Adenocarcinoma, Endometrioid, NOS 8380/3
Site Code: Endometrium C54.1
1/9/11 lw

Patient Name: [redacted]
DOB: [redacted]

Surgical Pathology Report

Final

UUID:D0FB2179-60D4-4B3C-9D88-B07D802F772E
TCGA-AX-A1CN-01A-PR Redacted

SURGICAL PATHOLOGY REPORT

FINAL

Patient Na[redacted]
Address: [redacted]
Gender:
DOB:
Service:
Location:
MRN:
Hospital #:
Patient Type:
Accession #:
Taken:
Received:
Accessioned:
Reported:

Physician(s):

DIAGNOSIS:

UTERUS, CERVIX, MODIFIED RADICAL HYSTERECTOMY
- ADENOCARCINOMA, ENDOMETRIOID TYPE, POORLY DIFFERENTIATED, FIGO GRADE 3 INVOLVING LOWER UTERINE SEGMENT AND UPPER 2/3 OF ENDOCERVIX (SEE COMMENT)
-TUMOR INVADES TO A DEPTH OF 14 MM, WHERE A TOTAL CERVICAL WALL THICKNESS MEASURES 16 MM
-LYMPHVASCULAR SPACE INVASION IS IDENTIFIED
- FOCAL LYMPHVASCULAR SPACE INVASION IS PRESENT IN PARAMETRIAL SOFT TISSUE
-THE RESECTION MARGINS ARE FREE OF TUMOR

UTERUS, ENDOMETRIUM, MODIFIED RADICAL HYSTERECTOMY
- ADENOCARCINOMA WITHIN THE LOWER UTERINE SEGMENT (SEE COMMENT)
-PROLIFERATIVE ENDOMETRIUM

UTERUS, MYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY
-ADENOCARCINOMA BY DIRECT EXTENSION
-LEIOMYOMAS (LARGEST MEASURING 1.8 CM IN MAXIMUM DIMENSION)

VAGINA, MODIFIED RADICAL HYSTERECTOMY
-NO CARCINOMA IDENTIFIED

OVARY, RIGHT, SALPINGO-OOPHORECTOMY
-NO HISTOPATHOLOGIC ABNORMALITY

FALLOPIAN TUBE, RIGHT SALPINGO-OOPHORECTOMY
-PARATUBAL PARAMESONEPHRIC CYST

OVARY, LEFT, SALPINGO-OOPHORECTOMY
-SEROSAL FIBROUS ADHESIONS

FALLOPIAN TUBE, LEFT, SALPINGO-OOPHORECTOMY
-PARATUBAL CYST

LYMPH NODE, RIGHT EXTERNAL ILIAC, DISSECTION
- NO CARCINOMA IDENTIFIED IN ONE LYMPH NODE (0/1)

LYMPH NODE, RIGHT COMMON PARA-AORTIC, DISSECTION
- NO CARCINOMA IDENTIFIED IN FIVE LYMPH NODES (0/5)

Patient Name: [redacted]
DOB: [redacted]

Surgical Pathology Report

Final

SURGICAL PATHOLOGY REPORT

FINAL

Patient Na[redacted]
Address: [redacted]
Gender:
DOB:

Service:
Location:
RN :
Hospital #:
Patient Type:

Accession #:
Taken:
Received:
Accessioned:
Reported:

Physician(s):

DIAGNOSIS:

UTERUS, CERVIX, MODIFIED RADICAL HYSTERECTOMY
- ADENOCARCINOMA, ENDOMETRIOID TYPE, POORLY DIFFERENTIATED, FIGO GRADE 3 INVOLVING LOWER UTERINE SEGMENT AND UPPER 2/3 OF ENDOCERVIX (SEE COMMENT)
-TUMOR INVADES TO A DEPTH OF 14 MM, WHERE A TOTAL CERVICAL WALL THICKNESS MEASURES 16 MM
-LYMPHVASCULAR SPACE INVASION IS IDENTIFIED
- FOCAL LYMPHVASCULAR SPACE INVASION IS PRESENT IN PARAMETRIAL SOFT TISSUE
-THE RESECTION MARGINS ARE FREE OF TUMOR

UTERUS, ENDOMETRIUM, MODIFIED RADICAL HYSTERECTOMY
- ADENOCARCINOMA WITHIN THE LOWER UTERINE SEGMENT (SEE COMMENT)
-PROLIFERATIVE ENDOMETRIUM

UTERUS, MYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY
-ADENOCARCINOMA BY DIRECT EXTENSION
-LEIOMYOMAS (LARGEST MEASURING 1.8 CM IN MAXIMUM DIMENSION)

