100-0-3 adeno carcinomo, serous, papillag 8460/3 Site: Indometrium C54.1 lu 4/8/11

SURGICAL PATHOLOGY REVISED REPORT

Case Number:

Diagnosis:

A: Uterus and cervix, radical hysterectomy and bilateral salpingo-oophorectomy:

Location of tumor: Anterior and posterior endometrium

Histologic type: Papillary serous adenocarcinoma with clear cell V

features (5%) A14)

Histologic grade (FIGO): FIGO grade 3

UUID: 3E8012E3-97F1-48AZ-81C0-5C8140F8EE01
TCGA-EY-A212-01A-PR Redacted

Extent of invasion:

Myometrial invasion: Inner half

Depth: 0.5 cm Wall thickness: 1.1 cm Percent: 45% (A15)

Serosal involvement: Not involved

Lower uterine segment involvement: Involved, anterior and posterior (e.g. Al0)

Cervical involvement: Focal tumor invades the superficial cervical stroma to $\ensuremath{\mathbf{1}}$

mm in depth out of 1.1 cm in cervical wall thickness, extending to 4 mm from the ectocervical/ vaginal cuff margin (A5)

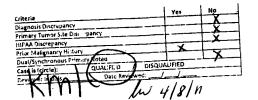
Adnexal involvement (see below): Focal microscopic involvement of the left ovary present (A3)

Other sites: None

Cervical/vaginal margin and distance: Tumor extends to 0.4 cm from the cauterized cervical margin (A5)

Lymphovascular Space Invasion: Present (A7)

Regional lymph nodes (see other specimens): Total number involved: 1 (E5) (see comment) Total number examined: 52



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Other Pathologic findings:
-Adenomyosis
-Calcification of vessel walls
-Hemangioma of endocervix
Tumor estrogen receptor and progesterone receptor
immunohistochemistry results:
pending; final results will be issued in an addendum report
(A15)
Tumor is MSH2 positive (2-3+, 30\%), MSH6 positive (2-3+, 30\%),
and MLH1 positive
(2+, 25%) (A15), by immunohistochemistry.
Tumor tissue is submitted to molecular pathology for molecular
assay for
microsatellite instability (A15); please see molecular pathology
report for
final results.
AJCC Pathologic stage: pT3c 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:
-Surface inclusion cysts with tubal metaplasia
-No evidence of malignancy
Ovary, left, oophorectomy:
-Focal micrometastatic adenocarcinoma involves ovarian cortex,
< 0.1 \text{ mm} in size
(A3)
-Surface inclusion cysts
Fallopian tube, right, salpingectomy:
-Not identified grossly or microscopically
Fallopian tube, left, salpingectomy:
-Benign paratubal cysts
-No evidence of malignancy (floaters present)
B: Lymph node, right para-aortic, removal
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-No metastatic carcinoma identified in thirteen lymph nodes (0/13)

C: Lymph node, left para-aortic, removal
-No metastatic carcinoma identified in six lymph nodes (0/6)

D: Lymph node, right pelvic, removal -No metastatic carcinoma identified in seventeen lymph nodes (0/17)

E: Lymph node, left pelvic, removal
-One out of 16 lymph nodes shows focal metastatic
adenocarcinoma, 0.7 mm in
size, confirmed by immunohistochemical stain for pancytokeratin
(1/16)

COMMENT:

Immunostains for pancytokeratin (AE1/AE3) are performed on several lymph nodes to rule out micrometastases (E5, E1, E2, and D7). Focal micrometastatic adenocarcinoma is noted in one node in block E5 (the rest of the immunostains show no evidence of metastatic carcinoma).

Clinical History:

-year-old female with endometrial cancer.

Gross Description:

Received are five appropriately labeled containers.

Container A is additionally labeled "uterus, cervix, B tubes and ovaries."

Adnexa: present on the specimen bilaterally

Weight: 84.5 grams Shape: pear shaped

Dimensions: height: 8.0 cm

anterior to posterior width: 3.0 cm

breadth at fundus: 5.7 cm

Serosa: tan/pink and smooth with no focal lesions

Cervix:

length of endocervical canal: 2.2 cm

ectocervix: pink/tan mucosa with punctate hemorrhages

endocervix: pink/tan, trabeculated mucosa; no definite lesions

Endomyometrium:

length of endometrial cavity: 4.5 cm

width of endometrial cavity at fundus: 3.3 cm

tumor findings:

dimensions: $3.4 \times 2.4 \times 0.8$ cm (exophytic component)

appearance: tan/pink, friable, exophytic lesion

location and extent: tumor involves both the anterior and

posterior

upper corpus, anterior mid corpus, and suspicious for

involvement of posterior mid corpus

myometrial invasion: Grossly, invasion into the inner half of the

myometrium.

thickness of myometrial wall at deepest gross invasion: 1.2 cm (anterior

mid corpus)

other findings or comments: none

Adnexa:

Right ovary:

dimensions: $1.5 \times 0.6 \times 0.3 \text{ cm}$

external surface: yellow/tan and minimally lobulated cut surface: yellow/tan; no grossly identified lesions

Right fallopian tube: Not identified grossly; the right meso-

ovarian is

serially sectioned and no fallopian tube candidate is identified.

