

SECF Category corrected to reflect ~ mixed ~

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIPAA Discrepancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prior Malignancy History	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Qual/Synchronous Primary Malignancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initial: <u>BS</u> Date Reviewed: <u>5/18/11</u>		

hw 6/3/11

Surgical Pathology Report

Final

SURGICAL PATHOLOGY REPORT

FINAL

ICD-0-3

(8380/3)

adenocarcinoma, mixed endometrioid +
serous (8441/3) - Code to highest 8441/3

Site: endometrium C54.1

hw
6/3/11

Service: Gynecology

Location:

(Age:

Patient Type:

Reported

Physician(s)

DIAGNOSIS:

A. SKIN, ABDOMEN, SCAR, EXCISION
- ENDOMETRIOSIS

B. UTERUS, CERVIX, BILATERAL TUBES AND OVARIES (TOTAL ABDOMINAL HYSTERECTOMY):

UTERUS:

- MIXED SEROUS CARCINOMA (50-60%) AND MODERATELY DIFFERENTIATED ENDOMETRIOID CARCINOMA (40-50%)
- THE CARCINOMA IS CONFINED TO ENDOMETRIUM
- NO LYMPH VASCULAR SPACE INVASION IDENTIFIED
- MYOMETRIUM WITH LEIOMYOMATA
- CERVIX NEGATIVE FOR TUMOR
- THE PATHOLOGIC STAGE IS pT1aN0Mx
- SEE COMMENT

BILATERAL OVARIES AND FALLOPIAN TUBES:

- NEGATIVE FOR TUMOR

C. LYMPH NODES, LEFT EXTERNAL ILIAC, EXCISION

- FOUR (4) LYMPH NODES, NEGATIVE FOR TUMOR

D. LYMPH NODES, LEFT OBTURATOR, EXCISION

- FOUR (4) LYMPH NODES, NEGATIVE FOR TUMOR

E. LYMPH NODE, RIGHT EXTERNAL ILIAC, EXCISION

- ONE (1) LYMPH NODE, NEGATIVE FOR TUMOR

F. LYMPH NODES, RIGHT OBTURATOR, EXCISION

- SIX (6) LYMPH NODES, NEGATIVE FOR TUMOR

G. LYMPH NODE, RIGHT PERIAORTIC, EXCISION

- ONE (1) LYMPH NODE, NEGATIVE FOR TUMOR

H. LYMPH NODE, LEFT PERIAORTIC, EXCISION

- ONE (1) LYMPH NODE, NEGATIVE FOR TUMOR

I. OMENTUM, EXCISION

UUID: 2C4CE5F5-AD46-427E-A787-529DF9FA891A
TCGA-FI-A2CY-01A-PR

Redacted



- NEGATIVE FOR TUMOR

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material indicated in the diagnosis)

***Report Electronically Reviewed and Signed Out By

Intraoperative Consultation:

"Called to pick up 'uterus, cervix and bilateral fallopian tubes and ovaries,' consisting of a 133 gram uterus, cervix measuring 8.5 x 5.5 x 4.0 cm with bilaterally attached adnexae. Opened in the O.R. to show an exophytic polypoid mass measuring 2.5 x 1.0 cm on the anterior endometrial surface. The myometrium is sectioned to show multiple fibroids, the largest of which measures 4.0 x 3.5 x 3.5 cm. Rest for permanents," by

Microscopic Description and Comment:

Most of the tumor is exophytic. The tumor cells in the hysterectomy form glands and some solid areas. The tumor cells have a high nuclear/cytoplasmic ratio and nuclear hyperchromasia. Immunostains show that the tumor cells are diffusely positive for p16 (some areas with patchy) and p53 (some areas weak). ER is weakly and diffusely expressed in tumors and PR is only focally expressed in tumor cells. This immunoprofile is consistent with mixed serous and endometrioid carcinoma. Some tumor cells have hybrid features. We re-reviewed this patient's previous material (curettage) which has more tumor than the hysterectomy. If combining the tumor from the curettage and the hysterectomy, about 50-60% of the tumor is serous and the remaining is moderately differentiated endometrioid carcinoma.

Selected slides from this case were reviewed at the gynecologic pathology conference.

History:

The patient is a year old woman with a history of endometrial cancer. Operative procedure: Examination under anesthesia, exploratory laparotomy, total abdominal hysterectomy with bilateral salpingo-oophorectomy, pelvic lymph node dissection, and omentectomy.

Specimen(s) Received:

- A: ABDOMINAL SCAR
- B: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES
- C: LYMPH NODE, LEFT EXTERNAL ILIAC
- D: LYMPH NODE, LEFT OBTURATOR
- E: LYMPH NODE, RIGHT EXTERNAL ILIAC
- F: LYMPH NODE, RIGHT OBTURATOR
- G: LYMPH NODE, RIGHT PERIAORTIC
- H: LYMPH NODE, LEFT PERIAORTIC
- I: OMENTUM

Gross Description:

The specimens are received in nine formalin-filled containers, each labeled with the patient's name. The first container is labeled "abdominal scar" and contains two fragments of skin measuring 3.5 x 2.0 and

Page 2 of 4

3.5 x 1.5 cm. Each fragment shows a linear scar running along its length. Serial sectioning reveals firm fibrotic tissue in the region of the scar. No grossly identifiable lesions are seen. Representative sections from each of these fragments are submitted. Labeled A1 and A2. Jar 1.

