

Adenocarcinoma, Endometrioid, NOS 8380/3

PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: The patient is a 61-year old woman with endometrial adenocarcinoma, endometrioid type and with ventral/umbilical hernias.

LMP DATE: Post-menopausal.

PROCEDURE: total abdominal hysterectomy, bilateral salpingo-oophorectomy, hernia repair, omentectomy, pelvic and periaortic lymph node dissection, appendectomy.

SPECIFIC CLINICAL QUESTION: Not stated.

OUTSIDE TISSUE DIAGNOSIS: Not stated.

PRIOR MALIGNANCY: Not stated.

CHEMORADIATION THERAPY: Not stated.

OTHER DISEASES: Not stated.

UUID: 76C588F1-ED43-485D-8FFF-32F4C5D92202
TCGA-BG-A186-01A-PR

Redacted

**FINAL DIAGNOSIS:**

PART 1: VENTRAL HERNIA SAC, EXCISION -

- A. NEGATIVE FOR TUMOR.
- B. FOREIGN BODY GIANT CELL REACTION.

PART 2: VENTRAL HERNIA SAC "#2", EXCISION -
NEGATIVE FOR TUMOR.

PART 3: UTERUS, CERVIX, BILATERAL OVARIES AND FALLOPIAN TUBES, TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY (502 GRAMS) -

- A. ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, FIGO GRADE I, NUCLEAR GRADE 2, INVOLVES 60% OF ENDOMETRIAL SURFACE AND INVADDES 6 MM OF 21 MM THICK MYOMETRIUM (~28%) IN A BACKGROUND OF COMPLEX ATYPICAL HYPERPLASIA.
- B. LEFT FALLOPIAN WITH METASTATIC ADENOCARCINOMA, ENDOMETRIOID TYPE FIGO GRADE I, NUCLEAR GRADE 2 (see comment).
- C. PATHOLOGIC STAGE (UTERINE CORPUS ADENOCARCINOMA): T3a N0 MX.
- D. FIGO STAGE (UTERINE CORPUS ADENOCARCINOMA): IIIA.
- E. INVASIVE POORLY DIFFERENTIATED ADENOSQUAMOUS CARCINOMA INVOLVES THE CERVIX CIRCUMFERENTIALLY, IN A BACKGROUND OF CERVICAL INTRAEPITHELIAL NEOPLASIA 3 (CIN 3) AND ADENOCARCINOMA IN SITU (AIS).
- F. TUMOR INVADDES 5 MM OF 20 MM CERVICAL WALL THICKNESS AND SUPERFICIALLY SPREADS OVER 11 MM.
- G. ECTOCERVICAL MARGIN IS FREE OF INVASIVE CARCINOMA; HOWEVER, CIN 3 EXTENDS TO THE ECTOCERVICAL/VAGINAL MARGIN AT MULTIPLE FOCI.
- H. INVASIVE CARCINOMA IS 8 MM FROM ECTOCERVICAL/VAGINAL MARGIN.
- I. LYMPHOVASCULAR INVASION BY ADENOSQUAMOUS CARCINOMA IS PRESENT.
- J. CIN 3 EXTENDS TO LOWER UTERINE SEGMENT.
- K. PATHOLOGIC STAGE (UTERINE CERVIX CARCINOMA): T1b1 N0 MX.
- L. FIGO STAGE (UTERINE CERVIX CARCINOMA): IB1.
- M. LEFT FALLOPIAN TUBE WITH ENDOMETRIOSIS, FIBROUS ADHESIONS AND PARATUBAL CYSTS.
- N. LEFT OVARY WITH SURFACE EPITHELIAL INCLUSIONS, MICROCALCIFICATIONS AND SURFACE ADHESIONS.
- O. RIGHT FALLOPIAN, NEGATIVE FOR TUMOR.
- P. RIGHT OVARY WITH SURFACE EPITHELIAL INCLUSIONS AND MICROCALCIFICATIONS.
- Q. ENDOSALPINGIOSIS AND ENDOMETRIOSIS IN PARACERVICAL SOFT TISSUE.
- R. MYOMETRIUM WITH ADENOMYOSIS AND LEIOMYOMATA (UP TO 7.5 CM).

PART 4: LYMPH NODES, LEFT PELVIC, EXCISION -

EIGHT LYMPH NODES, NEGATIVE FOR METASTATIC TUMOR (0/8).

PART 5: LYMPH NODES, LEFT COMMON ILIAC AND PERIAORTIC, EXCISION -

TWO LYMPH NODES, NEGATIVE FOR METASTATIC TUMOR (0/2).

PART 6: LYMPH NODES, RIGHT PELVIC, EXCISION -

FIFTEEN LYMPH NODES, NEGATIVE FOR METASTATIC TUMOR (0/15).

PART 7: LYMPH NODES, RIGHT COMMON ILIAC AND PERIAORTIC, EXCISION -

FOUR LYMPH NODES, NEGATIVE FOR METASTATIC TUMOR (0/4).