VAGINA, MODIFIED RADICAL HYSTERECTOMY
-NO CARCINOMA IDENTIFIED

OVARY, RIGHT, SALPINGO-OOPHORECTOMY
-NO HISTOPATHOLOGIC ABNORMALITY

FALLOPIAN TUBE, RIGHT SALPINGO-OOPHORECTOMY
-PARATUBAL PARAMESONEPHRIC CYST

OVARY, LEFT, SALPINGO-OOPHORECTOMY
-SEROSAL FIBROUS ADHESIONS

FALLOPIAN TUBE, LEFT, SALPINGO-OOPHORECTOMY
-PARATUBAL CYST

LYMPH NODE, RIGHT EXTERNAL ILIAC, DISSECTION
- NO CARCINOMA IDENTIFIED IN ONE LYMPH NODE (0/1)

LYMPH NODE, RIGHT COMMON PARA-AORTIC, DISSECTION
- NO CARCINOMA IDENTIFIED IN FIVE LYMPH NODES (0/5)

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- SPECIMEN ENTIRELY SUBMITTED

LYMPH NODE, RIGHT OBTURATOR, DISSECTION
-NO CARCINOMA IDENTIFIED IN THREE LYMPH NODES (0/3)
- SPECIMEN ENTIRELY SUBMITTED

LYMPH NODE, RIGHT INTERNAL ILIAC, RESECTION
-ONE LYMPH NODE NEGATIVE FOR TUMOR (0/1)
- SPECIMEN ENTIRELY SUBMITTED

LYMPH NODE, LEFT EXTERNAL ILIAC, DISSECTION
-NO CARCINOMA IDENTIFIED IN FIVE LYMPH NODES (0/5)
- SPECIMEN ENTIRELY SUBMITTED

LYMPH NODE, LEFT COMMON PERIAORTIC, RESECTION
- FIBROADIPOSE TISSUE WITH NO CARCINOMA IDENTIFIED
-NO LYMPHOID TISSUE IDENTIFIED (TISSUE ENTIRELY SUBMITTED)

LYMPH NODE, LEFT OBTURATOR, DISSECTION
- NO CARCINOMA IDENTIFIED IN THREE LYMPH NODES (0/3)
- SPECIMEN ENTIRELY SUBMITTED

OMENTUM, PARTIAL OMENTECTOMY
- NO CARCINOMA IDENTIFIED

Intraoperative Consultation:
An intraoperative non-microscopic consultation: "Called to pick up 'uterus, cervix, bilateral tubes and ovaries,' weighing 320 grams. The uterus and cervix measure 12 cm (fundus to cervix), 7 cm (cornu to cornu), 6.5 cm (anterior to posterior). Unremarkable bilateral tubes and ovaries are present. Tumor tissue is identified protruding from the cervical os. Therefore, at surgeon's request, cervix is inked circumferentially. Opened to show a polypoid mass measuring 4.5 x 2.5 x 2 cm, originating from the lower uterine segment or endocervix and extending to the os. Sectioned to show putative myometrial invasion. Normal appearing endocervical lining is identified inferior to the polypoid mass. Tumor and normal fallopian tube taken for study. Remainder for permanents," by

Microscopic Description and Comment:
A 4.9 cm mass is present in the lower uterine segment and upper endocervix. Sections show a poorly differentiated endometrioid adenocarcinoma, FIGO grade 3 with squamous differentiation. No adenocarcinoma in situ or CIN is present in the cervix. The fundic endometrium is proliferative without complex atypical hyperplasia. The tumor is deeply invasive in the endocervix where it has a depth of 14 mm where the total wall thickness is 16 mm. Lymphvascular space invasion is identified. No direct extension into parametrial soft tissue is seen, however, tumor is present in lymphvascular spaces within the parametrium. Eighteen regional lymph nodes are free of carcinoma. All tissue from the lymph node specimens has been submitted entirely for histopathologic evaluation.

While the bulk of the tumor and the most deeply invasive tumor is in the cervix, there is a lower uterine segment component. Lack of endocervical or endometrial precursor lesions makes it difficult to determine the site of origin, whether endometrial or endocervical. A panel of immunostains has been performed. The tumor is strongly positive for

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monoclonal CEA. BCL2 is positive in the more glandular areas. About 10% of tumor cell nuclei in the more glandular and less solid areas are positive for estrogen and progesterone receptor. Vimentin is largely negative with only focal positive staining. Despite the primarily endocervical location, except for the positive CEA, these results are more consistent with an endometrial primary. Note that about 15% of endometrial primary tumors are CEA positive. In situ hybridization for HPV is pending and the results will be reported in an addendum. Correlation of this information with clinical data is recommended in determining the site of origin.

