

1CB-0-3

Adenocarcinoma, Endometrioid, NOS 8380/3

Site: Endometrium C54.1 2/25/11

Site	Endometrium	Yes	No
Primary Tumor Site Discrepancy			
IPAA Discrepancy			
Site Discrepancy			
Local Malignancy History			
Local/Synchronous Primary			
Site (circle)			
Reviewer Initials	2/25/11	Noted	DISQUALIFIED

**Surg Path****CLINICAL HISTORY:**

Malignant neoplasm corporis uteri.

**GROSS EXAMINATION:**

A. "Uterus, cervix, bilateral tubes and ovaries". Received fresh is a 116 gm, 9.5 x 6.4 x 4.1 cm uterus with bilateral attached adnexa. The opened specimen discloses an exophytic 6 x 4.5 cm white-tan tumor in the anterior endometrial cavity, extending from the fundus to the lower uterine segment. The tumor is 1.2 cm thick and penetrates 0.1 cm into the underlying 2.1 cm thick myometrium. The remainder of the endometrial cavity (6.5 x 4 cm) is lined by a thin 0.1 cm endometrium overlying a focally trabeculated myometrium. The endocervical canal is trabeculated yellow-tan with no apparent gross lesions and the exocervix is smooth and glistening with a patent 0.9 os. A representative section of the mass has been frozen as AF1 and AF2 and the frozen section remnants are submitted in blocks A1 and A2. Additional representative sections submitted as follows:

**BLOCK SUMMARY:**

- A3- anterior cervix
- A4- anterior endocervical canal
- A5- posterior cervix
- A6- posterior endocervical canal
- A7-A11 tumor and wall (block A7-A10 are two slides, bisected)
- A12- uninvolved posterior endomyometrium

The left adnexa is composed of a discontinuous 2.5 cm long, 0.5 cm in diameter fimbriated fallopian tube with attached mesentery and an attached 4 x 1.5 x 1 cm white-tan ovary. Sectioning demonstrates a grossly unremarkable cut surface and representative sections are submitted in A13.

The right adnexa is composed of a discontinuous 2.1 cm long, 0.5 cm in diameter fimbriated fallopian tube with an attached 3 x 2 x 1.7 cm white-tan ovary. Sectioning demonstrates a grossly unremarkable cut surface and representative cross sections are submitted in block A14.

B. "Left pelvic nodes", received fresh and placed in formalin is a 10 x 8.5 x 2 cm aggregate of yellow-tan fibroadipose tissue dissected for apparent lymph node candidates. Twenty-three lymph node candidates are identified from 0.3 to 2.2 cm in greatest dimension and are submitted as follows:

- B1- four lymph node candidates
- B2- four lymph node candidates
- B3- three lymph node candidates
- B4- two lymph node candidates
- B5- two lymph node candidates
- B6- one lymph node candidate, bisected
- B7- one lymph node candidate, bisected
- B8- two lymph node candidates
- B9- one lymph node candidate, bisected
- B10- one lymph node candidate
- B11- one lymph node candidate, bisected
- B12-B13 largest lymph node candidate, bisected

UID:A4C1DE15-A45A-4D31-B363-C6652370C09C  
TCGA-B5-A11N-01A-PR

Redacted



C. "Right pelvic nodes", received fresh and placed in formalin is a 12 x 9 x 5 cm aggregate of pink-tan fibrofatty tissue dissected for apparent lymph node candidates. Twenty lymph node candidates are identified from 0.4 to 4 cm in greatest dimension and are submitted as follows:

C1- four lymph node candidates  
 C2- two lymph node candidates  
 C3- three lymph node candidates  
 C4- two lymph node candidates  
 C5- two lymph node candidates  
 C6- one lymph node candidate, bisected  
 C7- one lymph node candidate, bisected  
 C8- one lymph node candidate, bisected  
 C9- one lymph node candidate, bisected  
 C10-C11 one lymph node candidate, bisected  
 C12-C13 one lymph node candidate, bisected  
 C14-C17 largest lymph node candidate, sectioned

[REDACTED]

#### INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, bilateral tubes and ovaries:  
 AF1-2 (0.1 cm into a 2.1 cm) thick myometrium full-thickness, bisected-low  
 grade adenocarcinoma superficially invasive into myometrium (less than one  
 fourth). Can not completely exclude a serous adenocarcinoma [REDACTED]

#### MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

#### PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPHADENECTOMY

PATHOLOGIC STAGE (AJCC 6th 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: 116 GRAMS

##### ENDOMETRIUM:

TUMOR SITE: ANTERIOR WALL

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA. ✓

FIGO GRADE: 1

TUMOR SIZE: 6 X 4.5 X 1.3 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.1 CM, IN A 2.1 THICK WALL.

LYMPHATIC/VASCULAR INVASION: NEGATIVE

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC

REMAINING MYOMETRIUM: ADENOMYOSIS

CERVIX: NO PATHOLOGIC DIAGNOSIS.

SEROSA: NO PATHOLOGIC DIAGNOSIS.

SPECIMEN MARGINS: NOT INVOLVED

THE FOLLOWING SPECIMENS ARE FREE OF TUMOR:

A. OVARIES AND FALLOPIAN TUBES, BILATERAL: NO PATHOLOGIC DIAGNOSIS.

B. LEFT PELVIC LYMPH NODES: NO TUMOR IN 24 LYMPH NODES (0/24).

C. RIGHT PELVIC LYMPH NODES: NO TUMOR IN 22 LYMPH NODES (0/22).

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

[REDACTED]

[REDACTED]

CI ADDENDUM 1:

[REDACTED]