SURGICAL PATHOLOGY ICD-O-3
adenocarcinoma, serous, NOS 8441/3
Site, endometrium C54.1

1/31/11

Case Number :

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

Diagnosis:
A: Right para-aortic lymph nodes, removal
- Negative for carcinoma in nine lymph nodes (0/9).

B: Left para-aortic lymph nodes, removal
- Negative for carcinoma in four lymph nodes (0/4).

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TCGA-EY-A1GM-01A-PR Redacted

C: Uterus and cervix, hysterectomy:

Location of tumor: Endometrium

Histologic type: Mixed serous (70%) and endometrioid (30%) adenocarcinoma

Histologic grade (FIGO): FIGO grade 3

Extent of invasion: inner half of myometrium
Depth: 0.5 cm Wall thickness: 1.5 cm
Percent: 33%

Serosal involvement: not identified

Lower uterine segment involvement: not identified

Cervical involvement: not identified

Adnexal involvement (see below): present

Other sites: not applicable

Cervical/vaginal margin and distance: widely free

Lymphovascular Space Invasion: not identified

Regional lymph nodes (see other specimens):
Total number involved: 0
Total number examined: 24

Other Pathologic findings: chronic cervicitis, leiomyomata, adenomyosis

Tumor estrogen receptor and progesterone receptor immunohistochemistry results:
- Estrogen receptor: 2-3+, 60%
- Progesterone receptor: 2-3+, 20%

AJCC Pathologic stage: pT3a pN0

FIGO (2008 classification) Stage grouping: IIIA

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:
- Atrophic ovary
- No carcinoma identified

Ovary, left, oophorectomy:
- Atrophic ovary
- No carcinoma identified

Fallopian tube, right, salpingectomy:
- Involvement by adenocarcinoma
- Salpingitis isthmica nodosum

Fallopian tube, left, salpingectomy:
- No carcinoma identified

D: Right pelvic lymph nodes, removal
- Negative for carcinoma in seven lymph nodes (0/7).

E: Left pelvic lymph nodes, removal
- Negative for carcinoma in four lymph nodes (0/4).
- Endosalpingosis

Comment:
At gross examination, tumor is superficially invasive into a myometrium that is somewhat distorted by leiomyomata. Tumor is present at the fundus and involves the cornu. Microscopically, the tumor shows mixed, predominantly serous, histology. A representative section of the right fallopian tube contains free-floating carcinoma, defining the pathologic stage as 3a.

Clinical History:
The patient is with endometrial cancer.

Gross Description:
Received are five formalin-filled containers.

Container A is additionally labeled "right para-aortic." The specimen consists of an aggregate of yellow/tan fibrofatty tissue fragments measuring 3.5 x 2.5 x 0.9 cm. Four lymph node candidates are isolated from the tissue. The lymph node candidates range in size from 1.5 to 2.5 cm in greatest dimension.

Block Summary:
A1-two lymph node candidates
A2 one lymph node candidate
A3 one lymph node candidate,

Container B is additionally labeled "left para-aortic." The specimen consists of an aggregate of yellow/tan fibrofatty tissue fragments measuring 3.5 x 2.0 x 0.7 cm. Two lymph node candidates are isolated from the tissue. The lymph node candidates range in size from 0.9 to 2.1 cm in greatest dimension.

Block Summary:
B1 one lymph node candidate
B2 one lymph node candidate,

Container C is additionally labeled "cervix, uterus, BSO."

