

SURGICAL PATHOLOGY REVISED REPORT

1CB-0-3
adenocarcinoma, serous, NOS 8441/3
Site: Endometrium C54.1

Case Number :

1/31/11
A

Diagnosis:

A: Soft tissue, right pelvic lymph nodes, removal

- Eleven lymph nodes, no tumor seen (0/11).

B: Soft tissue, left pelvic lymph nodes, removal

- 1 out of 6 lymph nodes show metastatic adenocarcinoma (1/6) (B6, B7).

C: Soft tissue, right periaortic lymph nodes, removal

- Eight lymph nodes, no tumor seen (0/8).

D: Soft tissue, left periaortic lymph nodes, removal

- Three lymph nodes, no tumor seen (0/3).

E: Uterus, cervix, bilateral fallopian tubes and ovaries, hysterectomy and bilateral salpingo-oophorectomy

Location of tumor: endometrium

Histologic type: mixed adenocarcinoma, predominantly serous (80%) and endometrioid (20%)

Histologic grade (FIGO): overall FIGO Grade 3 (architectural grade 3, nuclear grade 3)

Extent of invasion:

Myometrial invasion: outer half

Depth: 1.3 cm Wall thickness: 2.2 cm

Percent: 59% (E5, E6)

Serosal involvement: absent

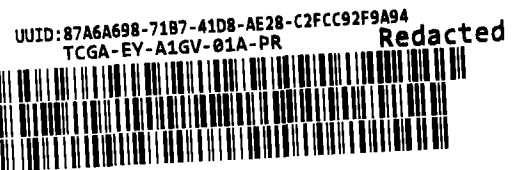
Lower uterine segment involvement: absent

Cervical involvement: present (E3)

Adnexal involvement (see below): absent

Other sites: not applicable

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 Eligible	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/31/11	



Cervical/vaginal margin and distance: free of tumor (1.6 cm away)

Lymphovascular Space Invasion: Focal tumor within the cervix is suspicious for lymphovascular invasion (E3) (see comment).

Regional lymph nodes (see other specimens):

Total number involved: 1

Total number examined: 28

Other Pathologic findings: none

Tumor estrogen receptor (ER) and progesterone receptor (PR) immunohistochemistry results: Pending; final results will be issued in an addendum report (E5).

AJCC Pathologic stage: pT1b pN1 pMx

FIGO (2008 classification) Stage grouping: IIIC1

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:

- Atrophic ovary, no tumor seen.

Ovary, left, oophorectomy:

- Atrophic ovary, no tumor seen.

Fallopian tube, right, salpingectomy:

- No tumor seen.

Fallopian tube, left, salpingectomy:

- No tumor seen.

COMMENT:

An immunostain for vascular endothelial marker Factor VIII/RA is being performed to assess for lymphovascular invasion. Additional findings will be issued in an addendum report.

Clinical History:

with endometrial cancer.

Gross Description:

Received are five appropriately labeled containers.

Container A is additionally labeled "right pelvic lymph node" and holds a 5.2 x 5.0 x 1.5 cm fragment of yellow lobulated adipose tissue". Within the fragment there are multiple lymph node candidates measuring up to 5.0 cm. The lymph node candidates are sampled in 10 cassettes, A1-A10.

Block Summary:

- A1 - Multiple lymph node candidates**
- A2 - One lymph node candidate**
- A3 - One lymph node candidate, bisected**
- A4 - One lymph node candidate**
- A5-A6 - One lymph node candidate, bisected**
- A7-A10 - Lymph node candidate, serially sectioned**

Container B is additionally labeled "left pelvic lymph node" and holds a 5.5 x 3.5 x 2.0 cm fragment of yellow lobulated adipose tissue". Within the fragment there are multiple lymph node candidates measuring up to 2.5 cm. The lymph node candidates are submitted in B1-B8, per block summary.

Block Summary:

- B1 - One lymph node candidate**
- B2 - One lymph node candidate, serially sectioned**
- B3 - Two lymph node candidates**
- B4-B5 - One lymph node candidate, bisected**
- B6-B7 - One lymph node candidate, bisected**
- B8 - One lymph node candidate, bisected**

Container C is additionally labeled "right periaortic lymph node" and holds a 5.3 x 4.0 x 1.5 cm fragment of yellow lobulated adipose tissue. Within the fragment, there area multiple lymph node candidates measuring up to 2.5 cm in greatest dimension. The lymph node candidates are submitted in 7 cassettes C1-C7 per block summary.

