

| Criteria  | Yes | No                                  |
|---|-----|-------------------------------------|
| Diagnosis Discrepancy                                     |     | <input checked="" type="checkbox"/> |
| Primary Tumor Site Discrepancy                            |     | <input checked="" type="checkbox"/> |
| HIPAA Discrepancy   |     | <input checked="" type="checkbox"/> |
| Prior Malignancy History                                  |     | <input checked="" type="checkbox"/> |
| Dual/Synchronous Primary Noted                            |     | <input checked="" type="checkbox"/> |
| Case is (circle): <u>QUALIFIED</u> / DISQUALIFIED         |     |                                     |
| Reviewer Initials: <u>BS</u> Date Reviewed: <u>6/1/11</u> |     |                                     |

Final

1CD-0-3

adenocarcinoma, endometrioid, Nos  
8380/3

Site: endometrium c54.1

fw 6/10/11

## SURGICAL PATHOLOGY REPORT

FINAL

Service: Gynecology

(Age)

Patient Type:

Reported:

Physician(s):

### DIAGNOSIS:

A. UTERUS, CERVIX, BILATERAL TUBES AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY

#### UTERUS:

- INVASIVE POORLY DIFFERENTIATED ENDOMETRIAL CARCINOMA, ENDOMETRIOID TYPE, FIGO GRADE 3
- TUMOR INVADES THE MYOMETRIUM TO A DEPTH OF 8 MM WHERE THE MYOMETRIAL THICKNESS IS 18 MM
- LYMPHOVASCULAR INVASION IS PRESENT
- THE LOWER UTERINE SEGMENT AND CERVIX ARE NOT INVOLVED BY TUMOR
- MULTIPLE LEIOMYOMAS (LARGEST 1.8 CM)
- SEE SYNOPTICS

#### OVARIES AND FALLOPIAN TUBES:

- NEGATIVE FOR TUMOR

- B. LYMPH NODE, RIGHT PELVIC, EXCISION
  - FOURTEEN LYMPH NODES NEGATIVE FOR MALIGNANCY (0/14)
- C. LYMPH NODE, LEFT PELVIC, EXCISION
  - THIRTEEN LYMPH NODES NEGATIVE FOR MALIGNANCY (0/13)
- D. OMENTUM, OMENTECTOMY
  - CALCIFIED HYALINIZED NODULE
  - NO EVIDENCE OF MALIGNANCY
- E. LYMPH NODE, LEFT COMMON, EXCISION
  - THREE LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/3)
- F. LYMPH NODE, LEFT PERIAORTIC, EXCISION
  - ONE LYMPH NODE NEGATIVE FOR MALIGNANCY (0/1)
- G. LYMPH NODE, RIGHT COMMON ILIAC, EXCISION
  - FIVE LYMPH NODES NEGATIVE FOR MALIGNANCY (0/5)

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- H. LYMPH NODE, RIGHT PERIAORTIC, EXCISION  
- TWO LYMPH NODES NEGATIVE FOR MALIGNANCY (0/2)

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**Intraoperative Consultation:**

An intraoperative non-microscopic consultation: "Called to pick up 'uterus, cervix, bilateral tubes and ovaries,' consisting of uterus, cervix, and bilateral salpingo-oophorectomy. Sectioned to show a polypoid mass measuring 5 x 3.5 x 3.5 cm, arising from the fundus and right lateral wall of the uterus. Tissue submitted for study. Real for permanents," by

**Microscopic Description and Comment:**

Microscopic examination substantiates the above cited diagnosis

**History:**

The patient is a . . . year old . . . woman with uterine carcinoma. Carcinosarcoma on biopsy. Operative procedure: Examination under anesthesia, exploratory laparotomy, total abdominal hysterectomy, bilateral salpingo-oophorectomy, lymph node dissection, omentectomy.

**Specimen(s) Received:**

- A: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES
- B: LYMPH NODE, RIGHT PELVIC
- C: LYMPH NODE, LEFT PELVIC
- D: OMENTUM
- E: LYMPH NODE, LEFT COMMON
- F: LYMPH NODE, LEFT PERI AORTIC
- G: LYMPH NODE, RIGHT COMMON ILIAC
- H: LYMPH NODE, RIGHT PERI AORTIC

**Gross Description:**

The specimens are received in eight formalin-filled containers, each labeled with the patient's name . . . and ( . . . contains a 118 gram hysterectomy specimen consisting of uterus measuring 5.5 cm (cornu to cornu) by 6 cm (fundus to lower uterine segment) by 3 cm (anterior to posterior), cervix (3.5 x 3.5 x 4 cm), right ovary (2 x 1.2 x 1.2 cm), left ovary (2.2 x 1.2 x 1 cm), right fallopian tube (6 x 0.3 cm), and left fallopian tube (6 x 0.4 cm). The serosal surface of the uterus shows multiple fibrous adhesions. The uterus is opened to reveal a friable polypoid mass, as described in the intraoperative consult, protruding predominantly from the posterior endometrium and measuring 4.2 x 4 x 4 cm. The remainder of the 4.2 x 4 cm endometrial cavity is smooth and somewhat glistening. Sectioning the endomyometrium reveals tumor penetrating to a depth of ~9 mm where the myometrial thickness is 19 mm. Additionally, within the myometrium are multiple tan-white, well circumscribed nodular lesions consistent with leiomyomas, ranging in size from 0.5 to 1.8 cm in maximal dimension. The cervix displays a tan-white glistening ectocervix with a 0.5 x 0.2 cm os. Opening the cervix reveals a slightly trabeculated endocervical canal with multiple small endocervical polyps. The tumor does not grossly extend to the cervix. The outer surface of the right ovary is smooth, shiny, and glistening without excrescences. The