Adnexa: present
Weight: 135.2 grams
Shape: pear shaped
Dimensions:
height: 11.5 cm
anterior to posterior width: 6.0 cm
breadth at fundus: 7.0 cm
Serosa: smooth, glistening, tan/brown; two pedunculated leiomyomata measuring 1.1 cm in greatest dimension are identified
Cervix:
length of endocervical canal: 4.1 cm
ectocervix: smooth, glistening, white/pink, otherwise unremarkable
endocervix: glistening, tan/brown, velvety texture; otherwise unremarkable
Endomyometrium:
length of endometrial cavity: 4.1 cm
width of endometrial cavity at fundus: 2.6 cm
tumor findings:
dimensions: 5.0 x 4.6 x 3.6 cm
appearance: fungating, white/tan, friable
location and extent: posterior wall, fundus/cornu
myometrial invasion: inner one half
Thickness of myometrial wall at deepest gross invasion: 1.4 cm
Adnexa:
Right ovary:
dimensions: 1.5 x 1.2 x 0.7 cm
external surface: /tan, wrinkled, glistening, otherwise unremarkable

cut surface: pink/white, glistening, otherwise unremarkable
Right fallopian tube:
dimensions: 6.4 cm in length x 0.4 cm in diameter
other findings: none
Left ovary:
dimensions: 2.1 x 1.6 x 0.9 cm
external surface: white/tan, wrinkled, glistening, otherwise unremarkable
cut surface: pink/white, glistening, otherwise unremarkable
Left fallopian tube:
dimensions: 6.0 cm in length x 0.3 cm in diameter
other findings: none

Lymph nodes: see other specimens

Other comments: Multiple leiomyomata are found throughout the myometrium and subserosally. The leiomyomata measure 3.2 cm in greatest dimension. Each leiomyomata is incised, revealing a glistening, white/tan, whorled cut surface. The leiomyomata are otherwise unremarkable.

Digital photograph taken: not taken

Tissue submitted for special investigations: no

Block Summary:
C1 - anterior cervix
C2 - anterior lower uterine segment
C3 - anterior mid corpus
C4 - anterior fundus
C5 - posterior cervix
C6 - posterior lower uterine segment
C7 - posterior mid corpus
C8-C11 - posterior fundus/tumor
C12 - right ovary, right fallopian tube, representative largest leiomyoma
C13 - left ovary, left fallopian tube, additional representative of separate large leiomyoma
C14 - additional representative of separate leiomyoma

Container D is additionally labeled "right pelvic." The specimen consists of an aggregate of yellow/tan soft tissue fragments measuring 3.5 x 2.1 x 0.8 cm. Three lymph node candidates are isolated from the tissue. The lymph node candidates range in size from 5 mm to 2.6 cm in greatest dimension.

Block Summary:
D1 - one lymph node candidate
D2 - two lymph node candidates
D3 - one lymph node candidate,

Container E is additionally labeled "left pelvic." The specimen consists of an aggregate of yellow/tan fibrofatty tissue fragments measuring 3.5 x 2.1 x 0.8 cm. Three lymph node candidates are isolated from the tissue. The lymph node

candidates range in size from 0.5 to 2.6 cm in greatest dimension.

Block Summary
E1 one lymph node candidate
E2 two lymph node candidates,
Grossing Pathologist:
Light Microscopy:
Light microscopic examination is performed by Dr.

Sections of the uterus reveal mixed patterns of endometrial adenocarcinoma. A portion of the tumor is composed of lower grade cells forming glands and solid sheets with even luminal borders and generous pink cytoplasm. The majority of the lesion is variably glandular and papillary with higher grade nuclei, slit-like spaces, and focal cell sloughing. A p53 immunohistochemical stain shows strong and diffuse nuclear staining in this latter area, with little or no nuclear staining in the low grade component. The tumor is polypoid and superficially invades the myometrium. The right and left ovaries and the left fallopian tube are negative for carcinoma; the right fallopian tube has a stenotic central lumen with concentric irregular glands invested by smooth muscle, consistent with salpingitis isthmica nodosum; one of these glands contains a free-floating fragment of carcinoma (block C12). The lower uterine segment and cervix are negative for tumor, and separately submitted lymph nodes are negative as well. An IHC stain for estrogen receptor shows moderate to strong staining in a majority of tumor nuclei; an IHC stain for progesterone receptor shows moderate staining in a small subset of tumor nuclei. Sections from mural lesions show benign proliferations of smooth muscle, consistent with leiomyomata.

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 . 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).