SURGICAL PATHOLOGY

ICD-O-3
Adenocarcinoma, endometrioid, NOS
8380/3

Case Number :

Site: endometrium C54.1

2/1/11
jw

Diagnosis:
A: Lymph node, paraortic, removal
- Metastatic carcinoma involving 1 of 4 lymph nodes (1/4). Metastatic focus size 3 mm without extracapsular extension.

B: Uterus, cervix, bilateral tubes and ovaries, total hysterectomy with bilateral salpingo-oophorectomy

Uterus and cervix, hysterectomy:

Location of tumor: primary endometrial carcinoma

Histologic type: endometrioid adenocarcinoma

Histologic grade (FIGO): FIGO grade 2 (architectural grade 2, nuclear grade 2)

Extent of invasion: see below

Myometrial invasion: Inner half
Depth: 0.8 cm Wall thickness: 3.5 cm Percent: 23% (slide B3)

Serosal involvement: not identified

Lower uterine segment involvement: present

Cervical involvement: not identified

Adnexal involvement (see below): not identified

Other sites: see below

Cervical/vaginal margin and distance: negative, widely free

Lymphovascular Space Invasion: present

Regional lymph nodes (see other specimens):
Total number involved: 4
Total number examined: 12

Other Pathologic findings: leiomyomas

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X

Case Is (circle): QUALIFIED / DISQUALIFIED
Reviewer Initials: KMT Date Reviewed: 2/3/11

Tumor estrogen receptor and progesterone receptor immunohistochemistry results: The tumor is estrogen receptor positive (2+, 80%) and progesterone receptor positive (3+, 90%) by immunohistochemistry.

AJCC Pathologic stage: pT1a pN2

FIGO (2008 classification) Stage grouping: IIIC2

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:
- No tumor identified.

Ovary, left, oophorectomy:
- No tumor identified.

Fallopian tube, right, salpingectomy:
- No tumor identified.

Fallopian tube, left, salpingectomy:
- No tumor identified.

C: Lymph nodes, left pelvic, removal
- Metastatic carcinoma involving 1 of 4 lymph nodes (1/4).
- Endosalpingiosis also present.

D: Lymph nodes, right pelvic, removal
- Metastatic carcinoma involving 2 of 4 lymph nodes (2/4).
- Endosalpingiosis also present.

Clinical History:
with endometrial cancer.

Gross Description:
Specimen A is received in an appropriately labeled container, additionally labeled "R paraortic LN" and is a 3.5 x 2.2 x 1.5 cm packet of fibroadipose tissue and lymph node candidates.

Block Summary:
A1 - three lymph node candidates
A2-A3 - remaining fibroadipose tissue,

Specimen B is received is received in one appropriately labeled container.

Adnexa: Present with specimen
Weight: 500 grams
Shape: Irregular and lobulated due to multiple leiomyomata, both in the anterior and posterior myometrium.

Dimensions:
height: 17 cm
anterior to posterior width: 10 cm
breadth at fundus: 13.5 cm
Serosa: Tan/brown, smooth and glistening
Cervix:
length of endocervical canal: 3.2 cm
ectocervix:
endocervix:
Endomyometrium:
length of endometrial cavity:
width of endometrial cavity at fundus: 9.5 cm including endometrial mass
tumor findings:
dimensions: 9.3 x 6.5 x 3.5 cm
appearance: Large tan/white mass both solid and papilliferous
location and extent: Located on both the anterior and posterior endometrial surfaces involving depth of 0.8 cm.
myometrial invasion: Inner one-half

thickness of myometrial wall at deepest gross invasion: 3.5 cm
other findings or comments: Multiple leiomyomata throughout the anterior and posterior myometrium. Cut surfaces demonstrate white whorled surface with some areas of calcification. No softening hemorrhage or necrosis identified. In the anterior myometrium is a large 4.4 x 3.5 x 4.1 cm firm hard leiomyoma in the fundic region. This mass is firm with areas of focal calcification and it is adjacent to the serosal margin. Distance of soft necrotic tumor in relation to this mass is 0.3 cm and the soft portion of the endometrial mass is 3.8 cm from the serosal margin. The thickness of the entire wall is 6 cm.
Adnexa:
Right ovary:
dimensions: 3.4 x 2.6 x 0.4 cm
external surface: Tan/purple and flattened
cut surface: Tan/brown with apparent corpora albicantia
Right fallopian tube:
dimensions: 8.5 x 0.5 cm
other findings: Fimbriated end present
Left ovary:
dimensions: 3.4 x 2.5 x 0.5 cm
external surface: Tan/purple and flattened
cut surface: Demonstrates brown/tan ovarian parenchyma with a visible corpora albicantia.
Left fallopian tube:
dimensions: 6.3 x 0.6 cm
other findings: Fimbriated end present
Lymph nodes: Per blocks C and D

Other comments: None

Digital photograph taken: None

Tissue submitted for special investigations:

Block Summary:
B1 - anterior cervix
B2 - anterior lower uterine segment
B3 - anterior mid corpus
B4 - anterior upper corpus/fundus
B5 - posterior cervix
B6 - posterior lower uterine segment
B7 - posterior mid corpus
B8 - posterior upper corpus/fundus
B9 - anterior corpus/fundus with potentially leiomyomata with tumor adjacent to serosa
B10 - right ovary and right fallopian tube
B11 - left ovary and left fallopian tube
B12 - additional section of posterior upper corpus/fundus in relation to black inked serosa

Specimen C is received in an appropriately labeled container additionally labeled "L pelvic lymph node" and consists of a 3.3 x 2.5 x 1.3 cm aggregate of yellow/tan fibroadipose tissue with lymph node candidates.

Block Summary:
C1 - three lymph node candidates
C2 - two lymph node candidates with fibroadipose tissue
C3 - remaining fibroadipose tissue
Entire specimen submitted,

Specimen D is received in an appropriately labeled container additionally labeled "R pelvic lymph node" and consists of a 3.4 x 2.8 x 1.3 cm aggregate of yellow/tan fibroadipose tissue with lymph node candidates.

Block Summary:
D1 - three lymph node candidates
D2-D3 - remaining fibroadipose tissue,

Light Microscopy:
Light microscopic examination is performed by Dr.

For cases in which immunostains are performed, the following applies: Appropriate internal and/or external positive and negative controls have been evaluated. Some of the immunohistochemical reagents used in this case may be classified as analyte specific reagents (ASR). 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.

Signature

Resident Physician:

Attending Pathologist: I have personally conducted the evaluation of the above specimens and have rendered the above diagnosis(es).