

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Notes		<input checked="" type="checkbox"/>
Case (C1131)	QUALIFIED	DISQUALIFIED
Reviewer (J1131)		

Surg Path

UUID: FA278AFC-C294-48A5-BE7B-B26F4AE3FC5B
TCGA-B5-A3FB-01A-PR

Redacted

CLINICAL HISTORY:

Malignant neoplasm corpus uteri.



GROSS EXAMINATION:

A. "Left tube and ovary, uterus, cervix", received fresh for frozen section is a 223 gram, 7.4 x 5.7 x 4.8 cm uterus with attached adnexa. Opening the uterus reveals a 3.1 x 2.1 cm fungating, firm, friable tumor of the posterior endometrium. Sectioning through the tumor reveals a tumor depth of 1.1 cm. The remainder of the uterus is distorted with multiple subserosal, submucosal, and intramural nodules that are firm, well encapsulated, and have a whorled, tan-white cut surface. The largest of the these is 3.6 cm in greatest diameter and has focal calcifications.

The endometrial cavity is 4.1 x 3.6 cm with an uninvolved endometrial thickness of 0.1 cm. The myometrium is 2.4 cm thick. The endocervical canal is 1.6 cm long and the squamocolumnar junction is distinct. The diameter of the cervix is 4.8 cm and the os is 0.4 cm.

The left adnexa consists of a 2.3 x 1.8 x 1.5 cm firm, tan-white, cerebriform ovary with attached grossly unremarkable mesentery and fat. The attached fimbriated fallopian tube is 4.6 cm and ranges in diameter from 0.6 to 0.9 cm. There is a 0.9 x 0.8 x 0.8 cm smooth paratubal cyst filled with a clear serous fluid.

The right adnexa consists of a 2.2 cm long and 0.9 cm in diameter segment of fallopian tube. No fimbria and no ovary are identified. Sectioning reveals grossly unremarkable parenchyma.

A representative section of the endometrial tumor was previously frozen as AF1 and the frozen section remnant is submitted in block A1. A representative section of para-ovarian tissue was previously frozen as AF2 and the frozen remnant is submitted in block A2.

BLOCK SUMMARY:

- A1- frozen remnant, endometrial tumor
- A2- frozen remnant, para-ovarian tissue
- A3-5- posterior endomyometrium including tumor (a fibroid in block A5)
- A6- posterior lower uterine segment
- A7- posterior cervix
- A8- anterior endomyometrium
- A9- representative section of anterior endometrium
- A10- anterior lower uterine segment
- A11- anterior cervix
- A12- largest fibroid (subserosal and pedunculated), following decalcification
- A13- another fibroid
- A14- left adnexa
- A15- right adnexa

B. "Left pelvic node", received in formalin is a 6.5 x 5.2 x 2.4 cm aggregate of firm, tan lymph nodes with attached fat. Approximately twenty three lymph nodes are found and the largest is 2.6 cm in greatest dimension.

BLOCK SUMMARY:

- B1-2- six lymph node candidates in each cassette
- B3- three lymph node candidates
- B4-7- one bisected lymph node candidate in each cassette

ICB-0-3
Case: Endometrial, NOS 8380/3
Site: Endometrium C54.1
Date: 11/13/11

B8-9- two bisected lymph node candidates differentially inked black and blue in each cassette

C. "Right pelvic node", received in formalin is a 7 x 5.8 x 3.3 cm aggregate of tan-pink, firm lymph node candidates with attached fat. Twelve lymph node candidates are found and the largest is 2.3 cm in greatest dimension.

BLOCK SUMMARY:

C1-2- one bisected lymph node candidate in each cassette
C3-4- two lymph node candidates in each cassette
C5-6- three lymph node candidates in each cassette
C7- two lymph node candidates

[REDACTED]

INTRA OPERATIVE CONSULTATION:

A. "Left tube and ovary, uterus, cervix": AF1-endometrial tumor-endometrial adenocarcinoma, FIGO grade 2.
Superficial invasion at most. No involvement of lower uterine segment.

AF2-paraovarian tissue-___ ovary

[REDACTED]

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterectomy and left salpingo-oophorectomy

PATHOLOGIC STAGE (AJCC 6th Edition): pT1b pN0 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. "LEFT TUBE AND OVARY, UTERUS, CERVIX" (HYSTERECTOMY AND LEFT SALPINGO-OOPHORECTOMY):

UTERUS: 233 GRAMS

ENDOMETRIUM:

TUMOR SITE: CORPUS
HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.
FIGO GRADE: 3, SEE COMMENT.
TUMOR SIZE: 3.1 X 2.1 X 1.1 CM.
MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.1 CM, IN A 2.4 CM THICK WALL.
LYMPHATIC/VASCULAR INVASION: NEGATIVE
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC
REMAINING MYOMETRIUM: BENIGN LEIOMYOMATA (3.6 CM IN GREATEST DIMENSION).
ADENOMYOSIS.
CERVIX: NO PATHOLOGIC DIAGNOSIS.
SEROSEA: FREE OF TUMOR.
SPECIMEN MARGINS: NEGATIVE FOR TUMOR.

LEFT OVARY: BENIGN FIBROMA, 2.4 CM, NEGATIVE FOR TUMOR.
FALLOPIAN TUBES: NEGATIVE FOR MALIGNANCY.

COMMENT: The grading of this endometrioid adenocarcinoma is somewhat difficult. By gland/solid percentage area, this is a grade 2 tumor, but there

[REDACTED]

are areas of very poorly-differentiated growth with marked nuclear atypia, making this a grade 3 carcinoma.

B. "LEFT PELVIC NODE" (LYMPH NODE DISSECTION):

TWENTY-ONE LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/21).

C. "RIGHT PELVIC NODE" (LYMPH NODE DISSECTION):

TWELVE LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/12).

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

CI ADDENDUM 1:

Please see
tests.

results of supplementary

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

Performed by: