

SURGICAL PATHOLOGY REVISED REPORT

ICD - 0 - 3

Adenocarcinoma, Endometrioid, NOS

8380/3

Case Number :

Site: Endometrium C54.1

2/1/11

for

Diagnosis:

A: Uterus and cervix, hysterectomy:

Location of tumor: primary endometrial cancer

Histologic type: endometrioid adenocarcinoma

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

Extent of invasion: see below

Myometrial invasion: deep outer half

Depth: 23.5 mm Wall thickness: 24 mm Percent: 98%

Serosal involvement: Not identified but extremely close; tumor invades to within less than 1 mm from the serosal surface in the anterior corpus.

Lower uterine segment involvement: present

Cervical involvement: not identified

Adnexal involvement (see below): not identified

Other sites: not applicable

Cervical/vaginal margin and distance: negative, widely free

Lymphovascular Space Invasion: present

Regional lymph nodes (see other specimens):

Total number involved: 0

Total number examined: 29

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Cited		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	km	lw
Date Reviewed	2/1/11	

UUID: 9A8D1D19-18D8-483B-8D87-B686D25C617F
TCGA-EY-A1GQ-01A-PR

Redacted



Other Pathologic findings: adenomyosis; endometrial polyp

Tumor estrogen receptor and progesterone receptor immunohistochemistry results:
pending on block A4

AJCC Pathologic stage: pT1b pN0

FIGO (2008 classification) Stage grouping: IB, grade 3

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, right, oophorectomy:

- No tumor identified.

Ovary, left, oophorectomy:

- No tumor identified.

Fallopian tube, right, salpingectomy:

- No tumor identified.

Fallopian tube, left, salpingectomy:

- No tumor identified.

B: Lymph nodes, right pelvic, removal

- No tumor identified in 17 lymph nodes (0/17).

C: Lymph nodes, left pelvic, removal

- No tumor identified in 12 lymph nodes (0/12).

Clinical History:

Endometrial cancer.

Gross Description:

Received are three appropriately labeled containers.

Container A:

Adnexa: left and right fimbriated fallopian tubes and left and right ovaries

Weight: 122.4 grams

Shape: pear shaped

Dimensions:

height: 10.0 cm

anterior to posterior width: 4.0 cm

breadth at fundus: 7.0 cm

Serosa: tan/pink, smooth, glistening with a foci of purple adhesions (up to 1.0 x 0.5 x 0.2 cm), in the posterior aspect; the anterior serosal surface demonstrates a foci of hemorrhage (up to 1.5 x 1.1 cm)

Cervix:

length of endocervical canal: 2.6 cm

ectocervix: tan/pink, smooth, glistening

endocervix: demonstrates a herringbone pattern with two Nabothian cysts on the posterior aspect

Endomyometrium: 0.1 cm thick

length of endometrial cavity: 3.3 cm

width of endometrial cavity at fundus: 1.7 cm

tumor findings:

dimensions: 2.7 x 2.2 x 0.2 cm

appearance: finely granular, friable, shaggy, tan/brown; On cut section, the mass is tan/white, firm, and focally necrotic.

location and extent: The mass encompasses predominantly the anterior endometrial cavity, and extends to the lower uterine segment. The mass appears to extend full thickness in the anterior uterus, but does not appear to extend through the serosal surface.

myometrial invasion: The mass appears to impact the entire full thickness of the anterior myometrium, but does not extend through to the serosal surface.

thickness of myometrial wall at deepest gross invasion: 2.4 cm

other findings or comments: The posterior fundic region discloses a pink/purple, pedunculated polyp (1.7 x 1.5 x 0.2 cm).

Adnexa:

Right ovary:

dimensions: 2.1 x 1.3 x 0.8 cm

external surface: purple/pink, smooth, glistening, focally hemorrhagic, without adhesions or disruptions

cut surface: sectioning demonstrates a yellow corpus albicans (0.8 x 0.4 x 0.4 cm), that has a central, simple cyst (0.2 x 0.2 x 0.1 cm), and contains a clear, colorless fluid

Right fallopian tube:

dimensions: 1.5 cm in length x 0.5 cm in diameter

other findings: The right fallopian tube appears to be post tubal ligation. There is one paratubal cyst (0.2 x 0.2 x 0.1 cm), contains a clear, colorless fluid.

Left ovary:

dimensions: 2.2 x 1.2 x 0.5 cm

external surface: tan/pink, smooth, glistening with a purple/tan adhesion

cut surface: tan/white, and discloses a corpus albicans (0.5 x 0.2 x 0.3 cm)

Left fallopian tube:

dimensions: 1.0 cm in length x 0.5 cm in diameter

other findings: appears to be previously ligated; The left fallopian tube exhibits a yellow paratubal cyst (0.2 x 0.2 x 0.1 cm), located by the fimbria. The fallopian tube exhibits a pink/tan, smooth, glistening, unremarkable surface.

Lymph nodes: n/a

Other comments: Tissue has been previously taken for Tissue Procurement.

Digital photograph taken: no

Tissue submitted for special investigations: no

Block Summary:

- A1 - anterior cervix
- A2 - anterior lower uterine segment
- A3 - anterior mid corpus
- A4 - anterior upper corpus/fundus
- A5 - posterior cervix
- A6 - posterior lower uterine segment
- A7 - posterior mid corpus
- A8 - posterior upper corpus/fundus, pedunculated polyp
- A9 - right ovary and right fallopian tube
- A10 - left ovary and left fallopian tube
- A11 - serosal adhesion and hemorrhage

Container B holds a fragment of fibroadipose tissue (6.9 x 5.1 x 2.9 cm), that contains a fourteen apparent lymph nodes, up to 1.6 x 0.6 x 0.3 cm. The apparent lymph nodes are submitted in toto in blocks B1-B3.

Block Summary:

- B1 - four apparent lymph nodes
- B2 - five apparent lymph nodes
- B3 - five apparent lymph nodes

Container C holds a fragment of fibroadipose tissue (4.7 x 4.2 x 1.5 cm), that contains ten apparent lymph nodes, up to 2.1 x 1.5 x 0.5 cm. The apparent lymph nodes are submitted entirely in blocks C1-C3.

Block summary:

C1 - four apparent lymph nodes
C2 - five apparent lymph nodes
C3 - one apparent lymph node, inked and trisected

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 ~~manufacturer~~. 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

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

Procedures/Addenda:

Addendum

Addendum

The endometrial carcinoma is estrogen receptor positive (2+, 90%) and progesterone receptor positive (2-3+, 90%) by immunohistochemistry.

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