

**PATIENT HISTORY:**

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Endometrial carcinoma.  
LMP DATE: Not given.  
PROCEDURE: Total abdominal hysterectomy and bilateral salpingo-oophorectomy.  
SPECIFIC CLINICAL QUESTION: Not given.  
OUTSIDE TISSUE DIAGNOSIS: Not given.  
PRIOR MALIGNANCY: Not given.  
CHEMORADIATION THERAPY: Not given.  
OTHER DISEASES: Not given.  
CYTOGENETICS TESTING: Not given.

Collection Date:

**FINAL DIAGNOSIS:**

**PART 1: UTERUS WITH BILATERAL ADNEXA (528 GRAMS), TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY -**

- A. HIGH-GRADE, POORLY DIFFERENTIATED ADENOCARCINOMA OF ENDOMETRIUM, ENDOMETRIOID TYPE (GRADE 3, STAGE 3B).
- B. TUMOR MEASURES 13 CM IN GREATEST DIMENSION.
- C. TUMOR INVOLVES 100% OF ENDOMETRIAL SURFACE, INVADES 100% OF MYOMETRIUM AND EXTENDS INTO POSTERIOR SEROSAL SURFACE.
- D. HIGH-GRADE POORLY DIFFERENTIATED ADENOCARCINOMA INVOLVES ENDOCERVIX, PARACERVICAL AND PARAMETRIAL TISSUE AND EXTENDS INTO MARGINS OF LEFT PARACERVICAL AND PARAMETRIAL TISSUE.
- E. EXTENSIVE LYMPHOVASCULAR INVASION IDENTIFIED.
- F. LEIOMYOMAS UP TO 6.5 CM, PARTIALLY INVOLVED BY HIGH-GRADE POORLY DIFFERENTIATED ADENOCARCINOMA.
- G. RIGHT OVARY, UNREMARKABLE.
- H. RIGHT FALLOPIAN TUBE WITH PARATUBAL CYST.
- I. LEFT OVARY WITH MATURE CYSTIC TERATOMA.
- J. LEFT FALLOPIAN TUBE WITH HIGH-GRADE POORLY DIFFERENTIATED CARCINOMA IN PARATUBAL TISSUE.

**PART 2: LEFT ENLARGED PELVIC LYMPH NODES, DISSECTION -**

- A. ONE LYMPH NODE, NEGATIVE FOR TUMOR (0/1).
- B. LYMPH NODE SHOWS EXTENSIVE GRANULOMATOUS INFLAMMATION.

**PART 3: LEFT PELVIC LYMPH NODES, DISSECTION -**

- A. SIX LYMPH NODES, NEGATIVE FOR TUMOR (0/6).
- B. LYMPH NODES SHOW EXTENSIVE GRANULOMATOUS INFLAMMATION.

**PART 4: LEFT COMMON ILLAC LYMPH NODES, DISSECTION -**

- A. THREE LYMPH NODES, NEGATIVE FOR TUMOR (0/3).
- B. LYMPH NODES SHOW EXTENSIVE GRANULOMATOUS INFLAMMATION.

**PART 5: LEFT PERIAORTIC LYMPH NODES, DISSECTION -**

- A. FOUR LYMPH NODES, NEGATIVE FOR TUMOR (0/4).
- B. LYMPH NODES SHOW EXTENSIVE GRANULOMATOUS INFLAMMATION.

**PART 6: LEFT POSTERIOR CUL-DE-SAC TISSUE, EXCISION -**

- HIGH-GRADE, POORLY DIFFERENTIATED CARCINOMA

**PART 7: RIGHT PERIAORTIC LYMPH NODES, DISSECTION -**

- A. FOUR LYMPH NODES, NEGATIVE FOR TUMOR (0/4).
- B. LYMPH NODES SHOW EXTENSIVE GRANULOMATOUS INFLAMMATION.

**PART 8: RIGHT PELVIC LYMPH NODES, DISSECTION -**

- A. EIGHT LYMPH NODES, NEGATIVE FOR TUMOR (0/8).
- B. LYMPH NODES SHOW EXTENSIVE GRANULOMATOUS INFLAMMATION.

**COMMENT:**

Pelvic cytology (\_\_\_\_\_) is positive for malignant cells.  
Immunostaining for AE1/AE3 supports the above interpretation of lymph nodes.  
Grocott and Acid fast stain is pending and the results will be reported in the addendum.

**CASE SYNOPSIS:**

**SYNOPTIC - PRIMARY UTERINE ENDOMETRIAL CARCINOMA & CARCINOSARCOMA: HYSTERECTOMY**

**TUMOR TYPE:**

**SPECIMENS**  
Endometrioid adenocarcinoma, NOS

**HISTOLOGIC GRADE (epithelial neoplasm) [combined architectural and nuclear]:**

Poorly differentiated (FIGO 3)

**ARCHITECTURAL GRADE:**

Poorly differentiated

**NUCLEAR GRADE:**

Grade 3

**TUMOR SIZE:**

Maximum dimension: 130 mm

**PERCENT OF ENDOMETRIAL SURFACE INVOLVEMENT:**

Anterior endomyometrium: 100 %, Posterior endomyometrium: 100 %

**DEPTH OF INVASION:**

Into serosa

**STRUCTURES INVOLVED:**

Cervical stroma, Adnexa, Uterine serosa

**MARGINS OF RESECTION:**

Parametrium margin is positive for tumor

**ANGIOLYMPHATIC INVASION:**

Yes

**LYMPH NODES POSITIVE:**

Number of lymph nodes positive: 0

**LYMPH NODES EXAMINED:**

Total number of lymph nodes examined: 26

**T STAGE, PATHOLOGIC:**

pT3b

**N STAGE, PATHOLOGIC:**

pN0

**M STAGE, PATHOLOGIC:**

Not applicable

**FIGO STAGE:**

IIIB

10A-0-3

adenocarcinoma,

endometrioid, NOS

8380/3

Site: Endometrium C54-1

hw  
5/24/11

UUID: E3FBF856-C09F-4F3A-975E-A1D07286A0EB  
TCGA-BG-A2AD-01A-PR

Redacted

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**FIGO STAGE:**

IIIB

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Nod		X
Case is (role):	QUALIFIED	DISQUALIFIED
Reviewer Initials	hw	5/24/11