

SURGICAL PATHOLOGY

1CA-0-3

Adenocarcinoma, endometrioid, NOS
8380/3

Case Number :

Site: Endometrium C54.1

21.11
lu

Diagnosis:

A: Omentum, omentectomy

- Involved by high grade endometrioid adenocarcinoma.

B: Uterus and cervix, hysterectomy:

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	KMI	lu
Date Reviewed:	1/31/11	

Location of tumor: uterine fundus

Histologic type: endometrioid adenocarcinoma of the endometrium with extensive eosinophilic change, 3.5 cm in greatest dimension (see comment).

Histologic grade (FIGO): FIGO grade 3 (architectural grade 3, nuclear grade 3)

Extent of invasion: Myometrium

Myometrial invasion: outer half

Depth: 1.3 Wall thickness: 2.1 Percent: 62%

UUID: 52C26330-540E-4409-ACDF-4D56EA1E7D7F
TCGA-EY-A1GW-01A-PR

Redacted



Serosal involvement: none identified

Lower uterine segment involvement: none identified

Cervical involvement: none identified

Adnexal involvement (see below): none identified

Other sites: omentum, pelvic gutter, and bowel serosa involved by endometrioid adenocarcinoma (see parts A, C and D)

Cervical/vaginal margin and distance: widely free of tumor

Lymphovascular Space Invasion: none identified (see comment)

Regional lymph nodes: not applicable

Other Pathologic findings:

Cervix

- Chronic cervicitis with cystically dilated endocervical glands and a tunnel cluster.

Endometrium

- Atrophic endometrium.

Tumor estrogen receptor and progesterone receptor immunohistochemistry results:

Estrogen receptor Positive 1 to 2+, 60%

Progesterone receptor Positive 1 to 2+, 30%

AJCC Pathologic stage: pT1b pNx pM1

FIGO (2008 classification) Stage grouping: IVB

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:

- Epithelial inclusion cyst.
- Physiologic changes.

Ovary, left, oophorectomy:

- Epithelial inclusion cysts.
- Physiologic changes.

Fallopian tube, right, salpingectomy:

- No specific pathologic abnormality.

Fallopian tube, left, salpingectomy:

- No specific pathologic abnormality.

C: Soft tissue, gutter implant, removal

- Involved by high grade endometrioid adenocarcinoma.

D: Colon, right hemicolectomy

- Appendiceal and bowel serosa involved by high grade endometrioid adenocarcinoma.
- Surgical resection margins free of tumor.

Comment:

Histologic examination reveals tumor with solid and cribriform growth patterns. Cells show enlarged nuclei with markedly prominent nucleoli and abundant eosinophilic cytoplasm. Immunohistochemical stains were performed and tumor cells are positive for CK 7 and show patchy positivity for p53. Immunostains for CK 20, p16, and p63 are negative. Morphology and immunoprofile support the above diagnosis. Findings in one area raised the possibility of lymphovascular space invasion. However, immunostains for CD31 and CD34 do not convincingly show intravascular tumor.

Clinical History:

with endometrial cancer.

Gross Description:

Received are four appropriately labeled containers.

Container A is additionally labeled "omentum." It holds a 43 x 13 x 2.0 cm fragment of omentum. Within the omentum there are multiple white, soft, well circumscribed nodules ranging from 0.5 to 14.5 cm. Sections of the nodules are submitted in blocks A1-A3 with the remaining tissue retained in formalin.

Container B:

Adnexa: present

Weight: 118 grams

Shape: pear shaped

Dimensions:

height: 11.2 cm

anterior to posterior width: 5.0 cm

breadth at fundus: 6.0 cm

Serosa: tan/pink, focally erythematous with a 1.1 x 0.6 cm tan, slightly nodular area on the left anterior wall

Cervix: 2.1 x 2.0 cm with a 0.4 cm patent os

length of endocervical canal: 1.7 cm

ectocervix: tan/pink and focally erythematous

endocervix: tan and trabeculated

Endomyometrium:

length of endometrial cavity: 4.5 cm

width of endometrial cavity at fundus: 4.5 cm

tumor findings:

dimensions: 3.5 x 3.3 x 2.9 cm

appearance: tan/white, soft, exophytic

location and extent: attached to the dome extending into the myometrium

myometrial invasion: yes; outer one half

thickness of myometrial wall at deepest gross invasion: 1.7 cm (mass comes to within 0.5 cm of the serosal surface)

other findings or comments: none

Adnexa:

Right ovary:

dimensions: 1.5 x 1.0 x 0.6 cm

external surface: tan and smooth

cut surface: tan/yellow and unremarkable

Right fallopian tube:

dimensions: 4.2 cm in length x 0.3 cm in diameter

other findings: the outer surface is tan/red and glistening; the cut surface reveals a pinpoint patent lumen

Left ovary:

dimensions: 1.3 x 1.1 x 0.6 cm

external surface: the outer surface is tan and smooth

cut surface: tan, firm and unremarkable

Left fallopian tube:

dimensions: 3.5 cm in length x 0.4 cm in diameter

other findings: the outer surface is tan/red and glistening; the cut surface reveals a pinpoint patent lumen
Lymph nodes: n/a

Other comments: none

Digital photograph taken: no

Tissue submitted for special investigations: tumor submitted to Tissue Procurement

Block Summary:

- B1 - anterior cervix, lower uterine segment, bisected section
- B2 - posterior cervix, lower uterine segment, bisected section
- B3 - tumor with respect to serosal surface, perpendicular
- B4,B5 - tumor and adjacent myometrium
- B6 - abnormality on anterior serosal wall
- B7 - additional section of anterior endomyometrium
- B8 - additional section of posterior endomyometrium
- B9 - right ovary (entirely submitted)
- B10 - right fallopian tube
- B11 - left ovary (entirely submitted)
- B12 - left fallopian tube

Container C is additionally labeled "right gutter implant." It holds a triangular shaped piece of red/brown firm tissue, 9.0 x 7.5 x 1.5 cm. Within the tissue there are multiple white soft, ill-defined nodules. The specimen is sampled in blocks C1-C3, with the remaining tissue retained in formalin.

Container D is additionally labeled "cecum, distal ileum, ascending colon and appendix." It holds a right hemicolectomy. The segment of terminal ileum measures 2.5 cm in length x 3.5 cm in circumference and is contiguous with the cecum/ascending colon, part of the transverse colon (33 cm in length x up to 6 cm in circumference). The attached appendix is 4.5 cm in length x 0.3 cm in diameter. On the outer surface of the appendix there is a red/brown firm nodule, 0.4 x 0.4 cm. The nodule comes to within 1.5 cm of the proximal aspect of the appendix. On section, the appendix has a patent unremarkable lumen. The serosal surface on the ascending colon just past the cecum is covered with red/brown, firm tissue approximately 10.0 x 5.0 cm. On section, this tissue has a white creamy cut surface and does not appear to invade into the bowel wall. The terminal ileum, cecum, ascending colon, and part of the transverse colon tan/pink and glistening mucosa. No mucosal based masses are noted. A 2.5 cm in greatest dimension tan firm, creamy lymph node is present at the mesenteric vascular pedicle margin.

Also within the specimen container there is an additional segment of small bowel, 5.5 cm in length x 1.5 cm in diameter. The bowel is received stapled. The serosal surface at one of the stapled margins is discolored red/brown. The remainder of the serosa is tan/pink and glistening. Opening reveals tan/pink folded, unremarkable mucosa.

Also present within the specimen container are two fragments of red/brown firm tissue, 11.0 x 7.5 x 2.5 cm in aggregate. On section the cut surface is tan/red and soft. The specimen is sampled per block summary.

Block summary:

D1 - proximal and distal mucosal margins (right hemicolectomy)

D2 - appendix

D3 - serosal implant

D4,D5 - serosal implant and bowel wall

D6 - additionally submitted fragment of small bowel margin with red/brown firm tissue, en face

D7 - opposite margin

D8 - section of additionally submitted red/brown firm 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

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