

## FINAL DIAGNOSIS:

PART 1: UTERUS WITH BILATERAL ADNEXA (150 GRAMS), TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY -

- A. **HIGH GRADE ADENOCARCINOMA OF ENDOMETRIUM, ENDOMETRIOID TYPE WITH POORLY DIFFERENTIATED SPINDLE CELL COMPONENT (GRADE 3, STAGE 1A), SEE COMMENT.**  
B. TUMOR INVOLVES 80% OF POSTERIOR ENDOMETRIAL SURFACE AND 15% OF ANTERIOR ENDOMETRIAL SURFACE AND INVADES APPROXIMATELY 35% OF MYOMETRIUM.  
C. LYMPHOVASCULAR INVASION IS IDENTIFIED.  
D. CERVIX, NEGATIVE FOR TUMOR WITH CHRONIC INFLAMMATION, SQUAMOUS METAPLASIA, REACTIVE ATYPIA AND NABOTHIAN CYSTS.  
E. ADENOMYOSIS FOCALLY INVOLVED BY ADENOCARCINOMA.  
F. BILATERAL OVARIES, NEGATIVE FOR TUMOR.  
G. BILATERAL FALLOPIAN TUBES, UNREMARKABLE.

PART 2: RIGHT PELVIC LYMPH NODES, DISSECTION -  
FIVE LYMPH NODES, NEGATIVE FOR TUMOR (0/5).

PART 3: LEFT PELVIC LYMPH NODE, DISSECTION -  
FIVE LYMPH NODES, NEGATIVE FOR TUMOR (0/5).

PART 4: LEFT COMMON LYMPH NODES, DISSECTION -  
TWO LYMPH NODES, NEGATIVE FOR TUMOR (0/2).

PART 5: RIGHT COMMON LYMPH NODES, DISSECTION -  
THREE LYMPH NODES, NEGATIVE FOR TUMOR (0/3).

PART 6: RIGHT PERIAORTIC LYMPH NODES, DISSECTION -  
ONE LYMPH NODE, NEGATIVE FOR TUMOR (0/1).

PART 7: OMENTUM, OMENTECTOMY -  
NEGATIVE FOR TUMOR.

UUID: 6A14E5E4-ED0F-415A-B54B-DE16D7DC6E78  
TCGA-BG-A2L7-01A-PR

Redacted



Collection Date:

1CA-0-3

adenocarcinoma, endometrioid, NOS  
8380/3

Site: endometrium C54.1

pw  
8/18/11

### COMMENT:

Previous history of endometrial curettings with the diagnosis of high-grade adenocarcinoma and possibly Mixed Müllerian tumor.

The histologic pattern of endometrial tumor in the hysterectomy specimen ranges from well-differentiated (architectural grade 1, nuclear grade 2) to poorly differentiated, with spindle cell features and numerous mitoses (architectural grade 3, nuclear grade 2-3). Both patterns merge together and there is transition from glandular to spindle cell differentiation. The well and poorly differentiated components are positive for CAM 5.2 and AE1/AE3 and Vimentin and predominantly negative for CD10. Immunostaining for desmin is negative in tumor cells (for details see Microscopic Description).

The histologic presentation and the results of immunostains support the diagnosis of high grade adenocarcinoma. Case above interpretation.

### CASE SYNOPSIS:

SYNOPTIC - PRIMARY UTERINE ENDOMETRIAL CARCINOMA & CARCINOSARCOMA : HYSTERECTOMY

#### TUMOR TYPE:

#### SPECIMENS

Endometrioid adenocarcinoma, NOS

HISTOLOGIC GRADE (epithelial neoplasm) [combined architectural and nuclear]:

Poorly differentiated (FIGO 3)

#### NUCLEAR GRADE:

Grade 3

#### TUMOR SIZE:

Maximum dimension: 40 mm

#### PERCENT OF ENDOMETRIAL SURFACE INVOLVEMENT:

Anterior endomyometrium: 80 %, Posterior endomyometrium: 15 %

#### DEPTH OF INVASION:

Less than 1/2 thickness of myometrium

#### ANGIOLYMPHATIC INVASION:

Yes

#### LYMPH NODES POSITIVE:

Number of lymph nodes positive: 0

#### LYMPH NODES EXAMINED:

Total number of lymph nodes examined: 16

#### T STAGE, PATHOLOGIC:

pT1a

#### N STAGE, PATHOLOGIC:

pN0

#### M STAGE, PATHOLOGIC:

Not applicable

#### FIGO STAGE:

IA

| 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                          | MB      |    |
| Date Reviewed                              | 8/18/11 |    |