

ICD-0-3
Adenocarcinoma, Endometrioid, NOS 8380/3
Site: Endometrium c541

SURGICAL PATHOLOGY

Case Number :

Diagnosis:

A: Periaortic lymph nodes, right, biopsy
- Seven lymph nodes identified, no evidence of malignancy (0/7)

B: Periaortic lymph nodes, left, biopsy
- Twelve lymph nodes identified, no evidence of malignancy (0/12)

C: Sentinel node #1, biopsy
- One lymph node, no evidence of malignancy (0/1)

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

Uterus and cervix, hysterectomy:

Location of tumor: Uterine cavity, approximately 1.5 cm away from anterior lower uterine segment and 1.1 cm away from posterior lower uterine segment

Histologic type: Endometrioid adenocarcinoma with squamous differentiation and spindle cell metaplasia, with anaplastic and focal mucinous features (D6 and D8)

Histologic grade (FIGO): 3

Extent of invasion: invasive

Myometrial invasion: Outer half
Depth: 1.3 cm Wall thickness: 1.8 cm Percent: 72% (D15)

Serosal involvement: Absent

Lower uterine segment involvement: Absent

Cervical involvement: Absent

UUID:90B0CBB0-3AC0-44F8-9C49-310CFFE0370C
TCGA-EY-A214-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History	X	
Case is R1 (re):		X
Case is R1 (re):		
QUALIFIED		DISQUALIFIED
Reviewed: [Signature]		Date Reviewed: 4/8/11

Adnexal involvement (see below): Absent

Other sites: Not applicable

Cervical/vaginal margin and distance: widely free of tumor

Lymphovascular Space Invasion: present (D15)

Regional lymph nodes (see other specimens):

Total number involved: 1 (E4)

Total number examined: 50

Other Pathologic findings:

- Myometrium shows adenomyosis and two intramural leiomyomas measuring up to 4.4 cm in size

Tumor estrogen receptor and progesterone receptor immunohistochemistry results:

ER positive (2+, 15%) and PR positive (2+, 75%) (D15)

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 atypia or malignancy identified

Ovary, left, oophorectomy:

- Atrophic ovary with surface adenofibromatous change
- No atypia or malignancy identified

Fallopian tube, right, salpingectomy:

- No specific pathologic abnormality

Fallopian tube, left, salpingectomy:

- No specific pathologic abnormality

E: Pelvic lymph nodes, right, biopsy

- Small (0.5 mm) focus of metastatic adenocarcinoma involves one out of eleven lymph nodes (1/11) (E4)

F: Pelvic lymph nodes, left, biopsy

- Nineteen lymph nodes identified, no evidence of malignancy (0/19)

COMMENT:

The sentinel lymph node #1 (specimen C) is evaluated with three H & E levels, which show no evidence of metastatic carcinoma. A small (0.5 mm) focus of lymph node metastasis is noted in one of the right pelvic lymph nodes.

Clinical History:

-year-old female with endometrial cancer.

Gross Description:

Received are six appropriately labeled containers.

Container A is additionally labeled "right periaortic nodes." It holds an aggregate of yellow/tan fibrofatty tissue (6.1 x 2.8 x 1.0 cm) which is dissected for lymph node candidates. Six lymph node candidates are found ranging in size from 0.3 to 1.1 cm in diameter.

Block summary:

A1 - three lymph node candidates
A2 - three lymph node candidates
A3,A4 - additional sections of fat,

Container B is additionally labeled "left periaortic nodes." It holds an aggregate of yellow/tan fibrofatty tissue, 5.2 x 3.6 x 1.1 cm, which is

dissected for lymph node candidates. Nine lymph node candidates are found with the largest lymph node candidate measuring 2.1 cm in diameter.