Block Summary:

- C1 - Multiple lymph node candidates**
- C2 - Multiple lymph node candidates**
- C3 - One lymph node candidate bisected**
- C4-C5 - One lymph node candidate, serially sectioned**
- C6-C7 - One lymph node candidate, bisected**

Container D is additionally labeled "left periaortic lymph node" and holds a 3.5 x 3.3 x 1.2 cm fragment of yellow lobulated adipose tissue. Within the fragment, there area multiple lymph node candidates measuring up to 2.2 cm in greatest dimension. The lymph node candidates are submitted in 5 cassettes D1-D5 per block summary.

Block Summary:

- D1 - Two lymph node candidates**
- D2-D3 - One lymph node candidate, bisected**
- D4-D5 - One lymph node candidate, bisected**

Container E is received in one appropriately labeled container.

Adnexa: Present

Weight: 49 grams

Shape: Pear shaped

Dimensions:

height: 8.5 cm

anterior to posterior width: 3.6 cm

breadth at fundus: 5.1 cm

Serosa: Tan/pink with focal erythema

Cervix: 3.5 x 3.2 cm with a 1.1 cm patent os

length of endocervical canal: 3.7 cm

ectocervix: Tan/white with focal erythema

endocervix: Tan and trabeculated

Endomyometrium:

length of endometrial cavity: 3.6 cm

width of endometrial cavity at fundus: 2.6 cm

tumor findings:

dimensions: 3.2 x 2.0 x 2.0 cm

appearance: Tan soft and exophytic

location and extent: At the dome involving both the anterior and posterior walls

myometrial invasion: No apparent invasion

thickness of myometrial wall at deepest gross invasion: Beneath mass 1.8 cm, adjacent to mass 1.7 cm

other findings or comments: The remainder of the endometrium is unremarkable. Within the myometrium at the dome, there is a 1.1 cm in greatest dimension tan rubbery nodule.

Adnexa:

Right ovary:

dimensions: 3.0 x 1.0 x 0.6 cm

external surface: Tan and smooth

cut surface: Tan, firm and unremarkable

Right fallopian tube: Fimbriated

dimensions: 5 cm in length x 0.4 cm in diameter

other findings: Along the outer surface there are multiple thin-walled cysts, ranging from <0.1 up to 0.6 cm. The cysts are filled with yellow cloudy fluid. The remainder of the outer surface is unremarkable. On section, the lumen is patent.

Left ovary:

dimensions: 3.0 x 1.0 x 0.7 cm

external surface: Tan and smooth

cut surface: Tan, firm and unremarkable

Left fallopian tube: Fimbriated

dimensions: 4.5 cm in length x 0.4 cm in diameter

other findings: Notable for multiple thin-walled cysts, ranging from 0.2 to up to 0.9 cm. The cysts are filled with yellow cloudy fluid. The remainder of the outer surface is unremarkable. On section, the lumen is patent.

Lymph nodes: See parts A-D.

Other comments: None

Digital photograph taken: None

Tissue submitted for special investigations:

Block Summary:

E1-E2 - Cervix lower uterine segment, anterior, bisected
E3-E4 - Cervix lower uterine segment, posterior, bisected
E5-E6 - Tumor, full thickness, anterior wall
E7 - Tumor, full thickness, posterior wall
E8 - Myometrial nodule, full thickness
E9-E10 - Right ovary and tube, respectively
E11-E12 - Left ovary and tube, respectively

Light Microscopy:

Light microscopic examination is performed by Dr.

Signature

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 (E5). The tumor is ER negative (1+, <1%) and PR negative (0). In addition, an immunostain for the vascular endothelial marker Factor VIII related antigen is performed on a section of the cervix (E3) with foci suspicious for lymphovascular invasion. Lymphovascular invasion is identified, which is confirmed on the immunostain.

For cases in which immunostains are performed, the following applies: Appropriate internal and/or external positive and negative controls have been evaluated. 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 **Abbott Molecular** Laboratories. 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.