

ICD-0 23

Adenocarcinoma, Endometrioid, NOS 8380/3

Site: Endometrium 054.1

2/25/11

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Pric: Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	KML	
Date Reviewed	3/1/11	

## Surg Path

### CLINICAL HISTORY:

Malignant neoplasm corpus uteri 182.0 (FIGO I endometrioid adenocarcinoma-per surgeon).

### GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries (AF1-4). Received fresh for frozen section is a detached left adnexa (AF1&2 frozen section; remnant in A1&2). Also received is a 83 gram, 4.3 x 4 x 3.8 cm supracervical hysterectomy specimen opened to demonstrate an endometrial cavity (4 x 3.2 cm) totally effaced by an exophytic 6 x 6 cm exophytic brown mass (AF3). The tumor is maximally 2 cm thick, 0.1 cm of which invades into a 1.7 cm myometrium. No uninvolved endometrium is grossly noted. The myometrium contains a well-circumscribed, whorled, 3 x 3 x 2.7 cm intramural nodule. No additional lesions are noted. The attached presumed right adnexa consists of a 4.2 cm long fimbriated fallopian tube with attached mesentery and an attached 4 x 3.5 x 2 cm ovary. The surface of the ovary is lobulated, white-tan, and upon sectioning demonstrates a cut surface effaced by a mucinous brown-tan mass that does not extend to the surface. The unattached 24 gram left adnexa consists of a 3 cm long, 0.5 cm in diameter fimbriated fallopian tube with an attached 7 x 3 x 1.7 cm lobulated, white ovary. Also received is an amputated 5 x 2.5 x 2.2 cm cervix (14 gram) demonstrates a smooth, glistening exocervix and an unremarkable endocervical canal (AF4)

### ADDITIONAL BLOCK SUMMARY:

- A5-7- anterior endomyometrium with tumor
- A8-9- posterior endomyometrium with tumor
- A10- intramural nodule
- A11-12- right attached adnexa
- A13-14- cervix and endocervical canal
- A15-16- left unattached adnexa

UUID:5117F490-9CE1-465F-BDF7-7B5458314703  
TCGA-B5-A11Q-01A-PR

Redacted



B. "Left pelvic lymph nodes", received fresh and placed in formalin is a 6 x 6 x 2.5 cm aggregate of yellow-tan fibroadipose tissue. Four lymph node candidates from 0.3 to 3.8 cm in greatest dimension are identified and submitted as follows:

### BLOCK SUMMARY:

- B1- two lymph node candidates
- B2- one lymph node candidate, bisected
- B3-7- largest lymph node candidate, sectioned
- B8- remainder of fat

C. "Left gutter peritoneum", received fresh and placed in formalin is a 3 x 1.5 x 1 cm fragment of red-brown fibromembranous tissue. The specimen is sectioned and submitted entirely in blocks C1-2.

D. "Right pelvic lymph node", received fresh and placed in formalin is a 6 x 4 x 2 cm aggregate of yellow-tan fibroadipose tissue. Four lymph node candidates from 0.2 to 3.7 cm in greatest dimension are identified and submitted as follows:

### BLOCK SUMMARY:

- D1- two lymph node candidates
- D2- one lymph node candidate, bisected
- D3-6- largest lymph node candidate, sectioned
- D7- fat

INTRA OPERATIVE CONSULTATION:

- A. "Uterus, cervix, bilateral tubes and ovaries":  
 AF1 unattached ovary- mucinous adenocarcinoma (Dr.  
 AF2 attached ovary- mucinous adenocarcinoma (Dr.  
 AF3 endomyometrium- 1.7 cm thick myometrium)-  
 endometrioid adenocarcinoma, FIGO grade I,  
 invasion <1 mm in 1.7 cm thick wall (Dr.  
 AF4 (cervix, endocervix- black, ectocervix-green)-  
 endocervical surface extension of carcinoma (Dr. ).  
 Note: Unclear whether ovarian and uterine lesions separate (Dr. )

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPHADENECTOMY

PATHOLOGIC STAGE (AJCC 6th Edition): pT3a pNX 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: 83 GRAMS

ENDOMETRIUM:

TUMOR SITE: CORPUS  
 HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA. ✓  
 FIGO GRADE: 1  
 TUMOR SIZE: 6 X 6 CM.  
 MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.2 CM, IN A 1.7 THICK WALL.  
 LYMPHATIC/VASCULAR INVASION: NEGATIVE  
 ADJACENT NON-NEOPLASTIC ENDOMETRIUM: NONE FOUND  
 REMAINING MYOMETRIUM: LEIOMYOMA  
 CERVIX: NO PATHOLOGIC DIAGNOSIS.  
 SEROSA: NO PATHOLOGIC DIAGNOSIS.  
 SPECIMEN MARGINS: NOT INVOLVED

THE FOLLOWING SPECIMENS DISCLOSE METASTATIC/IMPLANTED TUMOR

- A. OVARIES, BILATERAL  
 A. LEFT FALLOPIAN TUBE

THE FOLLOWING SPECIMENS ARE FREE OF TUMOR:

- A. RIGHT FALLOPIAN TUBE  
 B. LEFT PELVIC LYMPH NODES: NO TUMOR IN 4 LYMPH NODES (0/4).  
 C. LEFT GUTTER PERITONEUM: ADHESIONS.  
 D. RIGHT PELVIC LYMPH NODES: NO TUMOR IN 4 LYMPH NODES (0/4).

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

S