

TSS:

**SPECIMENS:**

- A. UTERUS, TUBES AND OVARIES
- B. LEFT PELVIC LYMPH NODES
- C. RIGHT PELVIC LYMPH NODES
- D. PERIAORTIC LYMPH NODES

1CB-0-3

adenocarcinoma, endometrioid, NOS

8380/3

Site: endometrium C54.1

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hw 8/24/11

**DIAGNOSIS:**

- A. UTERUS, TUBES AND OVARIES, HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
  - ENDOMETRIOID ADENOCARCINOMA (4.7 CM) WITH EXTENSIVE NECROSIS, FIGO GRADE 3, INVOLVING THE SUPERFICIAL MYOMETRIUM (4 MM/20MM).
  - BENIGN BILATERAL OVARIES AND FALLOPIAN TUBES
  - SURGICAL MARGINS AND UTERINE CERVIX ARE NOT INVOLVED.
- B. LYMPH NODES, LEFT PELVIC, EXCISION:
  - THREE BENIGN LYMPH NODES (0/3).

- C. LYMPH NODES, RIGHT PELVIC, EXCISION:
  - FOUR BENIGN LYMPH NODES (0/4).

- D. LYMPH NODE, PERIAORTIC, EXCISION:
  - ONE BENIGN LYMPH NODE (0/1).

UUID: EF7B01C4-0952-4FE8-B128-2A43FA31E6F5  
TCGA-E6-A2P9-01A-PR

Redacted



**SYNOPTIC REPORT - ENDOMETRIUM**

Prior biopsy specimen: Yes

Prior case #: (Outside consult)

Prior biopsy diagnosis: Adenocarcinoma, endometrioid type, moderately to poorly differentiated

Specimen Type: Hysterectomy plus bilateral salpingo-oophorectomy

Tumor Size: Greatest dimension: 4.7cm

Additional dimensions: 3.5cm x 3cm

**WHO CLASSIFICATION**

Endometrioid adenocarcinoma 8380/3

Histologic Grade: G3: More than 50% nonsquamous solid growth

Myometrial Invasion: Invasion present

Depth of invasion: 4mm

Myometrial thickness: 20mm

Venous/lymphatic invasion: Absent

Cervical Involvement: No

Margins: Negative

Lymph nodes: Negative 0 / 8

Other tissue removed for staging: None

Additional Findings: Complex (adenomatous) hyperplasia

Peritoneal cytology: Negative

Cytology case #:

Pathologic stage (pTNM): pT 1a N 0 M x

Comment(s):

Extensive necrosis and focal squamous differentiation are present. Dr reviewed pertinent slides and concurs with the classification and grading.

**SUMMARY OF IMMUNOHISTOCHEMISTRY/SPECIAL STAINS**

Material: Block A14

Population: Tumor Cells

Stain/Marker: Result: Comment:

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CYTOKERATIN 7      Positive  
CYTOKERATIN 20    Negative  
ESTROGEN RECEPTOR    Positive Strong  
P 53                Negative  
P63 Negative  
CHROMOGRANIN A    Negative  
SYNAPTOPHYSIN    Negative  
CD56                Positive Focal

The interpretation of the above immunohistochemistry stain or stains is guided by published results in the medical literature, provided package information from the manufacturer and by internal review of staining performance and assay validation within the Immunohistochemistry. The use of one or more reagents in the above tests is regulated as an analyte specific reagent (ASR). These tests were developed and their performance characteristic determined by the

They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

Special stains and/or immunohistochemical stains were performed with appropriately stained positive and negative controls.

#### **GROSS DESCRIPTION:**

##### **A. UTERUS, TUBES AND OVARIES**

Received fresh labeled with the patient's identification and "uterus, tubes and ovaries" is a 117g, TAH with BSO specimen. The specimen is 9cm from fundus to ectocervix, 6.4cm from cornu to cornu and 4.8cm from anterior to posterior. The serosal surface is tan-pink, smooth and intact. The attached cervix is 3cm in length and 2.8cm in diameter. The ectocervix is tan-white smooth, glistening and remarkable for a slit-like os 0.5cm. The anterior surface is inked blue, the posterior surface is inked black. The specimen is bivalved into anterior and posterior halves to reveal a patent endocervical canal 1.3cm. The endometrial cavity is remarkable for a 4.7 x 3.5 x 3cm tan-pink exophytic friable mass located predominately in the anterior fundus of the specimen. The mass does not grossly appear to involve cervix. The uninvolved endometrium is up to 0.2cm. The tan-pink trabeculated myometrium is 1.7cm. The mass grossly appears to have a maximum depth of invasion of 0.5cm. A portion of the specimen is submitted in FSA. The right cerebiform ovary is 1.7 x 1 x 0.7cm, is bivalved to reveal unremarkable parenchyma. The attached fimbriated fallopian tube is 2.1 x 0.4cm, is serially sectioned to reveal a patent lumen. The left cerebiform ovary is 1.5 x 1.2 x 0.8cm, is bivalved to reveal unremarkable parenchyma. The attached fimbriated fallopian tube is 1.8 x 0.3cm, is serially sectioned to reveal a patent lumen. Representatively submitted:

FSA: endomyometrium

A2: anterior cervix

A3: posterior cervix

A4-A17: anterior endomyometrium

A18-A22: posterior endomyometrium

A23: right ovary and fallopian tube

A24: left ovary and fallopian tube

##### **B. LEFT PELVIC LYMPH NODES**

Received in formalin labeled with the patient's identification and designated "left pelvic lymph node" are multiple fragments of fibroadipose tissue measuring 8.8 x 5.3 x 1.4 cm in aggregate. 3 fatty lymph nodes are identified ranging from 1.5 x 1.2 x 0.4 cm up to 8.5 x 2.1 x 0.8 cm. Cassettes are submitted as follows:

B1: One bisected lymph node

B2-B4: One lymph node

B5-B9: One lymph node

##### **C. RIGHT PELVIC LYMPH NODES**

Received in formalin labeled with the patient's identification and designated "right pelvic lymph nodes" are multiple fragments of adipose tissue measuring 7.5 x 5.5 x 1.2 cm in aggregate. Multiple possible lymph nodes are identified ranging from 1.2 x 0.7 x 0.3 up to 3.5 x 2 x 0.6 cm. Cassettes are submitted as follows:

C1: One bisected lymph node

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C2-C3: One lymph node

C4-C5: One lymph node

C6-C8: One lymph node

D. PERIAORTIC LYMPH NODES

Received in formalin labeled with the patient's identification and designated "periaortic lymph nodes" are 2 fragments of adipose tissue measuring 1.6 x 0.9 x 0.3 cm in aggregate. Entirely submitted, D1.

**CLINICAL HISTORY:**

None given

**PRE-OPERATIVE DIAGNOSIS:**

Endometrial carcinoma

**FROZEN SECTION INTRAOPERATIVE REPORT:**

FSA. Uterus, tubes, and ovaries, resection: Endometrial carcinoma, endometrioid type, superficial invasion-less than 50%. Diagnosis called to Dr. : , by Dr.

Gross Dictation:, M.S.,

Microscopic/Diagnostic Dictation:,

Final Review:, M.D., PATHOLOGIST,

Final: M.D., PATHOLOGIST,

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 8/24/11	