA2: Uterus, tubes and ovaries: Endometrioid adenocarcinoma FIGO III invading >50% of myometrium (approximately 27-33mm). Cervix is grossly negative for carcinoma. Diagnosis called to Dr. at _____ by Dr. _____

Gross Dictation, ,
Microscopic/Diagnostic Dictation, M.D., Pathologist,
Final Review, M.D., Pathologist,
Final Review, M.D., Pathologist,
Final Review, M.D., Pathologist,
Final, M.D., Pathologist,

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	_____	_____
Date Reviewed:	8/24/11	