

1CS-0-3

Adenocarcinoma, Endometrium, NOS 8380/3

Site: Endometrium C54.1 2/25/11

Surg Path

 UID: CC6EE5B1-5548-4DE7-873F-332DBF81710F
 TCGA-B5-A0JT-01A-PR


CLINICAL HISTORY:

Malignant neoplasm corpus uteri.

GROSS EXAMINATION:

A. "Uterus, tubes, cervix and ovaries (AF1)". Received fresh is a 52 gram, 6.7 x 5.6 x 2.7 cm uterus with attached bilateral adnexa. The opened endometrial cavity (5 x 4.7 cm) is totally effaced by an exophytic friable white-tan mass (5 x 4.7 x 3 cm). Sectioning discloses it invades 0.2 cm into a 1.7 cm thick myometrium. By the cornu, it is only 0.6 cm from the nearest serosa (area for frozen section). The remaining tumor is strictly superficial. There is questionable extension into the anterior lower uterine segment, but it is grossly 2.2 cm from the internal os. Sectioning through this area demonstrates a 0.2 cm invasion into the underlying stroma. The remainder of the myometrium is brown-tan with no additional abnormalities grossly noted. The exocervix and serosa are grossly unremarkable. A representative section of the mass at the cornu has been previously frozen as AF1, the frozen section remnant of which is submitted in block A1. Additional sections are submitted as follows:

- A2- anterior cervix
- A3- anterior lower uterine segment/upper endocervical canal
- A4- posterior cervix
- A5- posterior lower uterine segment/upper endocervical canal
- A6-7 anterior endomyometrial mass at cornu
- A8- posterior endomyometrial mass at cornu
- A9- anterior endomyometrium with mass
- A10- posterior endometrium with mass

The left adnexa is composed of a 7 cm long, 0.5 cm in diameter fimbriated fallopian tube with attached mesentery and an attached 5.5 x 3.5 x 2.5 cm soft yellow ovary. The surface of the ovary is smooth, glistening and the specimen is opened to demonstrate a lumen containing a minimal amount of thickened brown-tan material. The unilocular cyst demonstrates a focally granular brown-tan lining with no papillary excrescences. There is an average wall thickness of 0.2 cm. Representative section is submitted in block A11.

The right adnexa is composed of a 4.5 cm long, 0.5 cm in diameter fimbriated fallopian tube with attached mesentery and an attached 2 x 1.3 x 1.3 cm cerebriform white-tan ovary. Sectioning of the adnexa demonstrates a grossly unremarkable cut surface. Representative sections are submitted in block A12.

B. "Left pelvic node", received fresh and placed in formalin is a 12 x 8 x 4 cm aggregate of yellow-tan fibrofatty tissue which is dissected for adherent lymph node candidates. Ten lymph node candidates are identified from 0.3 to 2.4 cm in greatest dimension are submitted as follows:

- B1- three lymph node candidates
- B2- three lymph node candidates
- B3- one lymph node candidate, bisected
- B4- one lymph node candidate, bisected
- B5- one lymph node candidate, bisected
- B6-7 largest lymph node candidate, bisected

C. "Right pelvic node", received fresh and placed in formalin is a 9 x 7 x 3 cm aggregate of pink-tan soft tissue. The specimen is bisected for apparent lymph node candidates. Three lymph node candidates are identified from 0.6 cm in greatest dimension and are submitted as follows:

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Tumor		
Case H Field 1: DISQUALIFIED		
Reviewed by: [Signature]		
Reviewed Date: 2/25/11		

- C1- one lymph node candidate
 - C2- one lymph node candidate
 - C3- largest lymph node candidate, bisected
- [REDACTED]

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, tubes and ovaries":

AF1 (mass deepest extension)-endometrioid adenocarcinoma, FIGO grade 1,
2 mm at region of cornu, 6 cm from serosa (Dr.

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPH NODES

PATHOLOGIC STAGE (AJCC 6th Edition): pT1b pN0 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. UTERUS: 52 GRAMS

ENDOMETRIUM:

TUMOR SITE: CORNU

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA WITH FOCAL SQUAMOUS
DIFFERENTIATION.

FIGO GRADE: 1

TUMOR SIZE: 5 X 4.7 X 3 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.2 CM, IN A 1.7 THICK WALL (IN
CORNU, WALL IS 0.9 CM THICK).

LYMPHATIC/VASCULAR INVASION: NEGATIVE

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: QUIESCENT

REMAINING MYOMETRIUM: NO PATHOLOGIC DIAGNOSIS.

CERVIX: NO PATHOLOGIC DIAGNOSIS.

THE FOLLOWING SPECIMENS ARE FREE OF TUMOR:

A. LEFT OVARY: ENDOMETRIOSIS.

A. RIGHT OVARY AND BOTH FALLOPIAN TUBES: NO PATHOLOGIC DIAGNOSIS.

B. LEFT PELVIC LYMPH NODES: NO TUMOR IN 11 LYMPH NODES (0/11).

C. RIGHT PELVIC LYMPH NODES: NO TUMOR IN 3 LYMPH NODES (0/3).

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]