Block summary:

B1 - five lymph node candidates
B2 - two lymph node candidates
B3 - one lymph node candidate, bisected
B4 - one lymph node candidate, bisected
B5,B6 - additional fat,

Container C is additionally labeled "sentinel node #1." It holds one lymph node candidate (0.8 x 0.6 x 0.5 cm) which is serially sectioned and submitted completely in block C1, .

Container D:

Adnexa: bilateral tubes and ovaries are present
Weight: 256.1 grams
Shape: pear shaped
Dimensions:
height: 12.9 cm
anterior to posterior width: 4.3 cm
breadth at fundus: 9.8 cm
Serosa: tan/pink, smooth and glistening with five subserosal nodules; the nodules are firm and have a white/tan, whorled cut surface; The largest subserosal nodule measures 2.4 x 1.9 x 1.3 cm
Cervix:
length of endocervical canal: 3.4 cm
ectocervix: white/pink, smooth and glistening with focal areas of erythema
endocervix: white, glistening and trabeculated
Endomyometrium:
length of endometrial cavity: 5.6 cm
width of endometrial cavity at fundus: 3.2 cm
tumor findings:
dimensions: 5.1 x 4.9 x 3.2 cm
appearance: tan/pink, friable
location and extent: The tumor is within both the anterior and posterior endometrium and is approximately 1.5 cm from the anterior lower uterine segment and 1.1 cm from the posterior

lower uterine segment.
myometrial invasion: outer one half
thickness of myometrial wall at deepest gross invasion: 1.1 cm
other findings or comments: Two intramural nodules are present
with the
largest nodule measuring 4.4 x 4.2 x 2.6 cm. The
nodules are firm, white/tan and whorled on cut section.

Adnexa:

Right ovary:
dimensions: 2.9 x 1.8 x 0.4 cm
external surface: white and cerebriiform
cut surface: unremarkable
Right fallopian tube:
dimensions: 5.6 x 0.4 cm
other findings: unremarkable
Left ovary:
dimensions: 2.5 x 1.9 x 0.3 cm
external surface: white and cerebriiform
cut surface: unremarkable
Left fallopian tube:
dimensions: 4.1 x 0.3 cm
other findings: unremarkable
Lymph nodes: n/a

Other comments: none

Digital photograph taken: no

Tissue submitted for special investigations: no

Block Summary:

D1 - anterior cervix
D2 - anterior lower uterine segment
D3 - posterior cervix
D4 - posterior lower uterine segment
D5-D8 - anterior corpus
D9-D12 - posterior corpus
D13-D15 additional sections of mass in posterior endometrium
D16 - representative section of intramural nodule
D17 - representative section of subserosal nodule
D18 - right ovary and fallopian tube
D19 - left ovary and fallopian tube

Container E is additionally labeled "right pelvic nodes." It

holds an aggregate
of yellow/tan fibrofatty tissue (5.1 x 4.2 x 1.6 cm) which is
dissected for
lymph node candidates. Eleven lymph node candidates are found
ranging in size
from 0.3 to 3.4 cm in diameter.

Block summary:

E1 - seven lymph node candidates
E2 - two lymph node candidates
E3 - one lymph node candidate, bisected
E4,E5 - one lymph node candidate

Container F is additionally labeled "left pelvic nodes." It
holds an aggregate
of yellow/tan fibrofatty tissue (8.3 x 5.1 x 1.6 cm) which is
dissected for
lymph node candidates. Seventeen lymph node candidates are found
with the
largest measuring 4.2 cm in diameter.

Block summary:

F1 - 12 lymph node candidates
F2 - 6 lymph node candidates
F3 - 3 lymph node candidates
F4 - 1 lymph node candidate
F5,F6 - 1 lymph node candidate, bisected
F7,F8 - 1 lymph node candidate, bisected

Grossing Pathologist:, MD

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) or research use
only (RUO)
reagents. 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

Resident Physician:, MD

Attending Pathologist:, MD

I have personally conducted the evaluation of the above specimens and have rendered the above diagnosis(es).

Electronically Signed by: , MD
Date