

# SURGICAL PATHOLOGY REVISED REPORT

Case Number :

100-0-3

Adenocarcinoma, endometrioid NOS

8380/3

Site: endometrium C54.1

2/1/11  
per

## Diagnosis:

A: Uterus and cervix, hysterectomy and bilateral salpingo-oophorectomy (FSA1):

Location of tumor: endometrium

Histologic type: endometrioid adenocarcinoma

Histologic grade (FIGO): overall FIGO grade 1-2 (architectural grade 1, nuclear grade 2-3) (A6, A7)

Extent of invasion: myometrium

Myometrial invasion: outer half (A6)

Depth: 1.95 cm Wall thickness: 2.0 cm Percent: 98%

Serosal involvement: present (A9)

Lower uterine segment involvement: present, focally involving the superficial myometrium

Cervical involvement: absent

Adnexal involvement (see below): absent

Other sites: not applicable

Cervical/vaginal margin and distance: widely free of tumor

Lymphovascular Space Invasion: present (A6)

Regional lymph nodes (see other specimens):

Total number involved: 1

Total number examined: 23

Other Pathologic findings: none

Tumor estrogen receptor and progesterone receptor immunohistochemistry results: Pending, final results will be issued in an addendum report (A7).

UUID: 82216372-E1EF-47F2-B57A-25C1DC824E5E  
TCGA-EY-A1G0-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Rm	lw
Date Reviewed	1/31/11	

AJCC Pathologic stage: pT3a pN1 pMx

FIGO (2008 classification) Stage grouping: IIIC1

These stages are based on information available at the time of this report, and are subject to change pending additional information and clinical review

Ovary, undesignated, oophorectomy:

- Atrophic ovary, no tumor seen.

Ovary, opposite undesignated, oophorectomy:

- Not identified.

Fallopian tube, right and left, salpingectomy:

- Paratubal cysts, no tumor seen.

B: Lymph nodes, left periaortic, excision

- One lymph node, no tumor seen (0/1).

C: Lymph node, right periaortic, excision

- Five lymph nodes, no tumor seen (0/5).

D: Lymph nodes, left pelvic, excision

- 1 out of 8 lymph nodes show minute focus of metastatic adenocarcinoma (1/8) (D1).

E: Lymph nodes, right pelvic, excision

- Nine lymph nodes, no tumor seen (0/9).

Intraoperative Consult Diagnosis:

A frozen section was requested by Dr

FSA1: Uterus, hysterectomy

- Endometrial adenocarcinoma, deeply invasive into outer half of myometrium.

Frozen Section Pathologist:

Clinical History:

presents with abnormal appearing uterus at the time of hysterectomy.

Gross Description:

Received are five appropriately labeled containers.

Container A:

Comment: The uterus and bilateral tubes and ovaries are received partially morcellated and markedly disrupted.

Therefore, determining anterior from posterior is impossible. Determining grossly where the lower uterine segment is located is also not possible. Of note, only one of the ovaries and fallopian tubes is identified attached to the specimen. The cervix and endocervical canal are received separately in the container.

**Adnexa:** One ovary is identified attached to its fallopian tube. A fragmented piece of separately discovered fallopian tube is also appreciated. The second ovary is not discovered.

**Weight:** 431 grams

**Shape:** cannot be determined due to morcellation

**Dimensions:** Because the specimen is morcellated, the usual dimensions cannot be appreciated. The specimen measures in aggregate 8.0 x 5.0 x 5.0 cm.

**Serosa:** The serosal surface that can be appreciated is pink, dull and significant for several subserosal candidate leiomyomata (measuring less than 1.0 cm in maximum dimension).

