

ICD-O-3

Adenocarcinoma, endometrioid, NOS 8380/3

Site: Endometrium c54.1 3/1/11

UID:80DE2981-089A-47A2-B221-F7C28ECAF3F2
TCGA-B5-A0K4-01A-PR

Redacted



CLINICAL HISTORY:

Malignant neocorpus uteri.

GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries", received unfixed and placed in formalin at 11 am on is a 177 gram, 9.5 x 5.5 x 4 cm uterus with a 0.7 cm patent cervical os. The uterus demonstrates a 3.5 x 3.5 cm yellow-tan, exophytic tumor (A1-A4) at the junction of the posterior endomyometrium and the fundus that penetrated 1.4 cm into the 2.3 cm thick myometrium. The tumor does not involve the lower uterine segment or cervix. Abutting but separate from it a 4.5 x 4.5 x 2 cm well-circumscribed leiomyoma (A5). The remaining endometrium (3 x 2.5 cm) is unremarkable (A6-anterior, A7-posterior). The myometrium contains multiple intramural leiomyomata up to 1.3 cm in size. The cervix is smooth, white, glistening, and unremarkable (A8-posterior, A9-anterior).

The right ovary (2.5 x 1.5 x 0.5 cm) (A9) and right fimbriated fallopian tube (5.5 x 0.6 cm) (A10) are unremarkable as are the left ovary (2.6 x 1.2 x 0.6 cm) and fimbriated left fallopian tube (6.2 x 0.5 cm) (A11).

B. "Right pelvic lymph node", received unfixed and placed in formalin at 11 am on is a 5 x 3 x 1 cm aggregate of fibrofatty tissue containing multiple lymph node candidates, ranging from 0.4, up to 1.4 cm in greatest dimension. Multiple lymph node candidates are submitted in blocks B1-4.

C. "Left external iliac", received unfixed and placed in formalin at 11 am on is a 3 x 2 x 1 cm aggregate of fibrofatty tissue containing two lymph node candidates of equal size (1 x 1 x 0.5 cm), which are submitted entirely in block C1. One lymph node is inked blue.

D. "Left obturator node", received unfixed and placed in formalin at 11 am on is a 4 x 2 x 0.5 cm fragment of fibrofatty tissue containing multiple lymph node candidates, from 0.5 cm, up to 1.5 cm in greatest dimension. Four lymph node candidates are submitted in block D1, and one lymph node candidate is submitted in block D1.

E. "Right paraaortic lymph node", received unfixed and placed in formalin at 11 am on is a 1.5 x 1.5 x 1 cm aggregate of fibrofatty tissue containing three lymph node candidate, from 0.5 cm, up to 0.8 cm in greatest dimension. The lymph nodes are entirely submitted in block E1.

F. "Left periaortic lymph node", received unfixed and placed in formalin at 11 am on is a 1 x 1 x 0.5 cm aggregate of fibrofatty tissue containing one lymph node candidate (0.4 x 0.4 x 0.3 cm). The entire specimen is submitted in block F1.

Dr. /Dr. /slides to Dr.

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPHADENECTOMY

PATHOLOGIC STAGE (AJCC 6th Edition): pT1c pN0 pMX

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HirAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by: KMA	Date reviewed: 3/1/11	

CLINICAL HISTORY:

Malignant neocorpus uteri.

GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries", received unfixed and placed in formalin at 11 am on is a 177 gram, 9.5 x 5.5 x 4 cm uterus with a 0.7 cm patent cervical os. The uterus demonstrates a 3.5 x 3.5 cm yellow-tan, exophytic tumor (A1-A4) at the junction of the posterior endometrium and the fundus that penetrated 1.4 cm into the 2.3 cm thick myometrium. The tumor does not involve the lower uterine segment or cervix. Abutting but separate from it a 4.5 x 4.5 x 2 cm well-circumscribed leiomyoma (A5). The remaining endometrium (3 x 2.5 cm) is unremarkable (A6-anterior, A7-posterior). The myometrium contains multiple intramural leiomyomata up to 1.3 cm in size. The cervix is smooth, white, glistening, and unremarkable (A8-posterior, A9-anterior).

