

Adenocarcinoma, endometrioid, NOS 8380/3
Site: Endometrium C54-1 2/25/11

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (Circle):		
Reviewer Initials	QUALIFIED	DISQUALIFIED
Date Reviewed	2/25/11	

Surg Path

CLINICAL HISTORY:

Malignant neoplasm corpus uteri. Grade 1 endometrial cancer per endometrial biopsy.

GROSS EXAMINATION:

A. "Uterus, cervix, tubes, ovaries and fibroid (AF1-4)", received fresh and placed in formalin at [REDACTED] is a 303 gram, 13 x 10 x 4.5 cm didelphic uterus with attached bilateral tubes and ovaries (bilateral ovaries- 2.5 x 1.7 x 1.4 cm, bilateral fimbriated fallopian tube- 6 cm long x 0.6 cm in diameter). The 3 cm in diameter cervix has one 1.5 cm in diameter patent os which leads into a septated endocervical canal, dividing the endocervical canal and endometrial cavities into right and left separate structures. The 7 x 4 cm left endometrial cavity is 100% effaced and replaced by white-tan, exophytic, soft and friable endometrial tumor (present on both anterior and posterior endometrium), which grossly invades 1.5 cm into and up to 3.5 cm thick myometrium. The tumor also extends to involve the left anterior and posterior lower uterine segment, 3.8 and 2.9 cm from the external os, respectively. The 7 x 1.4 cm right endometrial cavity is compressed and distorted by the aforementioned tumor in the left endometrial cavity as well as by a large intramural nodule underlying the left endometrial cavity. The right endometrium is 0.1 cm thick and contains two small, superficial tan polyps, each 0.8 x 0.8 x 0.7 cm. These polyps are within the posterior right endometrium.

There are three total myometrial nodules ranging from 1.5 cm in greatest dimension- 4 x 3.5 x 3 cm. All three nodules are intramural without hemorrhage or necrosis, with the two smallest within the anterior, right myometrium and the largest within the posterior, left myometrium.

The bilateral ovaries are pink-yellow with a 0.4 cm in diameter simple cortical cyst within the left ovary with smooth inner walls. The bilateral fallopian tubes are also unremarkable.

Also received is a separate 92 gram (fixed weight), 7.6 x 5.5 x 5.4 cm white-tan, smooth nodule which on sectioning is focally calcified with an otherwise whorled cut surface without hemorrhage or necrosis.

BLOCK SUMMARY:

- A1- frozen remnant AF1 (full thickness anterior)
- A2- frozen remnant AF2 (anterior lower uterine segment)
- A3-4- frozen remnant AF3-4, respectively (full thickness posterior, bisected)
- A5- right anterior cervix
- A6- right anterior lower uterine segment
- A7- left anterior cervix
- A8- left anterior lower uterine segment
- A9- right posterior cervix
- A10- right posterior lower uterine segment
- A11- left posterior cervix
- A12- left posterior lower uterine segment
- A13- right anterior endomyometrium
- A14- full thickness right posterior endomyometrium
- A15- full thickness left anterior endomyometrium, with tumor
- A16-17- full thickness left posterior endomyometrium, bisected (deepest tumor invasion)
- A18- additional tumor from left fundus
- A19-21- right posterior endometrial polyp, submitted en bloc
- A22- largest intramural nodule, left posterior

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Redacted



A23- smallest intramural nodules, right anterior
 A24- right ovary and fallopian tube
 A25- left ovary and fallopian tube
 A26- separate nodule
 A27- additional right fallopian tube
 A28- additional left fallopian tube

A gross photograph of the uterus is taken

B. "Right pelvic lymph node", received fresh and placed in formalin at [REDACTED] on [REDACTED] 4.5 x 4 x 2.3 cm aggregate of fibroadipose tissue which contains four lymph node candidates ranging from 0.5 to 3.2 x 2.2 x 0.7 cm. All are submitted as follows.

BLOCK SUMMARY:

B1- one intact lymph node
 B2- one bisected lymph node
 B3- one sectioned lymph node
 B4- one sectioned lymph node
 B5- lymph node, sectioned
 B6- lymph node, sectioned
 B7- lymph node, sectioned

C. "Left pelvic lymph node", received fresh and placed in formalin on [REDACTED] on [REDACTED] is a 4.8 x 4 x 2.2 cm aggregate of fibroadipose tissue which contains three lymph nodes ranging from 2.1 x 2 x 1 cm- 4.6 x 1.6 x 1.4 cm. All are submitted as follows:

BLOCK SUMMARY:

C1- sectioned lymph node
 C2- lymph node, sectioned
 C3- sectioned lymph node
 C4- lymph node, sectioned
 C5- lymph node, sectioned
 C6- lymph node, sectioned
 C7-8 largest lymph node, sectioned

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, tubes, ovaries, fibroid": AF1 (full thickness, anterior)-
 endometrioid adenocarcinoma, FIGO 1-2, 3/20mm
 AF2 (anterior lower uterine segment)- carcinoma involves
 lower uterine segment [REDACTED]
 AF3-4 (full thickness, posterior)- endometrioid
 adenocarcinoma FIGO 1-2, 15/35 mm (

Note: Uterus didelphys is present [REDACTED]

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterosalpingo-oophorectomy and node dissection

PATHOLOGIC STAGE (AJCC 7th Edition): pT1b pN0 pMX

NOTE: Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it.

The exact operative procedure is available in the surgeon's operative report.

DIAGNOSIS:

A. UTERUS, CERVIX, FALLOPIAN TUBES AND OVARIES (AF1-4):

UTERUS: 303 GRAMS

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: LEFT FUNDUS, LEFT LOWER UTERINE SEGMENT, AND FOCAL INVOLVEMENT OF RIGHT FUNDUS.

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA. ✓

FIGO GRADE: 2/3.

TUMOR SIZE: APPROXIMATELY 6 X 4 X 1.2 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 1.5 CM, IN A 2.9 THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA (RIGHT AND LEFT).

REMAINING MYOMETRIUM: LEIOMYOMATA.

CERVIX: NEGATIVE FOR CARCINOMA.

SEROSA: NEGATIVE FOR CARCINOMA.

SPECIMEN MARGINS: NOT INVOLVED.

OVARIES, RIGHT AND LEFT: NEGATIVE FOR CARCINOMA.

FALLOPIAN TUBE, RIGHT AND LEFT: NEGATIVE FOR CARCINOMA.

B. RIGHT PELVIC LYMPH NODE, DISSECTION:

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

C. LEFT PELVIC LYMPH NODE, DISSECTION:

NINE LYMPH NODES, NEGATIVE FOR CARCINOMA (0/9).

COMMENT: In part A, the adenocarcinoma involves mainly the left portion of the fundus in this uterus didelphys, but also focally involves the right fundus and an endometrial polyp in the right side. In most areas, the myometrial invasion is limited to the inner half of the myometrium, but in one area in the left posterior endomyometrium [REDACTED], myometrial invasion by carcinoma is present just beyond the mid point of the myometrium.

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]