1CD-0-3 Adenocarcenoma, Indometrioid, NOS 8380/3 Site Endometrion C54.1 2/25/11

Surg Path

CLINICAL HISTORY: Malignant neoplasm of the uterus.

GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries (AF1)". Received is a 114 gram, $9 \times 7 \times 3.2$ cm uterus, which is bivalved to reveal a 6.5×3.6 cm white, friable, polypoid tumor that diffusely involves the anterior and posterior endometrium. The tumor invades 1 cm deep in a 1.4 cm thick anterior wall and 1.1 cm into a 1.5 cm posterior wall. It does not grossly involve the endocervical canal and measures 4.2 cm from the ectocervix on the anterior portion and 4.6 cm from the ectocervix on the posterior portion of the uterus. A minimal amount of uninvolved endometrium is identified. A 0.6 x 0.5×0.4 cm nodule is identified in the posterior endocervix. This lesion appears well-circumscribed and is grossly consistent with a submucosal leiomyoma. The remaining endocervix, and ectocervix are grossly unremarkable. The specimen also demonstrates ovaries (left ovary-2.2 \times 1.2 \times 0.9 cm; right ovary 3.4 x 2.2 x 0.4 cm) and fallopian tubes (left fallopian tube - 5 \times 0.6 \times 0.4 cm; right fallopian tube - $5 \times 0.5 \times 0.2$ cm). Both ovaries are hemorrhagic on cut surface but are otherwise grossly unremarkable. The left fallopian tube is unremarkable; however the right fallopian tube displays an area of cautery artifact and is discontinuous.

BLOCK SUMMARY:

A1- AF1 remnant

A2- full thickness anterior endomyometrium

A3- full thickness posterior endomyometrium

A4-6- mass with adjacent uninvolved endomyometrium

A7- anterior endocervix and ectocervix

A8- posterior endocervix and ectocervix

A9- putative submucosal leiomyoma

A10- left ovary

All- right ovary

A12- left fallopian tube

A13- right fallopian tube

A14-15- additional mass

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- . B. "Anal skin tag". Received is a skin-lined polypoid lesion measuring 2.2 \times 1.8 \times 0.7 cm. The deep surface is inked blue and the specimen is sectioned and submitted entirely in blocks B1-2.
 - C. "Left pelvic lymph node". Received is a $6.5 \times 5 \times 2$ cm collection of fibroadipose tissue, which is dissected for lymph node candidates.

BLOCK SUMMARY:

C1- four lymph node candidates
C2-3- one lymph node candidate

C2-3- one lymph node candidate
C4- three lymph node candidates

C5- one lymph node candidate, sectioned

C6- four lymph node candidates, one inked blue and bisected

C7- four lymph node candidates

C8- five lymph node candidates

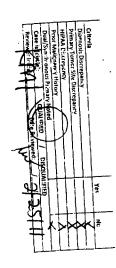
C9- four lymph node candidates

C10- two lymph node candidates, each bisected, one inked blue

C11-12- one lymph node candidate, bisected

C13-15- one lymph node candidate, sectioned

D. "Right pelvic lymph node". Received is a $6 \times 5 \times 2$ cm collection of fibrofatty tissue, which is dissected for lymph node candidates.



BLOCK SUMMARY:

- D1four lymph node candidates
- D2three lymph node candidates
- D3two lymph node candidates, one inked blue and bisected
- D4one lymph node candidate
- two lymph node candidates, one inked blue, the other bisected D5-D6-
- two lymph node candidates
- D7-8one lymph node candidate
- D9-10- one lymph node candidate
- D11-13 one lymph node candidate
- E. "Right aortic lymph node". Received is a $4.5 \times 3 \times 2$ cm aggregate of fibrofatty tissue, which is dissected for lymph node candidates.

BLOCK SUMMARY:

- E1- one lymph node candidate, bisected
- E2- one lymph node candidate, bisected
- E3- one lymph node candidate, bisected
- F. "Left aortic lymph node". Received is a 2.6 \times 1 \times 0.5 cm aggregate of fibrofatty tissue, which is dissected for lymph node candidates.

BLOCK SUMMARY:

- F1- three lymph node candidates
- G. "Right common lymph node". Received is a 2.3 \times 0.7 \times 0.4 cm lymph node candidate and fibrofatty tissue. The specimen is submitted entirely in block G1.

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, bilateral tubes and ovaries": AF1- (posterior endomyometrium) - FIGO grade 2 at least, greater than one-half myometrium, invasive component (Dr.

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPH NODES

PATHOLOGIC STAGE (AJCC 6th Edition): pTlc 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: 114 GRAMS

ENDOMETRIUM:

TUMOR SITE: FUNDUS

HISTOLOGIC TYPE: ENDOMETRICID ADENOCARCINOMA, PREDOMINANTLY. SEE NOTE.

FIGO GRADE: 3

TUMOR SIZE: 6.5 X 3.6 X 1 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 1 CM, IN A 1.4 THICK WALL.

LYMPHATIC/VASCULAR INVASION: INVOLVED

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC WITH IN SITU TUMOR REMAINING MYOMETRIUM: NO PATHOLOGIC DIAGNOSIS.

CERVIX: NO PATHOLOGIC DIAGNOSIS.

SEROSA: NO PATHOLOGIC DIAGNOSIS. SPECIMEN MARGINS: NOT INVOLVED

THE FOLLOWING SPECIMENS ARE FREE OF TUMOR

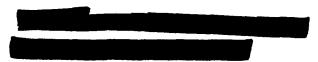
- A. OVARIES AND FALLOPIAN TUBES, BILATERAL: NO PATHOLOGIC DIAGNOSIS.
- B. ANAL SKIN TAG: ANAL SKIN TAG.
- C. LEFT PELVIC LYMPH NODES: NO TUMOR IN 19 LYMPH NODES (0/19).
- D. RIGHT PELVIC LYMPH NODES: NO TUMOR IN 13 LYMPH NODES (0/13).
- E. RIGHT AORTIC LYMPH NODE: NO TUMOR IN 4 LYMPH NODES (0/4).
- F. LEFT AORTIC LYMPH NODES: NO TUMOR IN 2 LYMPH NODES (0/2).
- G. RIGHT COMMON ILIAC LYMPH NODES: FAT ONLY

NOTE

#1: Most of the nodal tissue in all specimens is fat.

#2: The tumor is poorly-differentiated tumor, consisting in part of sheets of undifferentiated cells and in elsewhere, as expanses of tightly clustered small acini. Some areas are suggestive of showing slight squamous differentiation. Because the tumor is composed of nuclei that are on the smaller side and have minimal cytoplasm, an immunoprofile will be performed to exclude the possibility of a neuroendocrine component. This will be reported separately.

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



ADDENDUM 1:

Immunoperoxidase stains for chromogranin and synaptophysin are negative in the tumor cells, i.e. there is no evidence of neuroendocrine differentiation. The previous diagnoses are unchanged.

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

Performed by: