

Criteria Diagnosis Discrepancy Primary Tumor Site Discrepancy HIPAA Discrepancy Prior Malignancy History **Cual/Synchronous Frimary** DISQUALIFIED Case is (circle): CHILLA

Surg Path

UUID:4A63436E-BBC1-4F02-9B72-7ED4CC2AC1CD TCGA-B5-A3FC-01A-PR Re Redacted

CLINICAL HISTORY: Malignant neo corpus uteri.

GROSS EXAMINATION:

A. "Uterus, cervix, ovaries, F. tubes", received fresh and placed in formalin. A 106.25 gram total weight uterus with bilateral attached fallopian tubes and ovaries is received. The uterus is $9 \times 5 \times 4$ cm in greatest dimension with a 3.4 cm diameter cervix and a 1.2 cm widely patent cervical os. The endometrial cavity is $3.8 \times 4 \text{ cm}$ in greatest dimension. The endometrium exhibits a regular surface with a poorly defined area of soft, red-tan, sessile, and slightly exophytic papillary tissue which is 4.5 x up to 3.3 cm in greatest dimension occupying approximately 75% of the endometrium predominantly in the posterior wall extending to within 0.9 cm of the internal os and at least 4.1 cm from the squamocolumnar junction. The remainder of the endometrium is thin, less than 0.1 cm and is focally hemorrhagic. Sectioning exhibits that the lesion is up to 0.4 cm thick and appears to be superficial, without grossly apparent involvement of the underlying myometrium which is 2 cm thick. The myometrium is grossly unremarkable. The ectocervix is smooth with focal erythema, the squamocolumnar junction is distinct, and the trabeculated endocervical canal is 3.7 cm long. The uterine serosa is erythematous but otherwise grossly unremarkable.

The right fimbriated fallopian tube is 6.5 cm long with an average central diameter of 0.3 cm. The surface is smooth, intact, glistening, and diffusely erythematous. The ovary which is $2.5 \times 2.3 \times 1$ cm in greatest dimension exhibits a slightly irregular, firm, yellow-tan surface and a grossly unremarkable cut surface.

The left fallopian tube is 7 cm long x 0.3 cm in central diameter and exhibits a smooth intact erythematous serosal surface with fibrous adhesions at the fimbriated end adjacent to an attached to the surface of the ovary. The ovary is yellow-tan, finely granular with a small hemorrhagic 0.5 cm adhesion. The cut surface exhibits a convoluting corpus luteum which is 0.8 cm in diameter.

BLOCK SUMMARY:

longitudinal section through posterior cervix A1-

longitudinal section through posterior uterine segment A2-

full thickness posterior uterine wall, thickest area of lesion A3-

Additional, superficial lower uterine segment endomyometrium A4-

A5-8 Additional, posterior endomyometrium

Longitudinal section through anterior cervix A9-

Alo- Longitudianl section through anterior lower uterine segment

All- Full thickness anterior uterine wall

A12- Additional, anterior lower uterine segment endomyometrium

A13-5 Remaining superficial sections of anterior endomyometrium

Al6- Right fallopian tube and ovary

A17- Left fallopian tube and ovary

admocarcinoma, indometriord, Nos 8380/3 Site: indometrium C54.1

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY & OOPHORECTOMY

PATHOLOGIC STAGE (AJCC 6th Edition): pTla pNx pMX

Lw 11/13/11

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: 106 GRAMS

ENDOMETRIUM:

TUMOR SITE: CORPUS, PRINCIPALLY POSTERIOR HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.

FIGO GRADE: 3

TUMOR SIZE: 4.5 X 3.3 X 0.4 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0 CM, IN A 2.0 THICK WALL.

LYMPHATIC/VASCULAR INVASION: NEGATIVE

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: POLYPS

ATROPHY

REMAINING MYOMETRIUM: NO PATHOLOGIC DIAGNOSIS.

CERVIX: NO PATHOLOGIC DIAGNOSIS. SEROSA: NO PATHOLOGIC DIAGNOSIS. SPECIMEN MARGINS: NOT INVOLVED

OVARIES AND FALLOPIAN TUBES, BILATERAL: NO PATHOLOGIC DIAGNOSIS.

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

Performed by: