SURGICAL PATHOLOGY

101-0-3

Adino carcinoma, Indometriord, NOS 8380/3 Sita: Indometrium C541

Case Number:

Diagnosis:

A: Lymph node, right pelvic, excision

- Six lymph nodes with no metastatic carcinoma identified (0/6).
- All tissue submitted for microscopic examination.

B: Lymph node, left pelvic, excision

- Five lymph nodes with no metastatic carcinoma identified (0/5).
- All tissue submitted for microscopic examination.

C: Lymph node, right para-aortic, excision

- Two lymph nodes with no metastatic carcinoma identified (0/2).
- All tissue submitted for microscopic examination.

D: Lymph node, left para-aortic, excision

- Three lymph nodes with no metastatic carcinoma identified (0/3).
- All tissue submitted for microscopic examination.

E: Uterus and cervix, bilateral fallopian tubes and ovaries, hysterectomy and bilateral salpingo-oophorectomy:

Location of tumor: anterior and posterior mid to upper corpus

Histologic type: endometrioid adenocarcinoma

Histologic grade (FIGO): 2

Extent of invasion: deep outer half

Myometrial invasion: outer half

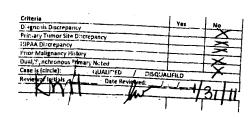
Depth: 1.5 cm Wall thickness: 1.6 cm

Percent: 94% (E13)

Serosal involvement: not identified

Lower uterine segment involvement: not identified

Cervical involvement: not identified





Adnexal involvement (see below): not identified
Other sites: not applicable
Cervical/vaginal margin and distance: widely negative
Lymphovascular Space Invasion: present (E3, E8)
Regional lymph nodes (see other specimens):
Total number involved: 0
Total number examined: 16
Other Pathologic findings:
- Cervix with atrophy, mild chronic cervicitis, squamous and tubal metaplasia, tunnel clusters and Nabothian cysts.
- Vascular calcifications.
- Small hyalinized intramural leiomyoma (7mm)
Tumor estrogen receptor and progesterone receptor immunohistochemistry results: ER positive (2+, 80%) and PR
positive (2-3+, 75%) (E8)
AJCC Pathologic stage: pT1b pN0 pMx
FIGO (2008 classification) Stage grouping: 1B
These stages are based on information available at the time of this report, and are subject to change pending additiona
information and clinical review
Ovary, right, oophorectomy:
- Atrophic ovary.
- No malignancy identified.
Ovary, left, oophorectomy:
- Atrophic ovary
- No malignancy identified.
Fallopian tube, right, salpingectomy:
- Discontinuous by gross examination, with microscopic cautery artifact.
- No malignancy identified.
Fallopian tube, left, salpingectomy:
- No significant pathologic abnormality.
- No malignancy identified.
Clinical History:
with endometrial cancer.

Gross Description:

Received are five appropriately labeled containers.

Container A is additionally labeled "right pelvic lymph node." It holds a 3.7 x 3.7 x 1.5 cm aggregate of red/tan fibrofatty tissue. There are five lymph node candidates palpated ranging in size from 2.0 x 0.8 x 0.5 cm to 0.5 x 0.3 x 0.3 cm.

A1 - one lymph node candidate, bisected

A2 - two lymph node candidates

A3 - two lymph node candidates

Container B is additionally labeled "left pelvic lymph node." It holds a $3.9 \times 3.0 \times 1.5$ cm aggregate of yellow/tan fibrofatty tissue. Five lymph node candidates are palpated measuring 1.5 x 0.7 x 0.3 cm to 1.0 x 0.4 x 0.3 cm.

Block summary:

B1 - three lymph node candidates

B2 - two lymph node candidates

Container C is additionally labeled "right para-aortic lymph node." It holds a 4.8 x 1.1 x 0.8 cm fragment of yellow/tan fibrofatty tissue. There are two lymph node candidates palpated measuring 2.0 x 1.0 x 0.7 cm and 0.3 x 0.3 x 0.3 cm. The larger node is bisected and submitted entirely in block C1. The smaller node is submitted entirely in block C2. I....

Container D is additionally labeled "left para-aortic lymph node." It holds a 2.8 x 1.2 x 0.5 cm aggregate of yellow/tan fibrofatty tissue. No definite lymph nodes are palpated. The entire aggregate is submitted in block D1, i

Container E:

Adnexa: left and right ovaries and tubes are present

Weight: 166.1 grams Shape: pear shaped

Dimensions: height: 10.4 cm

anterior to posterior width: 5.0 cm

breadth at fundus: 7.0 cm

Serosa: tan/pink and slightly dusky at the area of the fundus

Cervix:

length of endocervical canal: 2.8 cm

ectocervix: tan and glistening

endocervix: tan and slightly trabeculated with a small amount of mucoid material adherent

Endomyometrium:

length of endometrial cavity: 5.0 cm

width of endometrial cavity at fundus: 4.4 cm

tumor findings:

dimensions: 3.8 x 5.0 x 3.4 cm

appearance: tan/white, and fungating with an adherent blood clot location and extent: fundus and corpus and extending

to the lower uterine segment

myometrial invasion: outer one half

thickness of myometrial wall at deepest gross invasion: 1.2 cm

other findings or comments: none

Adnexa:

Right ovary:

dimensions: 2.1 x 1.6 x 0.7 cm

external surface: tan and glistening

cut surface: brown/tan with no focal masses or lesions present

Right fallopian tube: discontinuance

dimensions: 4.5 x 0.9 x 0.5 cm

other findings: The fallopian tube and its attachment are slightly dusky.

Left ovary:

dimensions: 2.6 x 1.4 x 0.5 cm external surface: tan and glistening

cut surface: tan/brown with no focal masses or lesions

Left fallopian tube:

dimensions: 6.7 cm x 0.6 x 0.5 cm other findings: normal fimbriated end

Lymph nodes: n/a

Other comments: small intramural fibroids measuring 0.6 x 0.4 cm in the fundus

Digital photograph taken: not taken

Tissue submitted for special investigation: tumor to Tissue Procurement

Block Summary:

E1 - anterior cervix

E2 - anterior lower uterine segment

E3 - anterior mid corpus

E4 - anterior upper corpus/fundus

E5 - posterior cervix

E6 - posterior lower uterine segment

E7 - posterior mid corpus

E8 - posterior upper corpus/fundus

E9 - right ovary and right fallopian tube

E10 - left ovary and left fallopian tube

E11 - anterior cervix

E12 - posterior cervix

E13-E15 - representative sections of mass on posterior wall

E16 - mass at fundus

E17 - intramural nodule at fundus

Grossing Pathologist:

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).