

ICD-O-3

adenocarcinoma, serous

8441/3

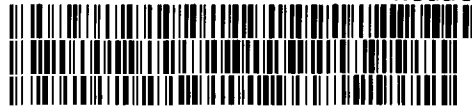
Site: endometrium

C54.1 313412 R0

UUID: 72F97A0D-1245-4C80-B2D2-B7B217BEC06B  
TCGA-B5-A3S1-01A-PR

Redacted

Surg Path



CLINICAL HISTORY:

Malig neo corpus uteri. Lymph node study. Per : endometrial serous adenocarcinoma.

GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes, right ovary (AF1)", received fresh and placed in formalin on pm at

Procedure: simple hysterectomy with bilateral attached tubes and attached right ovary.

Specimen integrity: intact.

Weight: 197 grams.

Dimension 10 x 6 x 5 cm.

Size of endometrial cavity: 4.5 cm long, 4.5 cm cornu to cornu.

Diameter of cervix: 2.5 cm.

Diameter of external os: 1 cm.

Tumor description: There is a papillary, tan-red, friable mass in the endometrium.

Tumor site: Posterior corpus.

Tumor size: 3.8 x 3.5 x 1.3 cm.

Myometrial invasion: 0.2 cm into a 2 cm thick myometrium.

Adjacent non-neoplastic endometrium: tan-brown and attenuated.

Remaining myometrium: Within the anterior myometrium there are six, tan-white, whorled, firm nodules without hemorrhage or necrosis up to 1.7 cm in greatest dimension. Within the posterior myometrium there are three white-tan, whorled, circumscribed, firm nodules without hemorrhage or necrosis. The largest posterior nodule is calcified and distorts the posterior myometrium up to 3 cm in greatest dimension. At the fundus there is a 5 cm white-tan, whorled circumscribed subserosal myomatous nodule without hemorrhage or necrosis.

Endocervix and cervix: grossly unremarkable.

Serosa: tan-brown and hemorrhagic, without adhesions or tumor.

Right adnexa:

Dimensions of right ovary: 2.7 x 1.3 x 0.8 cm.

Gross findings in ovary: The outer surface is tan-yellow and cerebriform. The cut surface is tan-yellow and homogenous with multiple corpora albicantia.

Length of right fallopian tube: 5.5 cm.

Diameter of right fallopian tube: 0.4 cm.

Gross findings in tube: fimbria are present. The serosa is tan-brown, smooth and glistening. The lumen is pinpoint.

Left adnexa:

Length of left fallopian tube: no left fallopian tube is definitively identified.

Intraoperative consultation: yes. Frozen section of mass.

Special studies prospectively ordered No.

Photograph: no.

Block diagram: no.

Tissue submitted for research: yes. To (tumor).

Sections submitted in blocks A1 - A18.

BLOCK SUMMARY:

A1- AF1 remnant

Criteria	Yes	No
Diagnosis Discrepancy		X
Tumor Site Discrepancy		X
HPAA Discrepancy		X
Prior Malignancy History		
Qual/Synchronous Primary Noted		
Case in Context	QUALIFIED	DISQUALIFIED
Reviewed Initial		

3/29/12

A2- anterior cervix  
A3- anterior lower uterine segment  
A4- posterior cervix  
A5- posterior lower uterine segment  
A6-7- full thickness anterior endomyometrium, bisected  
A8- additional full thickness anterior endomyometrium  
A9-11-posterior endomyometrium with mass, full thickness  
A12- posterior myometrium with calcified nodule (following decalcification)  
A13-15-representative large subserosal nodule  
A16- possible left fallopian tube  
A17- right ovary  
A18- right tube

B. "Left pelvic lymph node", received fresh and placed in formalin . . . on  
is a 5.5 x 4 x 1.7 cm aggregate of tan-yellow fibroadipose tissue.  
Nine lymph node candidates are identified ranging from 0.8 cm up to 4.6 cm in  
greatest dimension.

BLOCK SUMMARY:

B1- five lymph nodes  
B2- two lymph nodes, bisected, one blue  
B3- one lymph node, serially sectioned (grossly positive)  
B4-6- largest lymph node, serially sectioned  
B7-11-remainder of fat

C. "Right external lymph node", received fresh and placed in formalin(  
is a 4 x 2 x 1.3 cm fragment of tan-yellow fibroadipose tissue. Two  
lymph nodes are identified up to 2.5 cm in greatest dimension.

