

100-0-3
adenocarcinoma, endometrial, NOS 8380/3
Site: Endometrium C54.1 2/24/11

UUID: 071A53F9-6E40-4402-8353-BB963AF5C33
TCGA-B5-A1MZ-01A-PR

Redacted

Surg Path



CLINICAL HISTORY:

Malignant neoplasm corpus. Grade 2 endometrial adenocarcinoma.

GROSS EXAMINATION:

A. "Uterus, cervix, tubes and ovaries", received fresh for frozen and later placed in formalin at _____ on _____ is a 200 gram, 10.6 x 4.7 x 7 cm hysterectomy specimen with 0.5 cm in diameter cervix and 1.1 cm in diameter patent os. The soft tissue around the cervix is inked blue and the serosal surface is inked black. No lesions are seen in the serosa. Opening the cervix reveals 7.5 cm in length x 5.5 cm in diameter endometrial cavity. The endocervical canal is 4.5 cm in length x 0.7 cm in width. Approximately 8.1 x 3.5 x 0.9 cm, tan-brown, exophytic lesion is seen near the right cornu and extending 3.5 cm away from the nearest ectocervix, located in the posterior segment of the uterus. On cut section, the endometrium is 0.2 cm in thickness and the myometrium is 2.9 cm in thickness. The lesion extends 0.9 cm into the 2.9 cm myometrium. Representative section of the deepest extension is submitted for frozen in blocks AF1-2, frozen section remnant submitted in blocks A1-2, respectively. Approximately 0.5 x 0.4 x 0.5 cm intramural nodule is seen in the posterior segment of the uterus.

The right fallopian tube is 5.1 cm in length x 0.4 cm in diameter. Sectioning reveals a 0.9 x 0.5 x 0.5 cm pedunculated paratubal cyst. The right ovary is 2.3 x 1.4 x 0.3 cm. Sectioning reveals no mass or lesions. The left fallopian tube is 6.2 cm in length x 0.9 cm in diameter. Sectioning reveals no mass or lesion. The left ovary is 1.9 x 1.2 x 0.3 cm. The cut surface is yellow-tan and lobulated with no mass or lesions.

BLOCK SUMMARY:

- A1-2- frozen section remnant AF1-2, full-thickness deepest extension of the lesion
- A3- endocervical canal, anterior section
- A4- lower uterine segment, anterior segment
- A5- endocervical canal, posterior segment
- A6- lower uterine segment, posterior segment
- A7-8- representative section of the lesion
- A9-10- representative full-thickness of the lesion
- A11- full-thickness section of anterior segment of the uterus
- A12- full-thickness section of the posterior segment of the uterus
- A13- representative section of intramural nodule
- A14- representative section of right fallopian tube and ovary
- A15- representative section of left fallopian tube and ovary

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Just/Synchronous Primary Note		X
Time/Specimen	QUALIFIED	DISQUALIFIED
Reviewed/Initials	Date Reviewed: 2/24/11	

B. "Left external iliac", received fresh and placed in formalin at _____ on _____ is a 6.2 x 4.5 x 1.5 cm aggregate of fibrofatty tissue. Dissection reveal four lymph node candidates ranging from 1.5 to 2.6 cm in greatest dimension. Largest lymph node is bisected and submitted in block B1. Two lymph node candidates, one is inked and both are bisected and submitted in block B2. Remaining lymph node and fibrofatty tissue is submitted in block B3.

C. "Left obturator node", received fresh and placed in formalin at _____ on _____ is a 5.5 x 4.6 x 1.1 cm aggregate of fibrofatty tissue. Dissection reveals 12 lymph node candidates ranging from 0.5 to 2.3 cm in greatest dimension. The largest lymph node is bisected and one lymph node is inked black and submitted in block C1. Three lymph node candidates are submitted in block C2. Remaining lymph nodes are submitted in block C3.

D. "Right pelvic node", received fresh and placed in formalin at _____ on _____ is a 7.1 x 6.5 x 0.9 cm aggregate of fibrofatty tissue. Dissection reveals 15 lymph node candidates. The largest lymph node candidate is bisected and in addition two lymph node candidates, one inked blue and the other inked black is submitted in block D1. Remaining lymph node candidates are submitted in blocks D2-3. Remaining fibrofatty tissue submitted in block D4.

E. "Sigmoid nodule", received fresh and placed in formalin at _____ on _____ is a 0.6 x 0.6 x 0.3 cm tan nodule, submitted in toto in a mesh bag in block E1.

F. "Gallbladder", received fresh and placed in formalin at _____ on _____ is a 6.5 x 2.7 x 1.1 cm cholecystectomy specimen. One surface is rough with dense fibrous adhesions, consistent with hepatic surface. The opposite surface is smooth, green-tan, and glistening, consistent with serosa. The cystic margin is taken and submitted in block F1. Opening the gallbladder reveals multiple green, faceted stones, ranging from 0.3 to 0.6 cm in greatest dimension. The gallbladder mucosa is yellow-green, consistent with cholesterosis. No discrete mass or lesions are seen. On section, the gallbladder wall thickness is 0.2 cm. Representative section of the gallbladder mucosa is submitted in block F1.

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, tubes and ovaries": AF1-2 (full-thickness, bisected)-grade 1 endometrioid adenocarcinoma, invasion of inner third of myometrium

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterectomy and bilateral salpingo-oophorectomy

PATHOLOGIC STAGE (AJCC 7th Edition): pT1a 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, CERVIX, TUBES AND OVARIES" (HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY):

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: RIGHT CORNU.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA, WITH SQUAMOUS DIFFERENTIATION.

FIGO GRADE: 1 OF 3 (WELL DIFFERENTIATED).

TUMOR SIZE: 0.9 X 3.5 X 8.1 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.9 CM, IN A 2.9 CM THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA (EIN).

REMAINING MYOMETRIUM: INTRAMURAL LEIOMYOMA (0.5 CM).

CERVIX: FREE OF TUMOR.

SEROSA: FREE OF TUMOR.

SPECIMEN MARGINS: NOT INVOLVED.

OVARIES, RIGHT AND LEFT: NEGATIVE FOR TUMOR.
FALLOPIAN TUBE, RIGHT AND LEFT: NEGATIVE FOR TUMOR.

B. "LEFT EXTERNAL ILIAC" (LYMPH NODE DISSECTION):

FOUR LYMPH NODES ARE NEGATIVE FOR TUMOR (0/4).

C. "LEFT OBTURATOR NODE" (LYMPH NODE DISSECTION):

FOURTEEN LYMPH NODES ARE NEGATIVE FOR TUMOR (0/14).

D. "RIGHT PELVIC NODE" (LYMPH NODE DISSECTION):

FOURTEEN LYMPH NODES ARE NEGATIVE FOR TUMOR (0/14).

E. "SIGMOID NODULE" (BIOPSY):

OLD FAT NECROSIS.
NO EVIDENCE OF MALIGNANCY.

F. "GALLBLADDER" (CHOLECYSTECTOMY):

CHRONIC CHOLECYSTITIS WITH CHOLELITHIASIS AND CHOLESTEROSIS.
NO EVIDENCE OF MALIGNANCY.

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

Performed by:

Electronically signed:

Attending MD:

Ordering MD: