SURGICAL PATHOLOGY REVISED REPORT

adenocarcinoma, endometricid, NOS 8380/3 Site: Endometrium C54.1

Case Number:

Diagnosis:

A: Lymph node, right periaortic, removal

- Six lymph nodes, no tumor seen (0/6).

B: Lymph node, left periaortic, removal

- Six lymph nodes, no tumor seen (0/6).

C: Uterus and cervix, radical hysterectomy and bilateral salpingo-oophorectomy:

Location of tumor: endometrium

Histologic type: endometrioid adenocarcinoma

Histologic grade (FIGO): FIGO grade 3 (architectural grade 2, nuclear grade 3 (C11, C7)

Extent of invasion:

Myometrial invasion: outer half

Depth: 1.5 cm Wall thickness: 2.2 cm

Percent: 58% (C7)

Serosal involvement: absent

Lower uterine segment involvement: present, confined to the mucosa

Cervical involvement: absent

Adnexal involvement (see below): absent

Other sites: not applicable

Cervical/vaginal margin and distance: widely free of tumor

Lymphovascular Space Invasion: absent

Regional lymph nodes (see other specimens):

Total number involved: 0

UUID: B5024D10-E23D-4B3B-8C54-13EBAA423A04

Total number examined: 26

Other Pathologic findings: myometrium with vascular calcifications and adenomyosis

Tumor estrogen receptor and progesterone receptor immunohistochemistry results: Pending; final results will be issued in an addendum report (C7).

AJCC Pathologic stage: pT1c pN0 pMx

FIGO (2008 classification) Stage grouping: IB

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 with serous inclusion glands, no tumor seen.

Ovary, left, oophorectomy:

- Atrophic ovary with serous inclusion glands, no tumor seen.

Fallopian tube, right, salpingectomy:

- No tumor seen.

Fallopian tube, left, salpingectomy:

- No tumor seen.

D: Lymph node, right pelvic, removal

- Six lymph nodes, no tumor seen (0/6).

E: Lymph node, left pelvic, removal

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

F: Soft tissue, left sidewall, removal

- Fibrosis, chronic inflammation, fat necrosis, and dystrophic ossifications, no tumor seen.

Clinical History:

with endometrial cancer.

Gross Description:

Received are six appropriately labeled containers.

Container A is additionally labeled "right periaortic node." It holds a 4.7 x 4.4 x 1.5 cm aggregate of yellow/tan fibrofatty tissue which is dissected for lymph node candidates.

Block summary:

A1 - three lymph node candidates

A2 - two lymph node candidates

A3 - one lymph node candidate, bisected

A4 - one lymph node candidate, bisected

A5-A6 - one lymph node candidate, sectioned

Container B is additionally labeled "left periaortic node." It holds a $4.9 \times 4.2 \times 1.2$ cm aggregate of cauterized yellow/tan fibrofatty tissue which is dissected for lymph node candidates.

Block summary:

B1 - three lymph node candidates

B2 - two lymph node candidates

B3 - one lymph node candidate, bisected

Container C:

Adnexa: bilateral adnexa received attached to the specimen

Weight: 143.5 grams Shape: pear shaped

Dimensions: height: 9.5 cm

anterior to posterior width: 4.5 cm

breadth at fundus: 7 cm

Serosa: smooth, red/tan and glistening

Cervix:

length of endocervical canal: 3.3 cm

ectocervix: white/pink, smooth and glistening

endocervix: trabecular, yellow and glistening with adherent blood tinged mucus

Endomyometrium:

length of endometrial cavity: 4.7 cm

width of endometrial cavity at fundus: 3.5 cm

tumor findings:

dimensions: 5.7 x 3.1 x 1.6 cm

appearance: fleshy, solid white/tan and broad-based

location and extent: tumor occupies both anterior and posterior uterine body wall

myometrial invasion: outer one-half

thickness of myometrial wall at deepest gross invasion: 1.7 cm

other findings or comments: Tumor focally extends into the left cornu (C11). The tumor invades into the myometrium in

a well demarcated pushing pattern. It does not extend to the serosa.

Adnexa:

Right ovary:

dimensions: 3.2 x 1.2 x 0.4 cm

external surface: smooth, white/tan and glistening

cut surface: grossly unremarkable

Right fallopian tube: dimensions: 4.9 x 0.4 cm

other findings: There is a patent lumen on sectioning.

Left ovary:

dimensions: 3.4 x 0.9 x 0.4 cm

external surface: smooth, white/tan and glistening

cut surface: grossly unremarkable

Left fallopian tube: dimensions: 5.2 x 0.5 cm

other findings: There is a patent lumen on sectioning.

Lymph nodes: submitted separately

Other comments: none

Digital photograph taken: no

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

Block Summary:

C1 - anterior cervix

C2 - anterior lower uterine segment

C3 - anterior mid corpus

C4 - anterior upper corpus/fundus

C5 - posterior cervix

C6 - posterior lower uterine segment

C7 - posterior mid corpus

C8 - posterior upper corpus/fundus

C9 - right ovary and right fallopian tube

C10 - left ovary and left fallopian tube

C11 - tumor extension into left cornu

Container D is additionally labeled "right pelvic node." It holds a $6.5 \times 6.2 \times 1.2$ cm aggregate of yellow/tan fibrofatty tissue which is dissected for lymph node candidates. The largest lymph node candidate is fatty replaced and is $6.5 \times 6.2 \times 1.2$ cm in greatest dimension.

Block summary:

D1 - five lymph node candidates

D2-D10 - one lymph node candidate, sectioned

Container E is additionally labeled "left pelvic node." It holds a $8.5 \times 4.8 \times 1.5$ cm aggregate of yellow/tan fibrofatty tissue which is dissected for lymph node candidates. _ lymph node candidates measuring up to 5.2 cm in greatest dimension are identified.

Block summary:

E1 - two lymph node candidates

E2 - three lymph node candidates

E3 - four lymph node candidates

E4 - two lymph node candidates

E5 - two lymph node candidates

E6-E12 - one lymph node candidate, sectioned

Container F is additionally labeled "left sidewall scar tissue." The specimen consists of a $4.3 \times 3.5 \times 1.5$ cm focally calcified fragment of yellow/tan fibrofatty tissue. The calcified nodules measure up to 1 cm in greatest dimension. Representative sections are submitted following decal in block F1.

Light Microscopy:

Light microscopic examination is performed by Dr.

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

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.

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 (C7). The tumor is ER positive (2+, 80%) and PR positive (3+, 85%).

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