## SURGICAL PATHOLOGY:

PROCEDURE DATE:

RECEIVED DATE:

REPORT DATE:

COPY TO:

Pre-Op Diagnosis Endometrial cancer Post-Op Diagnosis Same as above Clinical History Nothing indicated
Gross Description: Five parts

1 - right pelvic lymph Container labeled ' nodes" has 6.6 x 5.0 x 1.5 cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal several poorly defined tan-yellow nodules up to 3.1 cm. The largest nodules have grossly fatty cut surfaces. The largest nodule is bisected and submitted labeled A-B. Next largest nodule is bisected and submitted labeled C. Whole smaller nodules are submitted labeled D.

Container labeled "Leave Labeled" 2 - uterus, cervix, bilateral tubes and ovaries" has a previously laterally opened moderately distorted uterus with attached cervix and bilateral adnexa received after tissue harvest for genomic study. The uterus and cervix together weigh 203 grams and on reconstruction measure approximately  $10.0 \times 7.0 \times 5.5$  cm. The cervix has a wrinkled gray-pink ectocervical mucosa. The os is patent. The uterine canal sounds to a depth of approximately 6.8 cm. The endocervical canal is lined by granular friable gray-tan to pink tissue. The uterine serosa is smooth and tan-pink. The myometrium measures up to 2.2 cm and is tan-pink and trabeculated. The entire endometrial canal extending to the lower uterine segment and posteriorly into the ectocervical stroma is occupied by a gritty friable granular gray-tan to pink papilliferous tesion measuring overall approximately 11.6 x 5.5 cm. On sectioning, this has a gritty

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Carcinoma endometrioid, NOS 8380/3

Site: endometrium c54.1

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Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		×
Prior Malignancy History		Y
Dual/Synchronous Primary Noted		X
Case is (citcle): \ QUALIFIED / DISC	QUALIFIED	1
Reviewer ditial Date Reviewed:	$U \mathcal{D} I$	117
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gray-tan fibrotic cut surface. In the posterior ecto to endocervical region this grossly extends to within 0.1 cm of the outer surface margin. In the remaining posterior aspect this grossly extends focally to within 0.1 cm as well. This lesion extends to within 0.1 cm of the fundus as well as to both the left and right lateral aspects. The small amount of parametrial soft tissue on each side shows no gross lesions. The left fallopian tube measures  $5.0 \times 0.5$ x 0.5 cm. The right fallopian tube is grossly absent. The left tube has a tan-pink edematous serosa with areas of underlying liquid blood. There is an area of discontinuity grossly consistent with previous ligation. Within the discontinuous region there is a 0.5 x 0.5 x 0.3 cm cylindrical white plastic bead. The left ovary measures 3.1 x 2.2 x 2.0 cm and has a lobular tan-pink outer surface. On sectioning, there is a mottled tan-pink fibrotic cut surface with two eccentric cystic structures measuring 1.0 and 1.7 cm. These have smooth inner linings and contain serosanguineous fluid. The right ovary measures 3.1 x 1.2 x 1.0 cm and has a lobular tan-pink outer surface. On sectioning, there is a mottled tan-pink fibrotic cut surface. Also received in the same container are three tissue Representative sections cassettes each labeled " are submitted labeled as ronows: A - anterior cervix; B - posterior cervix; C - lower uterine segment; D-F -anterior endomyometrium; G-I - posterior endomyometrium; J-K - left lateral endomyometrium; L-M right lateral endomyometrium; N-P - fundic endomyometrium; Q - left parametrium; R - right parametrium; S - left adnexa; T - right ovary.

Container labeled "3 - left pelvic lymph nodes" has a  $7.5 \times 6.0 \times 1.7$  cm aggregate of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal several poorly defined tan-yellow nodules up to 2.5 cm. On sectioning, the nodules have fleshy and fatty cut surfaces. The largest nodules are bisected and individually submitted labeled A-E. Whole smaller nodules are submitted labeled F.

Container labeled "A - right aortic lymph nodes" has  $5.0 \times 4.1 \times 1.1$  cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal several poorly defined pink-yellow nodules up to 2.0 cm. The largest nodule has a fleshy pink-red cut surface. The largest nodule is bisected and submitted labeled A. Remaining nodules are submitted labeled B.

Container labeled "Baseline State 5 - left aortic lymph nodes" has  $4.0 \times 2.4 \times 0.9$  cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal a few poorly defined pink-yellow nodules up to 0.6 cm. The nodules are entirely submitted in a single cassette.

Microscopic Description: See diagnosis.

Final Diagnosis
Lymph nodes, right pelvic, excision:
Reactive hyperplasia; negative for malignancy, six nodes.
Uterus, radical hysterectomy:
Tumor characteristics:
Specimen integrity: Specimen intact.
Histologic type: Endometrioid carcinoma.
Histologic grade: III (poorly differentiated - see comment).

Tumor site: Endometrial cavity, myometrium, lower uterine segment and endocervix.

Tumor size: 11.6 x 5.5 cm.

Myometrial invasion: Present, extensive; malignancy extends into the outer one-half of the

myometrium, 0.1 cm from the posterior myometrial serosal surface (19 mm of invasive into

20 mm thick myometrium).

Involvement of cervix: Present; malignancy extends into posterior cervical stroma, to within

less than 0.1 cm of inked and cauterized posterior cervical surgical margin; unequivocal

surgical margin involvement not identified.

Extent of involvement of other organs: No other organ involvement identified.

Lymphovascular space invasion: Not identified.

Surgical margin status:

Surgical margins uninvolved (see above).

Lymph node status (see parts one, three, four and five):

Total number of lymph nodes received: 25

Total number containing metastatic carcinoma: 0

Other:

Ectocervix: Squamous metaplasia.

Myometrium: Focal residual adenomyosis present.

Serosa: No malignancy identified.

Right and left parametrial tissues: No malignancy identified.

Left fallopian tube: No malignancy identified.

Right fallopian tube: Not identified grossly or microscopically.

Ovaries: Atrophy, bilateral; negative for malignancy.

pTN stage: pT2, N0

Lymph nodes, left pelvic, excision:

Reactive hyperplasia; negative for malignancy, eight nodes.

Lymph nodes, right aortic, excision:

Reactive hyperplasia; negative for malignancy, six nodes.

Lymph nodes, left aortic, excision: Reactive hyperplasia, negative for malignancy, five nodes. PAS 9

## CPT:

## Comments

No relevant prior material is identified in our files for review and comparison. The malignancy is an endometrioid carcinoma with some minor areas showing a secretory-like appearance. The overall architecture is that of a grade II malignancy; however, focally, high grade nuclei are present, resulting in an overall classification as a grade III malignancy. No convincing papillary serous component is identified. Correlation with any prior biopsy material is suggested.

At the request of the undersigned pathologist, these slides have been additionally reviewed by Dr. who concurs with the diagnosis.

This report has been finalized at the

<Sign Out Dr. Signature>