

UID:883D4832-75FB-495C-B93F-904FCA1AB18C  
TCGA-BK-A0CA-01A-PR

Redacted

ICD-0-3

Carcinoma, mixed Endometrioid (8380/3) and  
Serous (8441/3) - code to highest 8441/3  
Site: endometrium C54.1

fw  
9/3/11

#### SPECIMEN

- A. Uterus, cervix, bilateral tubes and ovaries
- B. Vaginal cuff biopsy
- C. Right pelvic biopsy
- D. Periaortic lymph node
- E. Left pelvic lymph node
- F. Omentum

#### CLINICAL NOTES

PRE-OP DIAGNOSIS: Uterine cancer

#### GROSS DESCRIPTION

A. Received fresh, subsequently fixed in formalin, labeled  
gram  
and uterus. The specimen is partially covered with pink-tan, smooth and glistening serosa and pink-tan, smooth and glistening ectocervix. The specimen has attached bilateral adnexa. The specimen is opened to show a pink-tan smooth and lush endometrial cavity, which is filled with exophytic irregular endometrial tumor. The overall dimension is 4.5 x 2.5 x 1.2 cm. This appears larger on the posterior wall than the anterior wall and comes within 3.5 cm. of the cervical os. The cut surface of the tumor shows no discrete invasion into the myometrium on either side. The myometrial thickness is 1.7 cm. The right ovary is 2.2 x 0.7 x 0.5 cm. and is pink-tan and cerebriform, with a pink-tan mottled cut surface. The left ovary is 2.5 x 1.7 x 1.5 cm. and is pink-tan and cerebriform with a pink-tan mottled cut surface. The fallopian tubes show gross evidence of previous ligation, both are fimbriated and average 3.5 x 0.7 cm. Representative sections of the specimen are submitted as follows:

BLOCK SUMMARY: 1 - Representative cervix; 2 - lower uterine segment; 3 - right parametrial tissue; 4 - left parametrial tissue; 5-8 - full thickness endomyometrium; 9 - representative right tube

**GROSS DESCRIPTION**

and ovary; 10 - representative left tube and ovary. RS-10

B. Received fresh labeled "vaginal cuff biopsy" is an irregular, 1 x 0.8 x 0.25 cm soft tan white-pink portion of tissue which is inked, trisected and entirely submitted. AS-1.

4 C. Received fresh labeled "right pelvic node" is a 5.8 x x 1.6 cm aggregate of soft, lobulated golden yellow adipose tissue. Several soft tan-pink to rubbery tan-white tissues in keeping with lymph nodes measuring up to 3.3 cm in greatest dimension are recovered. The lymphoid tissues are entirely submitted in seven blocks as labeled. RS-7.

BLOCK SUMMARY: 1 - Six whole nodes; 2-5 - one bisected node per cassette;  
6,7 - bisected largest node (one-half per cassette).

9.2 D. Received fresh labeled "periaortic lymph node" is a x 7.5 x 3 cm aggregate of fragmented soft lobulated golden yellow adipose tissue. Multiple rubbery tan-white to soft tan pink-red tissues in keeping with single and aggregate clusters of lymph nodes measuring up to 7.5 cm in greatest dimension are recovered. The largest nodal aggregate shows grossly positive tan-white cut surfaces (frank metastasis). Representative sections including representative sections from the largest, grossly positive lymph nodes are submitted in sixteen blocks as labeled. RS-16.

BLOCK SUMMARY: 1-3 - Six whole lymph nodes per cassette; 4-13 - one bisected lymph node per cassette; 14-16 - representative from five largest grossly positive nodal aggregates (one represented per cassette).

#### GROSS DESCRIPTION

E. Received fresh labeled "left pelvic lymph node" is a 4 x 3.8 x 1.5 cm aggregate of fragmented soft tan-gold adipose tissue. A few soft to rubbery pale tan to tan-red tissues in keeping with lymph nodes measuring up to 3.6 cm in greatest dimension are recovered. The lymphoid tissues are entirely submitted in five blocks as labeled. RS-5.

BLOCK SUMMARY: 1 - Three whole nodes; 2,3 - one bisected node per cassette;  
4,5 - bisected largest node (one-half per cassette).

F. Received fresh labeled "omentum" is a 15.5 x 11 x 4 cm portion of soft, lobulated golden yellow adipose tissue in keeping with omentum. No discrete mass lesion or abnormality is identified grossly. Random representative sections are submitted in four blocks. RS-4.

#### MICROSCOPIC DESCRIPTION

A. The following template applies to the uterus.

Histologic type: Mixed endometrioid and serous carcinoma.

Histologic grade: The endometrioid carcinoma is grade 1-2 and the serous carcinoma is grade 3.

Myometrial invasion: Myometrial invasion is difficult to assess due to the extensive lymphovascular space invasion. Lymphovascular space

invasion is present throughout the full thickness of the myometrium. Use of immunohistochemical stain for endothelium (factor VIII) was utilized in attempt to determine which was true myometrial invasion. It appears that there is likely full thickness involvement of the myometrial wall to a depth of 2.2 cm.

#### MICROSCOPIC DESCRIPTION

Cervix: Extensively involved by serous carcinoma.  
Vascular invasion: Extensive  
Regional lymph nodes: See below  
Other findings: Serous carcinoma is present within both the right and left parametrial tissues. Additionally the left ovary shows extensive serous carcinoma and there are tubo-ovarian adhesions with carcinoma adjacent to the left fallopian tube.

- B. The vaginal cuff biopsy demonstrates no evidence of malignancy.
- C. The right pelvic lymph nodes demonstrate metastatic serous carcinoma in 3 of 8 lymph nodes (3/8).
- D. The paraaortic lymph nodes demonstrate metastatic serous carcinoma in 29 of 32 lymph nodes (29/32).
- E. The left pelvic lymph nodes demonstrate metastatic serous carcinoma in 6 of 6 lymph nodes (6/6).
- F. The omentum demonstrates no evidence of malignancy.

3x2, 4x3, 5

#### DIAGNOSIS

- A. Uterus, cervix, biopsy:  
Extensive stromal involvement by serous carcinoma.  
Uterus, endomyometrium and serosa, biopsy: Mixed endometroid and serous carcinoma, extensive myometrial involvement (lymphatic spaces and myometrial invasion, by serous carcinoma extending to serosal surface.)  
Left ovary, resection: Serous carcinoma.  
Left fallopian tube, resection: Serous carcinoma.  
Right ovary, resection:  
No tumor seen.  
Right fallopian tube, resection:  
No tumor seen.

#### DIAGNOSIS

- Right and left parametrial tissue: Serous carcinoma.  
B. Vaginal cuff, biopsy: No evidence of malignancy.  
C. Right pelvic lymph nodes, resection:  
Metastatic serous carcinoma in 3 of 8 lymph nodes (3/8).  
D. Paraaortic lymph nodes, resection:  
Metastatic serous carcinoma in 29 of 32 lymph nodes (29/32).  
E. Left pelvic lymph nodes, resection:  
Metastatic serous carcinoma in 6 of 6 lymph nodes (6/6).  
F. Omentum, resection:  
No evidence of malignancy.

-----  
, M.D, (Electronic Signature)

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle): QUALIFIED		
Reviewer Initials		

DATE REVIEWED: 9/2/11