Left ovary:

dimensions: $1.0 \times 0.7 \times 0.4 \text{ cm}$

external surface: yellow/tan with minimal lobulations

cut surface: yellow/tan, grossly normal

Left fallopian tube:

dimensions: 5.2 cm in length x 0.5 cm in diameter

other findings: The external surface is purple/tan with no gross

abnormalities.

Lymph nodes: see Specimens B-E

Other comments: none

Digital photograph taken: no

Tissue submitted for special investigations: Representative tumor is provided to Tissue Procurement.

Block Summary:

A1 - right ovary

A2 - right meso-ovarian/?right fallopian tube

A3 - left ovary

A4 - left fallopian tube

A5 - anterior cervix and endocervical canal, perpendicular sections

A6 - anterior lower uterine segment

A7 - anterior mid corpus, full thickness section, greatest depth of

invasion?

A8 - anterior mid corpus, full thickness section

A9 - anterior upper corpus/fundus, full thickness section

AlO - posterior cervix and endocervical canal, perpendicular section

All - posterior lower uterine segment, full thickness section

A12 - posterior lower uterine segment, full thickness section

A13 - posterior mid corpus, full thickness section

A14 - posterior upper corpus, full thickness section

A15 - posterior upper corpus, full thickness section

Container B is additionally labeled "R para-aortic lymph node." The specimen

consists of a portion of yellow/brown fibroadipose tissue measuring 5.3 x 3.3 x $\,$

0.8 cm in aggregate. Ten lymph node candidates measuring 0.1-0.9 cm in greatest

dimension are identified.

Block summary:

B1 - three lymph node candidates

B2 - four lymph node candidates

B3 - three lymph node candidates

B4-B7 - remaining fibroadipose tissue,

Container C is additionally labeled ".

The specimen

consists of multiple small fragments of yellow/brown

fibroadipose tissue measuring 2.9 x 1.5 x 0.4 cm in aggregate. The specimen is palpated to reveal five lymph node candidates measuring 0.1 0.4 cm in greatest dimension.

Block summary:

C1 - two lymph node candidates, (one blue inked lymph node candidate bisected)

C2 - three lymph node candidates
C3,C4 - remaining fibroadipose tissue,

Container D is additionally labeled the specimen consists of multiple fragments of yellow/brown fibroadipose tissue measuring 7.1 x 4.3 x 0.8 cm in aggregate. The specimen is palpated to reveal 16 lymph node candidates measuring 0.1 4.0 cm in greatest dimension.

Block summary:

D1 - two lymph node candidates

D2 - four lymph node candidates

D3 - three lymph node candidates (one black inked lymph node candidate

bivalved)

D4 - two lymph node candidates, each bivalved (one inked black)

D5 - two lymph node candidates, each bivalved (one lymph node candidate

inked black)

D6 - one lymph node candidate, serially sectioned D7,D8 - one lymph node candidate, serially sectioned D9-D12 - largest lymph node candidate, serially sectioned D13-D17- remaining fibroadipose tissue,

Container E is additionally labeled "The specimen consists of a portion of yellow/brown fibroadipose tissue measuring 7.3 x 4.8 x 1.0 cm in aggregate. Palpation of the specimen yields 15 lymph node candidates measuring 0.1 4.7 cm in greatest dimension.

Block summary:

E1 - five lymph node candidates

E2 - three lymph node candidates

E3 - three lymph node candidates (black inked lymph node candidate bivalved)

E4 - two lymph node candidates, each bivalved (one inked black) E5,E6 - one lymph node candidate, serially sectioned E7-E10 - largest lymph node candidate, serially sectioned E11-E14 - remaining fibroadipose tissue,

Grossing Pathologist:, MD

Light Microscopy:

Light microscopic examination is performed by Dr.

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

Procedures/Addenda:

Addendum

Addendum

Immunostains for ER and PR are performed on a representative block of endometrial tumor (A15). The tumor is ER positive (2+, 15%) and PR positive (2+, 20%).

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.

Electronically Signed: ,MD Date: