

1CD-0-3

Adenocarcinoma, serous, NOS 8441/3

Site: Endometrium C54.1

2/25/11

## Surg Path

## CLINICAL HISTORY:

Malignant neoplasm corpus uteri. Per E-browser: adenocarcinoma diagnosed at outside hospital.

## GROSS EXAMINATION:

A. "Uterus, cervix, tubes and ovaries (AF1)". Unfixed for frozen section and transferred to formalin at is a 85 gram, 6 x 6 x 2.2 cm uterus with bilateral adnexa.

The uterine serosa is tan and unremarkable. Sectioning demonstrates a 2.2 x 2 x 1.1 cm tan-pink, friable mass at the fundus extending into the posterior endometrium. The mass does not grossly invade the myometrium (1.8 cm thick), is 1.5 cm from the closest superior endocervix, and is 4.2 cm from the cervical os. The endometrium is otherwise tan and less than 0.1 cm thick. The myometrium is unremarkable. The anterior endocervix is remarkable for a 1.1 cm nabothian cyst. The ectocervical and endocervical mucosa are otherwise unremarkable. Representative full-thickness section of the endometrial mass at the fundus is frozen as AF1. The frozen section control is transferred to A1.

## BLOCK SUMMARY:

- A2-8 mass entirely submitted (full-thickness sections) from fundus to posterior endometrium
- A9 adjacent uninvolved posterior endomyometrium
- A10 anterior endomyometrium
- A11 posterior cervix
- A12 anterior cervix

The right fallopian tube (4.5 x 0.6 cm) has a tan, unremarkable serosal surface and an unremarkable cut surface. The right ovary (2.5 x 2 x 0.8 cm) has a yellow, smooth, glistening surface. The cut surface is unremarkable. Representative right fallopian tube and ovary are submitted in block A13.

The left fallopian tube (4.5 x 0.5 cm) has a tan, smooth, glistening surface. There are two paratubal cysts up to 0.3 cm in greatest dimension. The cut surface is unremarkable. The left ovary (2.5 x 1.5 x 0.6 cm) has a yellow, unremarkable external surface and an unremarkable cut surface. Representative left fallopian tube and ovary submitted in block A14.

B. "Left pelvic lymph node". Unfixed and transferred to formalin at on is a 2.5 x 2 x 0.6 cm fragment of yellow fibroadipose tissue dissected for lymph nodes. Two apparent lymph nodes up to 1 cm in greatest dimension are identified and submitted in block B1. The remaining fibroadipose tissue is submitted in block B2.

C. "Left pelvic lymph node". Unfixed and transferred to formalin at on is a 3.4 x 2.2 x 0.8 cm aggregate of yellow fibroadipose tissue dissected for lymph nodes. Three apparent lymph nodes up to 1.2 cm in greatest dimension are identified and submitted in block C1. The remaining fibroadipose tissue is submitted in block C2.

D. "Right pelvic lymph node". Unfixed and transferred to formalin at on is a 4.5 x 4 x 1.5 cm aggregate of tan-yellow fibroadipose tissue dissected for lymph nodes. Apparent lymph nodes up to 2.5 cm in greatest dimension are identified.

## BLOCK SUMMARY:

UUID:1E7C9CA2-73AA-4443-A125-D5588F93BEF9

TCGA-B5-A0K8-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (Upst) / (Downst)	QUALIFIED	DISQUALIFIED
Review Initials	[Signature]	

- D1 one apparent lymph node, bisected
- D2 five apparent lymph nodes
- D3 remaining fibroadipose tissue

[REDACTED]

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, tubes and ovaries" (AFl, tumor with full thickness myometrium): Extensive EIN. No invasive carcinoma seen (Dr.

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY, LYMPHADENECTOMY

PATHOLOGIC STAGE (AJCC 6th Edition): pT1a pN0 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, TUBES AND OVARIES" (HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY):

UTERUS: 85 GRAMS

ENDOMETRIUM:

TUMOR SITE: FUNDUS, POSTERIOR ENDOMETRIUM

HISTOLOGIC TYPE: SEROUS ADENOCARCINOMA

FIGO GRADE: 3

TUMOR SIZE: 2.2 X 2 X 1.1 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: MINIMAL INVASION (1 MM) IN A 1.8 CM THICK WALL.

LYMPHATIC/VASCULAR INVASION: NEGATIVE

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC

REMAINING MYOMETRIUM: ADENOMYOSIS.

CERVIX: NO PATHOLOGIC DIAGNOSIS.

SEROSA: NO PATHOLOGIC DIAGNOSIS.

SPECIMEN MARGINS: NOT INVOLVED

RIGHT AND LEFT OVARIES AND FALLOPIAN TUBES: NO PATHOLOGIC DIAGNOSIS.

B. "LEFT PELVIC LYMPH NODE" (BIOPSY):

THREE LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/3).

C. "LEFT PELVIC LYMPH NODE" (BIOPSY):

FOUR LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/4).

D. "RIGHT PELVIC LYMPH NODE" (BIOPSY):

FIVE LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/5).

I certify that I personally conducted the diagnostic evaluation of the above

[REDACTED]

specimen(s) and have rendered the above diagnosis(es).

Performed by:

[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]