The second container is labeled "uterus, cervix, and bilateral tubes and ovaries." It contains a uterus with attached cervix and bilateral attached adnexae weighing 133 grams. The uterine corpus measures 8.5 cm from top to bottom, 5.5 cm from cornu to cornu, and 4.0 cm anterior-posterior. Multiple nodular masses are seen in subserosal location. The ectocervix is grossly unremarkable, tan-pink and shows small petechial hemorrhages. The os is probe patent. The specimen is bivalved to reveal an exophytic lesion in the anterior endometrial cavity. This lesion measures 2.5 x 1.0 cm. Sectioning reveals the extent of this lesion to be superficial and confined to the endometrium. A wall thickness is difficult to determine as it is distorted by the presence of multiple myomas, the largest of which measures 4.0 x 3.5 x 3.5 cm. The right ovary measures 1.3 cm in greatest dimension and is unremarkable, atrophic. The right fallopian tube is pinned out like a string and has an average diameter of 0.3 cm and a length of 4.0 cm. The left fallopian tube is similarly pinned out like a string and has an average diameter of 0.2 cm except in the region of the fimbria where its appearance is more unremarkable. The left ovary measures 1.2 cm in greatest dimension and is grossly atrophic and unremarkable. Labeled B1 - anterior cervix; B2 - posterior cervix; B3 to B7 - exophytic lesion from the anterior endomyometrium; B8 - posterior myometrium (single full thickness section bisected); B9 to B12 - remainder of endometrial lining; B13 - right ovary and tube; B14 - left ovary and tube. Jar 2.

The third container is labeled "left external iliac lymph node" and contains a fragment of fibroadipose tissue measuring 3.0 x 3.0 x 1.5 cm. This fragment is dissected to reveal multiple tan nodularities which are sampled as putative lymph nodes. Labeled C1 - single node serially sectioned; C2 - putative lymph nodes. Jar 1.

The fourth container is labeled "left obturator lymph node" and contains a fragment of fibrofatty tissue measuring 4.0 x 1.5 x 1.0 cm. Two probable lymph nodes matted together are dissected out from this fragment and are found to measure 1.4 and 1.6 cm in greatest dimension, respectively. Labeled D1 - node 1 serially sectioned; D2 - node 2 serially sectioned; D3 - remainder of specimen. Jar 0.

The fifth container is labeled "right external iliac lymph node" and contains a fragment of fibroadipose tissue measuring 6.0 x 4.0 x 0.8 cm. A single nodular fragment of tan-pink soft tissue measuring 0.7 cm in greatest dimension is retrieved from this fibrofatty fragment and is sampled as a putative lymph node. Labeled E1. Jar 1.

The sixth container is labeled "right obturator lymph node" and contains a single fragment of fibrofatty tissue measuring 3.0 x 3.0 x 0.7 cm. The specimen is dissected to reveal multiple nodular fragments of tan-pink soft tissue ranging in size from 0.6 cm to 2.0 cm in greatest dimension. Putative lymph nodes are sampled. Labeled F1 - single node serially sectioned; F2 - multiple putative lymph nodes. Jar 1.

The seventh container is labeled "right periaortic lymph node" and contains a fragment of fibroadipose tissue measuring 2.0 x 1.5 x 0.4 cm. A single nodular fragment of tan-pink soft tissue measuring 1.6 x 0.3 x 0.5 cm is retrieved from the specimen and sampled as a putative lymph node. Labeled G1 - single node serially sectioned. Jar 0.

The eighth container is labeled "left periaortic lymph node" and contains a fibrofatty fragment of tan-pink soft tissue measuring 3.0 x 1.0 x 0.8 cm. This fragment is bisected to reveal solid tan-pink cut surfaces. Entirely submitted. Labeled H1-H2. Jar 0.

The ninth container is labeled "omentum" and contains a single sheet-like fragment of fibrofatty tissue measuring 30 x 12 x 2.5 cm. Specimen is serially sectioned to reveal unremarkable yellow adipose tissue on all cut surfaces. Labeled I1 to I5. Jar 2.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, mixed type serous and moderately differentiated endometrioid

TUMOR INVASION

Invasive tumor is absent (intraendometrial tumor only)

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 absent

REGIONAL LYMPH NODES (N)

No regional lymph node metastasis (N0)

The regional lymph nodes are free of tumor in 17 nodes

DISTANT METASTASIS (M)

Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)

Tumor limited to the endometrium (T1a/IA)

STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T1a/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.

Surgical Pathology report is available on-line on

END OF REPORT

Page 4 of 4