

1: SP: Uterus, cervix, bilateral fallopian tubes and ovaries (

2: SP: Left external iliac lymph node

3: SP: Left hypogastric lymph node

4: SP: Left obturator lymph node

5: SP: Right external iliac lymph node 6: SP: Right obturator lymph node

7: SP: Left para-aortic lymph node

8: SP: Right para-aortic lymph nodes

100-0-3

adenocarcinoma, endometriorid, NOS

Site: endometrium C541

Marianometrium C541

DIAGNOSIS:

UTERUS CERVIX, FALLOPIAN TUBES AND OVARIES, RIGHT AND LEFT; 1) TOTAL HYSTERECTOMY BILATERAL SALPINGO-OOPHORECTOMY:

- ADENOCARCINOMA OF ENDOMETRIUM, ENDOMETRIOID TYPE, FIGO GRADE III (> 50% SOLID GROWTH), NUCLEAR GRADE 2 TO NUCLEAR GRADE 3 (SEE NOTE).

- THE TUMOR INVADES TO <= HALF OF MYOMETRIUM.

- THE MAXIMAL THICKNESS OF MYOMETRIAL INVASION IS 3 MM.

- THE THICKNESS OF THE MYOMETRIUM IN THE AREA OF MAXIMAL TUMOR INVASION IS 25 MM

- NO ENDOCERVICAL INVASION IS IDENTIFIED.
- NO DEFINITE VASCULAR INVASION IS IDENTIFIED.
- THE ENDOMETRIUM SHOWS THE FOLLOWING ABNORMALITY: COMPLEX HYPERPLASIA WITH ATYPIA.
- THE MYOMETRIUM SHOWS THE FOLLOWING ABNORMALITIES: ADENOMYOSIS, LEIOMYOMA(S).
 - ALL ADNEXA ARE UNREMARKABLE.

NOTE: PARTS OF THE TUMOR ARE UNDIFFERENTIATED AND RESEMBLE SO-CALLED LYMPHOEPITHELIOMA LIKE CARCINOMA. WE WILL PERFORM IMMUNOSTAINS FOR DNA MISMATCH REPAIR PROTEINS BECAUSE EXTENSIVE LYMPHOCYTE INFILTRATION AND UNDIFFERENTIATED MORPHOLOGY HAVE BEEN REPORTED IN PATIENTS WITH MICROSATELLITE INSTABILITY-HIGH ENDOMETRIAL CANCERS THAT ARISE IN THE SETTING OF PROMOTER HYPERMETHYLATION.

LYMPH NODE, LEFT EXTERNAL ILIAC, EXCISION: 2)

- ONE BENIGN LYMPH NODE (0/1).

** Continued on next page **

Criteria Diagnosis Discrepancy Primary Tumor Site Discrepancy
HIPAA Discrepancy
Prior Malignancy History

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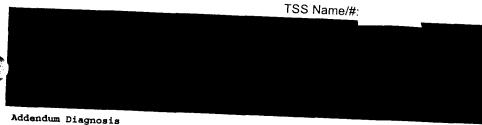
- LYMPH NODES, LEFT HYPOGASTRIC, EXCISION: 3) - TWO BENIGN LYMPH NODES (0/2).
- LYMPH NODES, LEFT OBTURATOR, EXCISION: - THREE BENIGN LYMPH NODES (0/3). 4)
- LYMPH NODES, RIGHT EXTERNAL ILIAC, EXCISION: 5) - FOUR BENIGN LYMPH NODES (0/4).
- LYMPH NODES, RIGHT OBTURATOR, EXCISION: - THREE BENIGN LYMPH NODES (0/3). 6)
- LYMPH NODE, LEFT PARA-AORTIC, EXCISION: - ONE BENIGN LYMPH NODE (0/1).
- LYMPH NODES, RIGHT PARA-AORTIC, EXCISION: FIVE BENIGN LYMPH NODES (0/5). 8)

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.









UTERUS, CERVIX, BILATERAL OVARIES AND FALLOPIAN TUBES; TOTAL HYSTERECTOMY AND BILATERAL

SALPINGO-OOPHORECTOMY:

- IMMUNOHISTOCHEMICAL STAINS SHOW APPARENT LOSS OF MSH6 PROTEIN, ALTHOUGH IT IS FOCALLY DIFFICULT TO DISTINGUISH STAINING IN STROMAL ELEMENTS VERSUS RARE TUMOR CELLS. MLH1 AND MSH2 PROTEINS SHOW INTACT EXPRESSION. - THE LOSS OF EXPRESSION OF MSH6, ALTHOUGH NOT DIAGNOSTIC, MAY SIGNIFY THE PRESENCE OF

MICROSATELLITE INSTABILITY IN THIS PATIENT.

- PLEASE CORRELATE WITH GENETIC TESTING.

** End of Report **