**Cervix:** The separately submitted cervix demonstrates a white ectocervix with petechial hemorrhages.

**length of endocervical canal:** cannot be determined due to morcellations

**endocervix:** 4.0 cm

**Endomyometrium:**

**length of endometrial cavity:** estimated at 4.0 cm

**width of endometrial cavity at fundus:** 3.5 cm

**tumor findings:**

**dimensions:** The serially sectioned tumor that is appreciated measures 4.0 x 3.0 x 1.0 cm.

**appearance:** The tumor is white, soft, friable, and exophytic.

**location and extent:** The tumor is present in the uterine corpus that is appreciated. As stated, extension to the lower uterine segment cannot be appreciated.

**myometrial invasion:** outer half

**thickness of myometrial wall at deepest gross invasion:** 3.0 cm

**other findings or comments:** none

**Adnexa:**

**Undesignated ovary:**

**Dimensions:** 2.0 x 1.0 x 0.5 cm

**external surface:** smooth, tan and unremarkable

**cut surface:** demonstrates normal ovarian parenchyma with a corpora albican

**Undesignated Fallopian tube:** The fallopian tube attached to the one identified ovary measures 4 x 0.5 cm. The external surface demonstrates multiple paratubal cysts. There is one fimbriated end with a serpiginous architecture.

**Other ovary:** not identified

**Other fallopian tube:** A fragment of separate fallopian tube is identified

in the container measuring 3.0 x 0.5 cm. There are multiple paratubal cysts. There is one fimbriated end and a serpiginous architecture.

**Lymph nodes:** See separate specimens B-E.

**Other comments:** none

**Digital photograph taken:** no

Tissue submitted for special investigations: no

**Block Summary:**

FSA1 - representative tumor with myometrial invasion

A1 - cervix

A2 - endocervix/lower uterine segment consecutive with A1

A3 - opposite cervix

A4 - opposite lower uterine segment/endocervical canal consecutive with A3

A5 - candidate mid corpus region, bisected into superficial and deep

A6 - candidate fundic region

A7 - candidate opposing mid corpus

A8 - candidate opposing fundic region

A9 - candidate subserosal leiomyoma

A10 - representative section of ovary and attached tube

A11 - representative sections of separately discovered fallopian tube and candidate ovary

Container B is additionally labeled "periaortic lymph node." The container holds a scant amount of fibrofatty tissue with palpable candidate lymph node measuring 1.5 x 1.0 x 0.5 cm. (Block B1,

Container C is additionally labeled "right periaortic lymph node." The container holds unoriented fibrofatty tissue measuring 4.0 x 0.8 x 0.4 cm. All tissue is bluntly dissected to reveal several palpable candidate lymph nodes. All tissue is submitted for evaluation in blocks C1 and C2,

Container D is additionally labeled "left pelvic lymph node." The container holds unoriented fibrofatty tissue measuring 4.0 x 1.0 x 0.5 cm. All tissue is bluntly dissected and submitted for evaluation.

**Block summary:**

D1 - one lymph node, bisected

D2 - one lymph node, bisected

D3 - one lymph node, bisected

D4-D8 - remaining tissue, intact, 1

Container E is additionally labeled "right pelvic lymph node." The container holds unoriented fibrofatty tissue measuring 5.0 x 4.0 x 1.0 cm. The tissue contains palpable candidate lymph nodes. All tissue is bluntly dissected and entirely submitted for evaluation.

**Block Summary:**

E1-E2 - large palpable lymph node, bisected

E3-E16 - all remaining tissue, 1

**Grossing Pathologist:**

**Light Microscopy:**

Light microscopic examination is performed by Dr.

For cases in which immunostains are performed, the following applies: Appropriate internal and/or external positive and negative controls have been evaluated. Some of the immunohistochemical reagents used in this case may be classified as analyte specific reagents (ASR). These were developed and have performance characteristics determined by the [redacted]. These reagents have not been cleared or approved by the US Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

Signature

Resident Physician:

Attending Pathologist: I have personally conducted the evaluation of the above specimens and have rendered the above diagnosis(es).

Procedures/Addenda:

Addendum

Addendum

Immunostains for ER and PR are performed on a representative block of endometrial tumor (A7). The tumor is ER negative (0) and PR negative (0).

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