History:

The patient is a woman with a FIGO grade2-3 endometrioid carcinoma of the endometrium. Operative procedure: examination under anesthesia, exploratory laparotomy, modified radical hysterectomy, bilateral salpingo-oophorectomy, and lymph node dissection.

Specimen(s) Received:

A: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES
B: LYMPH NODE, RIGHT EXTERNAL ILIAC
C: LYMPH NODE, RIGHT COMMON PERIAORTIC
D: LYMPH NODE, RIGHT OBTURATOR
E: LYMPH NODE, RIGHT INTERNAL ILIAC
F: LYMPH NODE, LEFT EXTERNAL ILIAC
G: LYMPH NODE, LEFT OBTURATOR
H: LYMPH NODE, LEFT COMMON PERIAORTIC
I: OMENTUM

Gross Description:

The specimens are received in nine formalin-filled containers labeled with the patient's name ' The first container is further labeled "uterus, cervix, bilateral tubes and ovaries." It contains a uterus and cervix with attached bilateral ovaries and fallopian tubes weighing 306 grams post fixation. The uterus and cervix measure 11.3 cm from fundus to tip of cervix x 7.5 cm from cornu to cornu x 6.5 cm from anterior to posterior. The serosal surface is tan-pink to purple and without lesions. There is a probable subserosal leiomyoma measuring 1.8 cm in diameter. It is well circumscribed and has a tan-gray whorled cut surface. The cervix measures 3.8 x 5 x 5 cm. The pericervical soft tissue resection margin has been previously inked in black. There is a scant amount of parametrial soft tissue measuring 2.5 x 2.0 x 0.3 cm on the right and 2.0 x 1.0 x 0.2 cm on the left. The tan-pink ectocervix has been previously incised. It roughly measures 5.0 x 3.7 cm. There is a portion of vaginal cuff anteriorly measuring 4 x 0.5 cm. There is also a portion of vaginal cuff located along the posterior cervix measuring 3.0 x 0.6 cm. The cervical and vaginal mucosa is without lesions except for a few petechial hemorrhages noted on the ectocervix posteriorly. The external os measures ~1.3 x 0.7 cm. Tan to maroon hemorrhagic tissue is seen within the os. The uterus and cervix have been previously opened to reveal a polypoid tumor mass located within the upper endocervical canal. The point of attachment is within the upper two-thirds of the endocervical canal. The tumor measures 4.9 x 2.6 x 3.0 cm. Sectioning through the tumor reveals a tan-pink cut surface. The tumor appears to invade into the wall of the cervix. The maximal depth of invasion appears to be 1.2 cm where the total cervical wall thickness measures 1.4 cm. This deepest point of invasion is located within the anterior cervix at approximately the 12 o'clock position. The tumor appears to lie 0.2 cm from the paracervical soft tissue resection margin and 1.2 cm away from the vaginal cuff margin where it most closely approaches deep margin. There are also some polypoid excrescences noted more inferior to this main tumor mass within the endocervical canal. They measure, in aggregate, 0.7 x 0.5 x 0.15 cm. This smaller mass appears rather superficial and is located 1.0 cm from the external os. The endometrial cavity measures 3.7 x 3.2 cm. The endometrial mucosa appears thickened and contains polypoid tumor in both the anterior and posterior endometrial wall. The maximal endometrial thickness measures 0.5 cm. The depth of myometrial invasion appears to be 1 mm where the total myometrial wall thickness measures 2.2 cm. Within the myometrium, there are multiple probable leiomyomas with circumscribed borders and tan-pink to white whorled cut surfaces. They range in size from 0.7 to 1.7 cm in diameter. The right ovary measures 3.5 x 1.3 x 1.3 cm. The serosal surface is tan to purple and unremarkable. Sectioning reveals a tan-white to gray variegated cut surface with a yellow-orange corpus luteum. The right fallopian tube has been previously cut and measures 5.0 cm in length with a diameter ranging from 0.3 to 0.9 cm. The serosal surface is pink to purple and contain a few subserosal cysts ranging in size from 0.1 to 0.6 cm in greatest dimension. Sectioning reveals a pinpoint lumen with a wall thickness measuring 0.2 cm. The left ovary measures 3.9 x 2.0 x 1.8 cm. The serosal surface is tan-pink to purple and unremarkable. Sectioning reveals a tan-gray to purple variegated cut surface with yellow-orange corpora lutea. There is one hemorrhagic focus measuring 0.9 x 1.1 x 0.5 cm. The left fallopian tube measures 6.3 cm in length with a diameter ranging from 0.3 to 0.9 cm. The serosal surface is purple to gray with a few

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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: KB Date Reviewed: 1/7/10

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paratubal cysts ranging in size from 0.1 to 1.7 cm in greatest dimension. The cysts contain clear fluid and have smooth inner linings. On sectioning, the lumen is pinpoint with a maximal wall thickness measuring 0.3 cm.

