SURGICAL PATHOLOGY REVISED REPORT

ICD-O-3
adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1 1/31/11

Case Number :

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	
Reviewer Initials	Date Reviewed:	1/31/11

Diagnosis:
A: Uterus and cervix, hysterectomy and bilateral salpingo-oophorectomy

Location of tumor: Uterine corpus

UUID:29D738E9-2F8D-4909-A427-7C056859B89A
TCGA-EY-A1GH-01A-PR Redacted

Histologic type: Endometrioid adenocarcinoma (A7, A9)

Histologic grade (FIGO): 2 (architectural grade 2, nuclear grade 2) (A7)

Extent of invasion: Tumor is confined to uterus

Myometrial invasion: Inner half
Depth: 0.6 cm Wall thickness: 1.8 cm Percent: 33% (A9)

Serosal involvement: Absent

Lower uterine segment involvement: Absent

Cervical involvement: Absent

Adnexal involvement (see below): Absent

Other sites: Not applicable

Cervical/vaginal margin and distance: Widely free of tumor (at least 1.8 cm away)

Lymphovascular Space Invasion: Absent

Regional lymph nodes (see other specimens): None identified (see specimens B and C below)

Other Pathologic findings: None

Tumor estrogen receptor and progesterone receptor immunohistochemistry results: Pending (A7); final results will be issued in an addendum report

AJCC Pathologic stage: pT1b pNx pMx

FIGO (2008 classification) Stage grouping: IA

These stages are based on information available at the time of this report, and are subject to change pending additional information and clinical review
Ovary, right, oophorectomy:
- Small (1.8 cm) ovarian fibroma
- No evidence of atypia or malignancy

Ovary, left, oophorectomy:
- Atrophic ovary, no tumor seen

Fallopian tube, right, salpingectomy:
- No significant pathologic abnormality, no tumor seen

Fallopian tube, left, salpingectomy:
- No significant pathologic abnormality, no tumor seen

B: Lymph nodes, left pelvic, dissection
- Fat necrosis, nodular, with organization and encapsulation, no definite lymph nodes identified (tissue submitted entirely for evaluation)
- No evidence of atypia or malignancy

C: Lymph node, right pelvic, dissection
- Fibrofatty tissue, no tumor seen
- No lymph node tissue identified (tissue submitted entirely for evaluation)

Clinical History:
with a clinical diagnosis of cervical cancer. The patient has a pathologic diagnosis of endometrial cancer, specifically endometrioid adenocarcinoma with focal squamous differentiation, FIGO Grade 1.

Gross Description:
Received are three appropriately labeled containers.

Container A is additionally labeled "cervix, uterus, right tube and ovary, left tube and ovary."

Adnexa: present bilaterally
Weight: 166.9 grams
Shape: pear shaped
Dimensions:
height: 10.5 cm
anterior to posterior width: 5.0 cm
breadth at fundus: 7.0 cm
Serosa: grossly unremarkable; anterior cervical stroma margin of resection=blue
Cervix:
length of endocervical canal: 2.2 cm

ectocervix: grossly unremarkable
endocervix: grossly unremarkable
Endomyometrium:
length of endometrial cavity: 4.3 cm
width of endometrial cavity at fundus: 4.4 cm
tumor findings:
dimensions: 4.5 x 4.2 x 2 cm
appearance: exophytic, tan/yellow
location and extent: fills the entire fundus
myometrial invasion: inner one-half
thickness of myometrial wall at deepest gross invasion: 2.3 cm (posterior corpus)
other findings or comments: none
Adnexa:
Right ovary:
dimensions: 2.5 x 2.1 x 1.0 cm
external surface: yellow/white, cerebriform
cut surface: The ovarian parenchyma is compressed by a dark yellow/white nodule that is rock-hard and measures 1.8 cm in greatest dimension. The cut surface is whorled, white and yellow.

Right fallopian tube:
dimensions: 7 cm in length with a diameter of 0.7 cm
other findings: none

Left ovary:
dimensions: 2.1 x 1.2 x 0.6 cm
external surface: grossly unremarkable
cut surface: grossly unremarkable

Left fallopian tube:
dimensions: 6 cm in length with a diameter of 0.7 cm
other findings: none

Lymph nodes: see additional Specimens B and C.

Other comments: none

Digital photograph taken: not taken

Tissue submitted for special investigations: Tumor tissue is submitted to Tissue Procurement.

Block Summary:
(Inking: anterior cervical stroma margin of resection=blue)

A1 - anterior cervix
A2 - anterior lower uterine segment
A3 - anterior mid corpus

A4 - anterior upper corpus/fundus
A5 - posterior cervix
A6 - posterior lower uterine segment
A7 - posterior mid corpus
A8 - posterior upper corpus/fundus (greatest depth of invasion)
A9 - posterior upper corpus/fundus (greatest depth of invasion)
A10 - right ovary and mass
A11 - right fallopian tube and additional sections of right ovarian mass
A12 - left ovary and fallopian tube

Container B is additionally labeled "left pelvic lymph node." It contains a single lymph node candidate that measures 2.5 x 1.0 x 1.0 cm. This is serially sectioned and entirely submitted in blocks B1-B2, .

Container C is additionally labeled "right pelvic lymph node." It contains an aggregate of three fibrofatty tissue fragments that measure 1 x 0.5 x 0.5 cm in greatest dimension. No lymph nodes are palpable grossly. The fragments are entirely submitted in block C1,

Light Microscopy:
Light microscopic examination is performed by Dr.

Signature
Resident Physician:
Attending Pathologist: I have personally conducted the evaluation of the above specimens and have rendered the above diagnosis(es).

Procedures/Addenda:
Addendum

Addendum
Immunostains for ER and PR are performed on a representative block of endometrial tumor (A7). The tumor is ER positive (2+, 80%) and PR positive (3+, 95%), with appropriately staining positive and negative internal and external controls.

Some of the immunohistochemical reagents used in this case may be classified as analyte specific reagents (ASR). These were developed and have performance characteristics determined by the , . These reagents have not been cleared or approved by the US Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.