PART 8: OMENTUM, EXCISION -

NEGATIVE FOR METASTATIC TUMOR.

PART 9: APPENDIX, EXCISION -

- A. NEGATIVE FOR METASTATIC TUMOR.
- B. FIBROUS OBLITERATION OF TIP.

*Synchronous primary
invasive endocervical
carcinoma
12/15/14
JW*

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
ICDPA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		
Dual/Asynchronous Primary Not		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	JW	
Date Reviewed	12/15/14	

COMMENT:

As no cervical mass was identified clinically and on gross examination, including intraoperatively, the cervix was submitted entirely for histologic examination and demonstrates poorly differentiated adenosquamous carcinoma involving all quadrants. The tumor shows a horizontal spread of 11 mm, and invades to the depth of 5 mm of 20 mm cervical stromal (<1/3). The negative immuno stains for chromogranin and synaptophysin exclude neuroendocrine differentiation. The immunophenotype previously performed on the original endometrial curettage material supports the morphologic impression of an endometrial adenocarcinoma and a separate, HPV-related (diffusely strongly positive p16) cervical carcinoma.

The focus of adenocarcinoma in the left fallopian tube has the same morphology as the endometrial adenocarcinoma, endometrioid type. The entire fallopian tube was submitted for histologic examination and although endometriosis is identified, there is no transition between endometriosis and tumor and there is no evidence of complex atypical hyperplasia. Accordingly, the tumor in the fallopian tube interpreted as metastatic focus from the endometrial adenocarcinoma.

The morphology of the cervical tumor is distinct from the endometrial tumor; they are synchronous primary tumors. Correlated with companion pelvic wash

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

TUMOR TYPE:	SPECIMENS Endometrioid adenocarcinoma, NOS
HISTOLOGIC GRADE (epithelial neoplasm) [combined architectural and nuclear]:	Well differentiated (FIGO 1)
ARCHITECTURAL GRADE:	Well differentiated
NUCLEAR GRADE:	Grade 2
TUMOR SIZE:	Maximum dimension: 70 mm
PERCENT OF ENDOMETRIAL SURFACE INVOLVEMENT:	Anterior endomyometrium: 100 %, Posterior endomyometrium: 20 %
DEPTH OF INVASION:	Less than 1/2 thickness of myometrium
STRUCTURES INVOLVED:	Adnexa
MARGINS OF RESECTION:	Vaginal margin is negative for tumor, Parametrium margin is negative for tumor
ANGIOLYMPHATIC INVASION:	No
PRE-NEOPLASTIC CONDITIONS:	Complex endometrial hyperplasia with atypia
OTHER:	Leiomyoma
MITOTIC RATE:	Mitotic rate: 15 / 10 HPF
LYMPH NODES POSITIVE:	Number of lymph nodes positive:: 0
LYMPH NODES EXAMINED:	Total number of lymph nodes examined: 29
DISTANT METASTASES (Excludes metastases to vagina, pelvic serosa, and adnexa. Includes lymph nodes other than regional lymph nodes.):	Absent
T STAGE, PATHOLOGIC:	pT3a
N STAGE, PATHOLOGIC:	pN0
M STAGE, PATHOLOGIC:	Not applicable
FIGO STAGE:	IIIA

SYNOPTIC - PRIMARY UTERINE CERVIX TUMORS: HYSTERECTOMY AND CONIZATION

TUMOR TYPE:	Adenosquamous carcinoma, invasive Squamous intraepithelial lesion (SIL) Adenocarcinoma in-situ (AIS)
HISTOLOGIC GRADE:	Poorly differentiated High grade squamous intraepithelial lesion (HSIL)
TUMOR SIZE:	Maximum dimension: 11 mm
TUMOR LOCATION:	Endocervix
DEPTH OF INVASION:	Less than or equal to 1/3 of cervical thickness
TUMOR THICKNESS:	Tumor thickness: 5 mm
HORIZONTAL SPREAD:	Horizontal Spread: 11 mm.
EXTENSION OF TUMOR:	Extension of Tumor: all 4 quadrants of the cervix
KOILOCYTES:	Absent
INTRAGLANDULAR INVOLVEMENT BY SIL:	Present
MARGINS OF RESECTION:	Anterior and/or posterior paracervical tissue is negative for tumor
MITOTIC RATE:	Mitotic rate: 14 / 10 HPF
ANGIOLYMPHATIC INVASION:	Angiolymphatic invasion present
LYMPH NODES POSITIVE:	Number of lymph nodes positive: 0
LYMPH NODES EXAMINED:	Total number of lymph nodes examined: 29
T STAGE, PATHOLOGIC:	pT1b1
N STAGE, PATHOLOGIC:	pN0
M STAGE, PATHOLOGIC:	Not applicable
FIGO STAGE:	IB1
RESIDUAL TUMOR:	Rx