

Patient Name: [REDACTED]

Med Rec #: [REDACTED]

Requested By:

Ordered By:

Report Name:

ICD O-3
Adenocarcinoma, endometrioid
NOS 8380/3
Site Endometrial
C54.1
MC 8/31/14

Surg Path Case - STATUS: Final

**SEE NOTE

Collect/Perform:

Ordered By:

Ordered Date:

Department:

UUID:9836008F-81F7-4029-9A28-10A86021DFEA
TCGA-PG-A917-01A-PR

Redacted



Physician Who Performed Procedure

Requesting Physician:

Attending Pathologist

DIAGNOSIS:

1. Uterus, cervix, bilateral ovaries and fallopian tubes, laparoscopic robotic total abdominal

hysterectomy / bilateral salpingo-oophorectomy:

Summary diagnosis:

- Endometrial adenocarcinoma, endometrioid type, FIGO 2, invading 25 % of the myometrial

thickness. Tumor also extends into adenomyosis. See comment.

- Uterine leiomyomata, adenomyosis, endometrial polyp, and benign cervix.

- Bilateral ovaries and fallopian tubes negative for carcinoma.

- See synoptic report for relevant data from all parts of the case.

2. Lymph nodes, LEFT external iliac, excision:

- Five lymph nodes, negative for carcinoma (0/5).

3. Lymph nodes, LEFT obturator, excision:

- Three lymph nodes, negative for carcinoma (0/3).

4. Lymph nodes, RIGHT external iliac, excision:

- Seven lymph nodes, negative for carcinoma (0/7).

5. Lymph nodes, RIGHT obturator, excision:

- Five lymph nodes, negative for carcinoma (0/5).

6. Ovary and vessels, RIGHT, excision:

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- Benign vascular and adipose tissue.
- No ovarian tissue present.

7. Lymph nodes, RIGHT paraaortic, excision:

- Nine lymph nodes, negative for carcinoma (0/9).

8. Lymph nodes, highest RIGHT paraaortic, excision:

- Five lymph nodes, negative for carcinoma (0/5).

9. Lymph nodes, LEFT paraaortic, excision:

- Two lymph nodes, negative for carcinoma (0/2).

Synoptic Report:

- Histologic Type: Endometrial adenocarcinoma, endometrioid type, with focal mucinous differentiation. *Per TSS, mucinous = 5%.*
- Histologic Grade: FIGO 2 (6-50% solid non-squamous growth)
- Nuclear grade: Intermediate to high grade (high grade nuclei only focally present)
- Tumor Size:
 - Greatest dimension: 4.0 cm; other two dimensions: 2.0 x 1.0 cm
- Specimen Integrity: Intact
- Tumor Site: Anterior endometrium
- Myometrial Invasion: 25% myometrial invasion
 - Depth of invasion: 3mm
 - Myometrial thickness: 12mm
- Cervical Stromal Invasion: Absent
- Lymph-vascular Invasion: Absent
- Paracervical Soft Tissue Margin: Negative for invasive carcinoma
- Other Tissues/Organs Involved: None
- Peritoneal Ascitic Fluid (from cytology report): Negative
- Regional Lymph Node Metastasis: 0/36 total
 - Pelvic nodes (number of positive/number examined): 0/20
 - Para-aortic nodes (number of positive/number examined): 0/16
- Distant Metastasis (including abdominal lymph nodes): Cannot be determined
- Additional Pathologic Findings: Bilateral ovaries with inclusion cysts; LEFT paratubal cyst, bilateral fallopian tubes and ovaries negative for carcinoma, uterine leiomyomata, adenomyosis (with focal involvement by endometrioid carcinoma), endometrial polyp

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Ancillary Studies:

ER (immunohistochemical stain): positive, intermediate to strong intensity

PR (immunohistochemical stain): positive, strong intensity

Other: Not applicable

- AJCC Pathologic Staging: pT1a NO M (not applicable); FIGO: IA

COMMENT: The original biopsy material showing FIGO 3 endometrioid cancer (architecture 2, nuclei 3) was reviewed. When looking at both the tumor from the biopsy and the hysterectomy together, however, the amount of high grade nuclear features is insufficient to warrant raising the FIGO score above a 2. The majority of the nuclei are of intermediate grade with a small focus of high grade nuclei composing <5% of the tumor nuclei. These higher grade nuclei were more concentrated in the biopsy material than the final hysterectomy material. In sum, the final FIGO score is FIGO 2.

This case has been reviewed by one or more pathologists within the

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CLINICAL INFORMATION:

Endometrial carcinoma.