ovary is sectioned to show an unremarkable tan-white ovarian parenchyma. The right fallopian tube displays a shiny and glistening serosal surface, and unremarkable fimbriated end. Sectioning the fallopian tube shows a stellate pinpoint lumen. The left ovary displays a shiny and glistening external surface with focal fibrous adhesions and hemorrhage. The left ovary is sectioned to show an unremarkable tan-white ovarian parenchyma. The left fallopian tube displays a shiny and glistening serosal surface. The fallopian tube is sectioned to show a stellate pinpoint lumen. Sections submitted as follows: A1 to A3 - anterior cervix, lower uterine segment, endomyometrium; A4 to A7 - posterior endomyometrium; A8 to A9 - additional posterior endomyometrium; A10 - additional anterior endomyometrium; A11 to A13 - entire right ovary and representative fallopian tube; A14 to A15 - entire left ovary and representative fallopian tube. A16 to A17 additional posterior endomyometrium involved by tumor. A18 to A21 additional intraluminal tumor. Jar 2.

The second container, labeled " " contains an aggregate of tan-yellow, hemorrhagic adipose tissue measuring 9 x 6 x 2 cm. Sectioning through the tissue reveals multiple putative lymph nodes ranging in size from 0.4 to 3.5 cm in maximal dimension. Submitted as follows: B1 to B4 - largest partially fatty-replaced lymph node, sectioned; B5 to B7 - single bisected nodes (one node each); B8 to B9 - two bisected lymph nodes each (one inked); B10 to B11 - multiple putative whole lymph nodes. Jar 1.

The third container, labeled " " contains multiple fragments of tan-yellow, focally hemorrhagic adipose tissue measuring 8 x 7 x 2 cm in aggregate. Sectioning through the tissue reveals multiple lymph nodes ranging in size from 0.4 to 4.5 cm in maximal dimension. Submitted as follows: C1 to C4 - largest lymph node sectioned (all one node); C5 to C6 - large lymph node sectioned (all one node); C7 to C8 - large lymph node bisected (all one node); C9 to C11 - single bisected lymph nodes (each one node); C12 to C13 - multiple putative lymph nodes. Jar 1.

The fourth container, labeled " " contains two fragments of tan-yellow fibrofatty tissue, the larger measuring 32 x 7.5 x 1 cm and the smaller containing a suture, measuring 3.5 x 2.5 x 2 cm. Sectioning through the tissue shows a single, 1 x 1 x 1 cm firm nodule which upon sectioning reveals yellow-orange content. This nodule is not grossly felt to represent tumor. Sections submitted as follows: D1 - representative section of nodule and additional omental tissue; D2 to D5 - additional representative sections. D1 decal. Jar 2.

The fifth container, labeled " " contains a fragment of tan-yellow adipose tissue measuring 2 x 2.5 x 1 cm. Three putative lymph nodes are identified within the tissue. Submitted as follows: E1 - single bisected lymph node; E2 - two putative lymph nodes (each whole); E3 - remaining tissue. Jar 0.

The sixth container, labeled " " contains an aggregate of tan-yellow, partially hemorrhagic fatty tissue measuring 4 x 2 x 1 cm. One lymph node measuring 4 x 1 x 0.5 cm is identified within the tissue. Submitted as follows: F1, F2 - lymph node sectioned; F3 - residual fatty tissue. Jar 0.

The seventh container, labeled " " contains an aggregate of tan-yellow, focally hemorrhagic adipose tissue measuring 4.5 x 2.5 x 1 cm. Multiple putative lymph nodes are identified within the tissue, ranging in size from 0.4 to 1.5 cm in greatest dimension. Submitted as follows: G1 to G2 - bisected lymph node (each one node); G3 - two putative lymph nodes, each whole; G4 - residual fatty tissue. Jar 0.

The eighth container, labeled " " contains an aggregate of tan-yellow, hemorrhagic fibroadipose tissue measuring 3 x 1.5 x 0.6 cm. Two putative lymph nodes are palpated within the tissue. Submitted as follows: H1 to H2 - single bisected lymph node (each one node). Jar 0.

#### **SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS** **ENDOMETRIUM**

##### **HISTOPATHOLOGIC TYPE**

The histologic diagnosis is adenocarcinoma, endometrioid type

##### **FIGO GRADE**

The FIGO Grade of the tumor is 51 to 100% solid growth pattern (Fill)

**TUMOR INVASION**

Invasive tumor is present with invasion into the luminal 2/3 of the myometrium

**TUMOR SIZE**

The tumor invades to a depth of 8 mm

The myometrial thickness is 18 mm

**LOWER UTERINE SEGMENT INVOLVEMENT**

(does not change the stage)

The lower uterine segment is not involved by tumor

**ENDOCERVICAL INVOLVEMENT**

The endocervix is not involved by tumor

**LYMPHVASCULAR SPACE INVASION**

Lymphovascular space invasion by tumor is present but limited in scope

**REGIONAL LYMPH NODES (N)**

No regional lymph node metastasis (N0)

The regional lymph nodes are free of tumor in 38 nodes

The regional lymph nodes are involved by tumor in 0 nodes

**DISTANT METASTASIS (M)**

Distant metastasis cannot be assessed (MX)

**PRIMARY TUMOR (TNM Category/FIGO Stage)**

Tumor invades inner half of the myometrium (T1b/1b)

**STAGE GROUPING**

pT1b/N0/MX

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.