BLOCK SUMMARY:

C1- one lymph node, bisected  
C2-3- one lymph node, serially sectioned  
C4-5- remainder of adipose tissue

D. "Right obturator lymph node", received fresh and placed in formalin  
is a 4 x 2.5 x 1.2 cm aggregate of tan-yellow fibroadipose  
tissue. Nine lymph nodes are identified ranging from 0.2 cm up to 4.3 cm in  
greatest dimension.

BLOCK SUMMARY:

D1-2- four lymph nodes each, intact  
D3-4- largest lymph node, sectioned  
D5-6- remaining adipose tissue

E. "Right common lymph node", received fresh and placed in formalin (  
is a 1.7 x 1.2 x 0.3 cm aggregate of tan-yellow fibroadipose tissue  
that is submitted in toto in E1.

F. "Right aortic lymph node", received fresh and placed in formalin  
is a 5.5 x 1.5 x 1 cm fragment of tan-yellow fibroadipose tissue.  
Two lymph nodes are identified up to 1.7 cm in greatest dimension.

BLOCK SUMMARY:

F1- two lymph nodes, one bisected and blue  
F2- additional fibroadipose tissue

G. "Left aortic lymph nodes", received fresh and placed in formalin . . .  
is a 1.5 x 1.5 x 0.3 cm aggregate of two tan lymph nodes and  
fibroadipose tissue that are submitted in toto in G1.

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, bilateral tubes and right ovary":AF1 (tumor at deepest invasion)-papillary serous adenocarcinoma less than one third depth of invasion. Extensive lymphovascular involvement ( ).

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterectomy, salpingo-oophorectomy, lymphadenectomy

PATHOLOGIC STAGE (AJCC Edition): pT1b pN1 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. "UTERUS, CERVIX, BILATERAL TUBES, RIGHT OVARY" (HYSTERECTOMY, SALPINGO-OOPHORECTOMY):

CARCINOMA OF THE ENDOMETRIUM:

HISTOLOGIC TYPE: SEROUS ADENOCARCINOMA.

FIGO GRADE: 3 OF 3.

TUMOR SIZE: 3.8 X 3.5 X 1.3 CM.

TUMOR SITE: POSTERIOR CORPUS, EXTENDING INTO LOWER UTERINE SEGMENT.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 1.3 CM, IN A 1.5 CM THICK WALL,  
SEE COMMENT.

LYMPHATIC/VASCULAR INVASION: PRESENT, EXTENSIVE.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC.

REMAINING MYOMETRIUM: LEIOMYOMATA, LARGEST 5 CM.

CERVIX: FREE OF TUMOR.

SEROSA: FREE OF TUMOR.

SPECIMEN MARGINS: NOT INVOLVED.

RIGHT OVARY AND FALLOPIAN TUBE: FREE OF TUMOR.

LEFT OVARY AND FALLOPIAN TUBE: NOT IDENTIFIED.

COMMENT: The myometrium shows massive involvement of lymphatic/vascular channels by carcinoma. The tumor within the endometrial cavity directly invades only a few millimeters into the myometrium. However, there are foci of invasive carcinoma arising from tumor in lymphatic vascular channels within approximately 2 mm of the serosal surface (block A9).

B. "LEFT PELVIC LYMPH NODES" (LYMPHADENECTOMY):

METASTATIC ADENOCARCINOMA IN ONE OF THIRTEEN LYMPH NODES (1/13).

C. "RIGHT EXTERNAL LYMPH NODES" (LYMPHADENECTOMY):

METASTATIC ADENOCARCINOMA IN ONE OF TWO LYMPH NODES (1/2).

D. "RIGHT OBTURATOR LYMPH NODES" (LYMPHADENECTOMY):

METASTATIC ADENOCARCINOMA IN ONE OF NINE LYMPH NODES (1/9).

E. "RIGHT COMMON LYMPH NODES" (LYMPHADENECTOMY):

FIBROADIPOSE TISSUE, NO EVIDENCE OF MALIGNANCY.  
NO LYMPH NODE TISSUE IS IDENTIFIED.

F. "RIGHT AORTIC LYMPH NODES" (LYMPHADENECTOMY):

FIVE LYMPH NODES, NO EVIDENCE OF MALIGNANCY (0/5).

G. "LEFT AORTIC LYMPH NODES" (LYMPHADENECTOMY):

TWO LYMPH NODES, NO EVIDENCE OF MALIGNANCY (0/2).

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]