GROSS DESCRIPTION:

1. The specimen is received fresh and labeled "uterus cervix tubes and ovaries" and consists of a total hysterectomy specimen weighing 212 g and having the following measurements: 4.0 cm from cornu to cornu, 6.5 cm from the anterior to posterior uterine fundus and 11.0 cm from the base of the uterine fundus to the cervical os. Bilateral adnexa are attached and consists of grossly unremarkable fallopian tubes which measure up to 2.0 x 0.8 x 0.8 cm in greatest dimensions and bilateral grossly unremarkable ovaries measuring up to 2.0 x 1.4 x 1.0 cm. The uterine fundus is distorted by multiple subserosal and transmural well-circumscribed fibroids measuring from 1.0 cm up to 2.5 cm in diameter. On opening the endometrial cavity measures 7.0 x 3.0 cm and shows a thickened hyperemic soft friable mass predominantly at the base of the anterior endometrial lining measuring 4.0 x 2.0 x 1.0 cm in overall dimensions. On sectioning, the mass grossly extends into the subjacent tissue for approximately 0.2 cm. the remaining endometrium is focally hemorrhagic and measures up to 0.2 cm in thickness. The myometrium measures 3.0 cm in thickness. The myometrium shows multiple well-circumscribed tan-gray nodules along with focal pinpoint

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cystic areas which are filled with dark brown to red fluid. Representative sections are submitted for frozen section in 2 cassettes labeled 1AFSC and 1BFSC. Representative sections are submitted as follows:

1AFSC : Representative sections of tumor for frozen section

1BFSC: Representative sections of tumor for frozen section

1C: Anterior cervix

1D: Posterior cervix

1E-1H: Representative sections of the endometrial mass

1I- 1J: Representative sections of Posterior endometrium

1K-1L: Anterior endomyometrium with fibroid

1M: Right Fallopian tube and ovary

1N: Left fallopian tube and ovary

1O-S: Rest of the entire mass

Intraoperative consultation #1: "Endometrioid adenocarcinoma, well-differentiated, intermediate nuclear grade. With superficial myometrial invasion on one section." As per Frozen section report discussed with with

2. The specimen is received fresh labeled "left external iliac lymph nodes" and consists of four irregular portions of soft tan-yellow lobulated adipose tissue which on palpation shows several lymph nodes measuring from 1.0 x 1.0 x 0.4 cm up to 3.0 x 3.0 x 1.0 cm in greatest dimensions. All lymph nodes are dissected and entirely submitted as follows:

2: One lymph node bisected

2B: Two lymph nodes bisected

2C: One lymph node bisected

2D: One lymph node bisected

3. The specimen is received fresh labeled "left obturator lymph node" and consists of a irregular portion of soft tan yellow focally palpable adipose tissue which on dissection shows several lymph nodes measuring from 0.5 cm up to 1.3 x 1.3 x 0.4 cm in overall dimensions. All lymph nodes are dissected are submitted in toto in one cassette labeled 3A.

4. The specimen is received fresh and labeled "right external iliac lymph node" and consists of three irregular portions of soft tan-yellow lobulated adipose tissue which are focally palpated to show several lymph nodes measuring from 1.0 x 1.0 x 0.4 cm up to 4.0 x 3.0 1.0 cm in overall dimensions. All of those are dissected and entirely submitted as follows:

4A: Five lymph nodes in toto

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4B-4C: One lymph node bisected

4D: One lymph node bisected

5. The specimen is received in formalin and labeled "right obturator lymph nodes" and consists of a 2.5 x 2.0 x 1.0 cm portion of palpable tan-yellow adipose tissue which on dissection shows several lymph nodes measure from 0.1 cm up to 2.0 x 2.0 x 1.0 cm in greatest dimensions. All lymph nodes are dissected and entirely submitted as follows:

5A: Three lymph nodes in toto

5B: One lymph node bisected

5C-5D: One lymph node bisected

6. The specimen is received in formalin and labeled "right ovary and vessels" and consists of a 3.0 x 2.0 x 1.0 cm segment of vessels surrounded with a moderate amount of soft tan-yellow hemorrhagic adipose tissue. On sectioning shows several vessels with luminal diameter measuring from pinpoint up to 0.2 cm in diameter. Several vessels are still with dark red clotted blood. Representative sections are submitted in one cassette labeled 6 A.

7. The specimen is received in formalin and labeled "right paraaortic lymph node" and consists of a 5.0 x 3.0 x 1.5 cm portion of soft tan-yellow lobulated focally palpable adipose tissue which on dissection shows several lymph nodes measuring from 0.3 cm up to 2.0 x 2.0 x 0.4 cm in greatest dimensions. All of those are dissected and entirely submitted as follows:

7A: For lymph nodes in toto

7B: One lymph node bisected

7C: One lymph node bisected

7D: One lymph node bisected

8. The specimen is received in formalin and labeled "highest right paraaortic lymph node" and consists of a 2.5 x 2.0 x 0.4 cm soft tan-yellow focally palpable portion of adipose tissue which on sectioning shows several lymph nodes measuring from 0.6 x 0.6 x 0.2 cm up to 1.0 x 1.0 x 0.4 cm in greatest dimensions. All lymph nodes are dissected and entirely submitted as follows:

8A: One lymph node bisected

8B: Four lymph nodes in toto

9. The specimen is received in formalin and labeled "left periaortic lymph node" and consists of a 3.0 x 1.0 x 0.6 cm portion of palpable adipose

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tissue which on dissection shows two lymph nodes measuring 0.2 cm and 2.5 x 1.0 x 0.8 cm in greatest dimensions. Both lymph nodes are dissected and entirely submitted as follows:

9A: One lymph node bisected

9B: One lymph node in toto

The following special studies were performed on this case and the interpretation is incorporated in the diagnostic report above:

1xESTROGEN RECEPTOR, 1xPROGESTERONE RECEPTOR

This is a Partial Report. Call Pathology for Full Report

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	MC	Date Reviewed: 12/6/2013