

**SURGICAL PATHOLOGY:**

PROCEDURE DATE: RECEIVED DATE: REPORT DATE:

COPY TO:

Pre-Op Diagnosis  
Endometrial cancer  
Post-Op Diagnosis  
Same as above  
Clinical History  
Nothing indicated  
Gross Description:  
Four parts

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case Is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	Date Reviewed: 12/30/11	

Container labeled "1 - left pelvic lymph nodes" has 8.0 x 5.0 x 2.3 cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal several well defined and poorly defined gray-tan to yellow nodules up to 3.1 cm. On sectioning, the largest nodules have fleshy gray-pink cut surfaces. The largest nodule is sectioned and submitted labeled A-B. Individual nodules are bisected and submitted labeled C-D. Whole smaller nodules are submitted labeled E-F.

Container labeled "2 - right pelvic lymph nodes" has 8.0 x 6.0 x 2.2 cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal a few poorly defined tan-yellow nodules up to 4.1 cm. On sectioning, the nodules have fleshy and fatty cut surfaces. The nodules are entirely submitted labeled as follows: A-C - largest nodule sectioned; D-F - individual nodules bisected.

Container labeled "3 - uterus, cervix, right tube and ovary" has a previously laterally opened uterus with attached cervix and right adnexa. The uterus and cervix together weigh 60 grams and on reconstruction measures approximately 7.0 x 5.0 x 3.4 cm. The cervix has a wrinkled gray-tan to brown ectocervical mucosa. The os is patent. The uterine canal sounds to a depth of approximately

1CD-0-3

adenocarcinoma, endometrioid, NOS 8380/3

Site: Endometrium C54.1

w  
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TCGA-AJ-A3NC-01A-PR

Redacted



6.8 cm. The endocervical canal is lined by trabeculated tan-brown mucosa. The uterine serosa is smooth and tan-brown. The myometrium measures up to 1.5 cm and is tan-pink and fibrotic. The endometrial canal is lined by up to 0.2 cm of focally granular gray-tan to brown mucosa which extends from across the entire fundus to both lateral aspects and onto both the anterior and posterior aspect over an area 6.0 x 3.5 cm. This process does not grossly appear to extend into the myometrium. The small amount of parametrial soft tissue on each side shows no nodularity or gross lesions. The right fallopian tube is 5.7 x 0.8 x 0.6 cm and has a focally shaggy serosa with closed rounded distal end having several fibrous adhesions to the adjacent ovary. On sectioning, there is a fibrotic wall with a dilated lumen containing transparent viscid mucus. The right ovary is 4.5 x 3.7 x 3.4 cm and has a lobular gray-tan outer surface. On sectioning, there is a multiloculated cystic cut surface with thin walls and smooth inner lining containing straw-colored viscid mucus. Also received in the same container are three tissue cassettes each labeled "16-18." Representative sections are submitted labeled as follows: A - anterior cervix; B - posterior cervix; C - lower uterine segment shaved posterior serosa; D-H - anterior endomyometrium; I-M - posterior endomyometrium; N-O - left lateral endomyometrium; P-Q - right lateral endomyometrium; R-U - fundic endomyometrium; V - left parametrium; W - right parametrium; X-CC - right adnexa.

Container labeled "4 - left tube and ovary" has a recognizable adnexal complex consisting of a 3.0 x 0.8 x 0.8 cm portion of apparent fallopian tube with an attached previously opened collapsed cystic ovary measuring as received 8.5 x 6.8 x 5.5 cm. The portion of fallopian tube has a tan-gray serosa with a thin gray-tan fibrotic wall and a dilated lumen containing viscid tan-brown fluid. This appears to be grossly consistent with previous ligation. The ovary has a gray-tan to pink outer surface. This is seen to be a previously opened cystic structure with hair-bearing inner lining containing residual greasy gray-tan to yellow hair-bearing material. The walls show focal areas of thickening and calcification. Representative sections are submitted in five cassettes.

#### Microscopic Description:

The slides labeled "16-18" are examined. See diagnosis.

#### Final Diagnosis

Left pelvic lymph nodes (regional resection):

Reactive sinus histiocytosis and fatty infiltration, no metastatic carcinoma identified within nine lymph nodes (0/9). PAS 4

Right pelvic lymph nodes (regional resection):

Reactive sinus histiocytosis, lymphoid hyperplasia, and fatty infiltration, no metastatic carcinoma identified within four lymph nodes (0/4). PAS 4

Uterus (radical hysterectomy):

Tumor characteristics:

Specimen integrity: Intact hysterectomy specimen.

Histologic type: Predominantly endometrioid adenocarcinoma with focal clear cells and focal mucinous differentiation (see comment).

Grade: Moderately to poorly differentiated (FIGO grade 2-3).

Location and size: Carcinoma present almost uniformly around the

endometrium involving  
greater than 90% of the endometrium grossly noted 6.0 cm in  
greatest diameter.

Extent of invasion:

Carcinoma invades myometrium, invades less than half the  
thickness of myometrium,  
maximal thickness of invasion is 3 mm into a 14 mm thick  
myometrium.

Extension of tumor:

Does carcinoma involve endocervix: No (see comment).

Does carcinoma involve lower uterine segment: No.

Does carcinoma involve uterine serosa: No.

Lymphovascular space invasion: Not identified.

Surgical margin status:

Cervix: No carcinoma is identified.

Right parametrium: No carcinoma is identified (see comment).

Left parametrium: No carcinoma is identified. PAS 9

Lymph node status: See above diagnoses.

Right fallopian tube and ovary:

Right fallopian tube:

Tubo-ovarian adhesions, no carcinoma is identified. PAS 4

Right ovary:

Benign multi-cystic ovary with features suggestive of mature  
cystic teratoma (see comment).

PAS 8

Left adnexa:

Left fallopian tube:

No carcinoma is identified. PAS 1

Left ovary:

Mature cystic teratoma. PAS 8 SPC-A

pTN stage: pT1aN0

CPT: 88309 x 1, 88307 x 4

#### Comments

Sections of endometrium demonstrate a predominantly endometrioid  
adenocarcinoma with focal clear cells and focal mucinous  
differentiation. This is graded as a moderate to poorly  
differentiated, FIGO grade 2-3. Sections of cervix and right  
parametrium show fragments of carcinoma outside of the plane of  
sections of the tumor which are interpreted as "floaters."

The right ovary grossly was multi-cystic. Microscopically, a large  
portion of the cyst demonstrate the lining epithelium to be  
artificially denuded. Focally, some residual lining epithelium is  
present with focally some mucinous cells and in other areas columnar  
epithelial cells. Focally, within the wall is some bone formation  
as well as skin adnexal structures although no squamous epithelium  
is identified. The overall histologic features are suggestive of a  
mature cystic teratoma. No carcinoma is identified. Clinical  
correlation and follow up is recommended.

At the request of the undersigned pathologist, these slides have  
been additionally reviewed by Dr. [REDACTED], who concurs with the  
diagnosis.

This test has been finalized at the [REDACTED] Campus.

<Sign Out Dr. Signature>