Labeled A1 - subserosal leiomyoma; A2 and A3 - vaginal cuff margin from 9 to 3 o'clock; A4 and A5 - vaginal cuff margin from 3 to 9 o'clock; A6 - anterior cervix at 12 o'clock; A7 - contiguous sections of endocervical canal; A8 - contiguous sections of endocervical canal and lower uterine segment; A9 and A10 - contiguous sections of anterior endomyometrium, section cut in half; A11 - additional section of anterior endocervical canal where tumor is seen closely approaching the paracervical resection margin; A12 - additional section of anterior endomyometrium containing polypoid configuration of endometrial mucosa; A13 - posterior cervix at 6 o'clock; A14 and A15 - contiguous sections of tumor within endocervical canal; A16 and A17 - contiguous sections of posterior endomyometrium; A18 - additional segment of posterior endomyometrium containing polypoid configuration of endometrial mucosa; A19 - right ovary and fallopian tube; A20 - left ovary; A21 - left fallopian tube; A22 - largest leiomyoma measuring 2.5 cm in greatest dimension; A23 - right parametrial tissue; A24 - left parametrial tissue. Jar 3.

The second container is labeled "right external iliac lymph node." It contains multiple fragments of yellow and maroon fibrofatty tissue measuring 5 x 4 x 2 cm. Within this tissue, seven possible lymph nodes are dissected, ranging in size from 0.2 to 2.7 cm in greatest dimension. Labeled B1 - four possible lymph nodes; B2 and B3 - one possible lymph node each bivalved; B4 and B5 - one possible lymph node bivalved; B6 - remaining fibrofatty tissue. Jar 0.

The third container is labeled "right common/periaortic lymph node." It contains two maroon-yellow fibrofatty tissue fragments measuring 8 x 2 x 1.1 cm and 2 x 1.7 x 0.7 cm. Within this tissue, four possible lymph nodes are dissected ranging in size from 1.0 to 5.8 cm in greatest dimension. Labeled C1 - two possible lymph nodes; C2 - one possible lymph node bivalved; C3 through C5 - one possible lymph node sectioned; C6 - remaining fibrofatty tissue. Jar 0.

The fourth container is labeled "right obturator lymph node." It contains multiple fragments of yellow and maroon fibrofatty tissue measuring 6 x 4.3 x 1.5 cm in aggregate. Within this tissue, five possible lymph nodes are dissected ranging in size from 0.8 to 7.5 cm in greatest dimension. Labeled D1 - four possible lymph nodes; D2 through D5 - one possible lymph node sectioned; D6 - remaining fibrofatty tissue. Jar 0.

The fifth container is labeled "right internal iliac lymph node." It contains one yellow and maroon fibrofatty soft tissue fragment measuring 2.5 x 2.0 x 1.0 cm. Within this tissue, one possible lymph node is identified measuring 2.5 cm in greatest dimension. Labeled E1 - one possible lymph node is entirely submitted. Jar 0.

The sixth container is labeled "left external iliac lymph node." It contains multiple fragments of yellow and maroon fibrofatty tissue measuring 5 x 4.5 x 2 cm in aggregate. Within this tissue, six possible lymph nodes are dissected ranging in size from 1.6 to 2.8 cm in greatest dimension. Labeled F1 and F2 - two possible lymph nodes each; F3 and F4 - one possible lymph node each bivalved; F5 - remaining fibrofatty tissue. Jar 0.

The seventh container is labeled "left obturator lymph node." It contains a single yellow and maroon fibrofatty soft tissue fragment measuring 6.4 x 2.2 x 1.5 cm. Within this tissue, three possible lymph nodes are dissected ranging in size from 1.8 to 6.5 cm in greatest dimension. Labeled G1 - two possible lymph nodes; G2 through G4 - one possible lymph node sectioned; G5 - remaining fibrofatty tissue. Jar 0.

The eighth container is labeled "left common/periaortic lymph node." It contains two fragments of yellow and maroon fibrofatty soft tissue measuring 1.5 x 0.7 x 0.3 cm and 3.5 x 1.5 x 0.5 cm. Within this tissue, two possible lymph nodes are dissected measuring 0.5 and 2.0 cm in greatest dimension. Labeled H1 - two possible lymph nodes; H2- remaining fibrofatty tissue. Jar 0.

The ninth container is labeled "omentum." It contains a single portion of fibrofatty yellow and maroon to tan soft tissue measuring 7 x 4.7 x 0.8 cm. No obvious lesions are identified. On sectioning, it has a yellow-maroon cut surface consistent with omentum. All of the tissue is submitted in cassettes I1 through I5. Jar 0.