

Adenocarcinoma, endometrial, NOS 8380/3

Site: Endometrium C54.1 2/25/11 hu

Surg Path

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HPAA Discrepancy		
Thor Malignancy History		
Just/Synchronous Primary Noted		
Is it (circle):		
Reviewer Initials	2/25/11	
Date Reviewed		
QUALIFIED		
DISQUALIFIED		

CLINICAL HISTORY:
Hyperplasia, endometrial.

GROSS EXAMINATION:

A. "Uterus and cervix (AF1)", received is a 256 gram, 12.5 x 8.5 x 5.5 cm uterus (cervix 3.6 cm diameter; cervical os 0.8 cm diameter) which is bivalved to reveal a 6.5 x 5 cm uterine cavity lined by diffusely thickened, shaggy endometrium (up to 1.6 cm thick anteriorly and 1.4 cm thick posteriorly) that extends into both anterior and posterior lower uterine segments and does not grossly invade the myometrium. A 2.5 x 2 cm area of posterior endometrium features flattening and white fibrous scarring (1.6 cm from the lower uterine segment). Representative anterior endomyometrium is frozen as AF1. The myometrium (3.1 cm maximal thickness) is diffusely trabeculated. Attached to the posterior cervix is a 3.2 x 1.6 x 0.2 cm flap of unremarkable vaginal epithelium. The uterine serosal surface is unremarkable, and the ectocervix exhibits multiple pink wart-like nodules (0.1 to 0.2 cm in greatest dimension), more numerous on the anterior cervix.

BLOCK SUMMARY:

- A1- frozen section remnant AF1, representative anterior endomyometrium
- A2- tangential posterior vaginal flap margin
- A3- anterior cervix
- A4- posterior cervix
- A5- anterior lower uterine segment
- A6- posterior lower uterine segment (disrupted during sectioning)
- A7-8- anterior endomyometrium, full thickness, bisected
- A9-10- additional anterior endometrium
- A11-12- posterior endomyometrium, full thickness, bisected
- A13-14- additional posterior endometrium

B. "Right tube and ovary", received is a 44 gram salpingo-oophorectomy specimen (fallopian tube 4.5 cm long x 0.6 cm diameter; ovarian cyst 4.8 x 4.3 x 3.8 cm) exhibiting a predominantly smooth walled ovarian cyst with rare scattered tan nodules (up to 0.2 cm in greatest dimension) which is opened to reveal a unilocular serous fluid-filled cyst with a smooth inner lining exhibiting foci of hemorrhage but no excrescence (wall thickness 0.1 to 0.2 cm). The cyst emanates from the ovarian serosa (ovary 2.4 x 1.6 x 0.9 cm), and the ovary is sectioned to reveal unremarkable ovarian stroma. The fallopian tube has a unremarkable serosal surface with an adjacent 0.6 x 0.6 x 0.5 cm serous fluid-filled paratubal cyst. Sectioning reveals an unremarkable patent lumen.

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BLOCK SUMMARY:

- B1- cyst wall
- B2- ovary
- B3- fallopian tube

C. "Left tube and ovary", received is a 14 gram salpingo-oophorectomy specimen (ovary 3.1 x 2.1 x 1.8 cm; fallopian tube 4.8 cm long x 0.5 cm diameter). The ovary has a roughened pink-tan cerebriform serosal surface and is sectioned to reveal several cortical serous fluid-filled cyst up to 0.4 cm in greatest dimension. The fallopian tube has an unremarkable serosal surface and is sectioned to reveal an unremarkable patent lumen. Two paratubal serous fluid-filled cyst (up to 0.7 cm in greatest dimension) are noted. Ovary submitted in block C1, fallopian tube in block C2.

D. "Posterior vagina", received is a 1.7 x 1.2 x 0.5 cm piece of pink-tan tissue with a smooth epithelial lining on one surface bearing blue ink from a

A. "Uterus and cervix":

AF1 (anterior endomyometrium)- 1 mm myometrial invasion in a 2.5 cm thick wall (Dr.).

Microscopic examination is performed.

PROCEDURE: HYSTERECTOMY & OOPHORECTOMY

PATHOLOGIC STAGE (AJCC 6th Edition): pT1B 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.

A. UTERUS: 256 GRAMS

TUMOR SITE: CORPUS

HISTOLOGIC TYPE: ~~ENDOMETRIOID~~ ADENOCARCINOMA.

FIGO GRADE: 1

TUMOR SIZE: DIFFUSE

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.1 CM, IN A 2.5 THICK WALL.
LYMPHATIC/VASCULAR INVASION: NONE

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ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ENDOMETRIAL INTRAEPITHELIAL
NEOPLASIA (EIN)

REMAINING MYOMETRIUM: NO PATHOLOGIC DIAGNOSIS.

CERVIX: NO PATHOLOGIC DIAGNOSIS.

SEROSA: NO PATHOLOGIC DIAGNOSIS.

SPECIMEN MARGINS: NOT INVOLVED

B. RIGHT OVARY AND FALLOPIAN TUBE: NO PATHOLOGIC DIAGNOSIS.

C. LEFT OVARY AND FALLOPIAN TUBE: NO PATHOLOGIC DIAGNOSIS.

D. POSTERIOR VAGINA: NO PATHOLOGIC DIAGNOSIS.

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