The right ovary (2.5 x 1.5 x 0.5 cm) (A9) and right fimbriated fallopian tube (5.5 x 0.6 cm) (A10) are unremarkable as are the left ovary (2.6 x 1.2 x 0.6 cm) and fimbriated left fallopian tube (6.2 x 0.5 cm) (A11).

B. "Right pelvic lymph node", received unfixed and placed in formalin at pm on is a 5 x 3 x 1 cm aggregate of fibrofatty tissue containing multiple lymph node candidates, ranging from 0.4, up to 1.4 cm in greatest dimension. Multiple lymph node candidates are submitted in blocks B1-4.

C. "Left external iliac", received unfixed and placed in formalin at on is a 3 x 2 x 1 cm aggregate of fibrofatty tissue containing two lymph node candidates of equal size (1 x 1 x 0.5 cm), which are submitted entirely in block C1. One lymph node is inked blue.

D. "Left obturator node", received unfixed and placed in formalin at 2:30 pm on is a 4 x 2 x 0.5 cm fragment of fibrofatty tissue containing multiple lymph node candidates, from 0.5 cm, up to 1.5 cm in greatest dimension. Four lymph node candidates are submitted in block D1, and one lymph node candidate is submitted in block D1.

E. "Right paraaortic lymph node", received unfixed and placed in formalin at m on is a 1.5 x 1.5 x 1 cm aggregate of fibrofatty tissue containing three lymph node candidate, from 0.5 cm, up to 0.8 cm in greatest dimension. The lymph nodes are entirely submitted in block E1.

F. "Left periaortic lymph node", received unfixed and placed in formalin at on is a 1 x 1 x 0.5 cm aggregate of fibrofatty tissue containing one lymph node candidate (0.4 x 0.4 x 0.3 cm). The entire specimen is submitted in block F1.

Dr. /Dr. /slides to Dr.

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPHADENECTOMY

PATHOLOGIC STAGE (AJCC 6th Edition): pT1c 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: 177 GRAMS

ENDOMETRIUM:

TUMOR SITE: JUNCTION OF CORPUS AND FUNDUS

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA WITH SQUAMOUS
DIFFERENTIATION. ✓

FIGO GRADE: 2 ✓

TUMOR SIZE: 3.5 X 3.5 X 1.4 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 2.0 CM, IN A 2.3 THICK WALL.

LYMPHATIC/VASCULAR INVASION: MASSIVE

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: NO ENDOMETRIUM PRESENT

REMAINING MYOMETRIUM: LEIOMYOMATA

CERVIX: NO PATHOLOGIC DIAGNOSIS.

SEROSEA: NO PATHOLOGIC DIAGNOSIS.

SPECIMEN MARGINS: NOT INVOLVED

THE FOLLOWING SPECIMENS ARE FREE OF TUMOR:

- A. OVARIES AND FALLOPIAN TUBES, BILATERAL:
- B. RIGHT PELVIC LYMPH NODES: NO TUMOR IN 12 LYMPH NODES (0/12).
- C. LEFT EXTERNAL ILIAC LYMPH NODES: NO TUMOR IN 2 LYMPH NODES (0/2).
- D. LEFT OBTURATOR LYMPH NODES: NO TUMOR IN 6 LYMPH NODES (0/6).
- E. RIGHT PERICOLIC LYMPH NODE: NO TUMOR IN 3 LYMPH NODES (0/3).
- F. LEFT PERIAORTIC LYMPH NODE: NO TUMOR IN 3 LYMPH NODES (0/3).

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] MD:

[REDACTED]

[REDACTED] ID:

[REDACTED]

[REDACTED]