ICD-O-3
Adenocarcinoma, serous, NOS 8441/3
Site: endometrium C54.1

2/25/11

[redacted]

[redacted]

Surg Path

UUID:FC3D9B79-4CAD-4F62-892C-C830B24E50DD
TCGA-B5-A1MU-01A-PR

Redacted

CLINICAL HISTORY:
Malignant neoplasm corpus uteri=182.

GROSS EXAMINATION:
A. "Left tube and ovary", received fresh for frozen section is a 9.3 gram, 6 x 4 x 2 cm salpingo-oophorectomy specimen consisting of an ovary (2.5 x 1.1 x 0.9 cm), fallopian tube (4 cm long, 0.5 cm diameter) and mesentery. The mesentery is remarkable for numerous lymph node candidates (up to 1.2 cm in greatest dimension) and numerous soft, tan nodules, the largest of which is 0.7 x 0.5 x 0.3 cm and frozen as AF1. The frozen section remnant is submitted in block A1. The fallopian tube discloses the specimen is remarkable four paratubal cysts ranging from 0.1 cm to 0.8 cm diameter. The ovary is grossly unremarkable.

BLOCK SUMMARY:

A1- AF1 remnant
A2- one lymph node candidate, largest, bisected
A3- two lymph node candidates
A4- fallopian tube and paratubal cyst
A5- ovary

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
AIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case Is (circle): QUALIFIED / DISQUALIFIED		
Review Initials: Date Reviewed: 2/24/11		

B. "Right tube and ovary", received fresh and placed in formalin is a 6.3 gram, 4.5 x 3.7 x 1.5 cm right salpingo-oophorectomy specimen consisting of and ovary (2.6 x 1.1 x 0.8 cm), fallopian tube (3.7 cm long, 0.6 cm diameter) and mesentery. The distal fallopian tube demonstrates a 0.6 x 0.4 x 0.3 cm yellow-tan, firm nodule and numerous paratubal cysts ranging from 0.1 cm to 0.4 cm diameter. The ovary surface demonstrates two simple, serous cysts and a grossly unremarkable cut surface. Representative sections of the ovary are submitted in block B2.

C. "Uterus and cervix", received fresh and placed in formalin is a 22.9 gram, 6.5 x 4 x 2 cm unorientable hysterectomy specimen. The serosa is white-tan with focal areas of retraction. The specimen is opened to demonstrate a 4.5 x 3.5 cm endometrial cavity containing an exophytic 5 x 3 x 1 cm white-tan endometrial mass which upon sectioning grossly extends to and abuts the aforementioned areas of serosal retraction. Grossly, the endocervical canal and ectocervix are not involved. In areas grossly free of tumor, a 0.1 cm endocervix overlies a 1 cm thick myometrium. Representative sections are submitted as follows:

BLOCK SUMMARY:

C1- cervix and lower uterine segment
C2-4 mass with respect to endomyometrium and serosa, full thickness, bisected
C5- cervix and lower uterine segment, other side, bisected
C6-8 mass with respect to endomyometrium and serosa, other side, full thickness, bisected

D. "Right pelvic peritoneum", received fresh and placed in formalin is a 5.5 x 3 x 0.6 cm fragment of soft fibromembranous tissue remarkable for numerous indurated nodules up to 0.2 cm in greatest dimension. Representative sections are submitted in blocks D1-2.

E. "Omentum", received fresh and placed in formalin is a 5.5 x 5 x 1.2 cm aggregate of yellow-tan fibromembranous adipose tissue which is grossly unremarkable. Representative sections are submitted in blocks E1-2.

[redacted]

F. "Left pelvic peritoneum", received fresh and placed in formalin is a 4.5 x 4 x 0.5 cm fragment of fibromembranous tissue demonstrating numerous indurated nodules up to 0.3 cm in greatest dimension. Representative sections submitted in blocks F1-2.

[redacted]

INTRA OPERATIVE CONSULTATION:
A. "Left tube and ovary":AF1-carcinoma present (Dr.).

MICROSCOPIC EXAMINATION:
Microscopic examination is performed.

PATHOLOGIC STAGE:
PROCEDURE: HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY, STAGING BIOPSIES

PATHOLOGIC STAGE (AJCC 6th Edition): pT3a pNX 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. "LEFT TUBE AND OVARY" (SALPINGO-OOPHORECTOMY):

PERIADNEXAL SOFT TISSUE: METASTATIC ADENOCARCINOMA.
LEFT TUBE: NO EVIDENCE OF MALIGNANCY.
LEFT OVARY: NO EVIDENCE OF MALIGNANCY.

B. "RIGHT TUBE AND OVARY" (SALPINGO-OOPHERECTOMY):

RIGHT TUBE: METASTATIC ADENOCARCINOMA ON SEROSAL ASPECT.
RIGHT OVARY: NO EVIDENCE OF MALIGNANCY.

C. "UTERUS AND CERVIX" (HYSTERECTOMY):

ENDOMETRIUM:

Tumor subsite:	ENDOMETRIUM
Histologic type:	SEROUS ADENOCARCINOMA, SEE COMMENT
FIGO Grade:	GRADE 3
Size:	5 x 3 x 1 CM
Vascular invasion:	PRESENT
Adjacent endometrium:	BENIGN, NEGATIVE FOR EIN

MYOMETRIUM:

Depth of invasion:	1 CM, IN A 1 CM THICK WALL

CERVIX:

Tumor extension:	CARCINOMA PRESENT AT JUNCTION OF LOWER UTERINE SEGMENT AND ENDOCERVIX, SEE COMMENT

PARAMETRIUM/SEROSA:

Tumor extension:	POSITIVE (TUMOR PRESENT ON SEROSAL SURFACE)

D. "RIGHT PELVIC PERITONEUM" (BIOPSY):

METASTATIC ADENOCARCINOMA.

E. "OMENTUM" (EXCISION):

NO EVIDENCE OF MALIGNANCY.

F. "LEFT PELVIC PERITONEUM" (BIOPSY):

METASTATIC ADENOCARCINOMA.

COMMENT: Dr. has reviewed portions of this case. The adenocarcinoma is infiltrative into the muscle of the lower uterine segment and is present immediately at the junction of the lower uterine segment and cervix. Although, technically this tumor is not invasive into cervix, this lesion may behave as if the cervix is involved. As with the prior biopsy, there are focal areas consistent with endometrioid adenocarcinoma, but the predominant pattern is that of serous adenocarcinoma.

Immunoperoxidase stains for cytokeratin on part E are negative, helping to rule out metastatic carcinoma in this site.

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

Performed by: [redacted]