

ICDO-3

Adenocarcinoma
Endometrioid, NOS
8380/3

SURG
Case |

UUID:59662419-D77B-4C25-A888-CE993D412FD1
TCGA-EY-A547-01A-PR Redacted



Site:
Endometrium C54.1
12/13/12 JW

Diagnosis:

A: Lymph node, left para-aortic, excision

- Fibroadipose and vascular tissue with no tumor identified; no lymphoid tissue identified

B: Lymph nodes, right para-aortic, excision

- No tumor identified in eight lymph nodes (0/8)

C: Lymph node, left pelvic, dissection

- No tumor identified in four lymph nodes (0/4)

D: Lymph nodes, right pelvic, dissection

- No tumor identified in six lymph nodes (0/6)

E: 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 3)

Extent of invasion: see below

Myometrial invasion: Inner half

Depth: 5 mm Wall thickness: 35 mm

Percent: 14%

Serosal involvement: not identified

Lower uterine segment involvement: not identified

Cervical involvement: not identified

Adnexal involvement (see below): not identified

Other sites: not identified

Cervical/vaginal margin and distance: negative, widely free

Lymphovascular space invasion: not definitively identified ;
artifacts
present

Regional lymph nodes (see other specimens):
Total number involved: 0
Total number examined: 18

Other pathologic findings: benign endocervical polyp; leiomyomas

Tumor estrogen receptor and progesterone receptor
immunohistochemistry
results: pending on block E5, addendum to follow

AJCC Pathologic Stage: pT1a pN0
FIGO (2008 classification) Stage grouping: IA, 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:
- Not identified grossly or microscopically, (history of prior
oophorectomy per

Ovary, left, oophorectomy:
- Benign mature cystic teratoma
- No primary or metastatic malignancy identified

Fallopian tube, right, salpingectomy:
- No tumor identified

Fallopian tube, left, salpingectomy:
- No tumor identified

Clinical History:
year-old female with endometrial cancer.

Gross Description:
Received are five appropriately labeled containers.

Container A is additionally labeled "left para-aortic lymph node." It holds a
0.4 x 0.3 x 0.3 cm firm tan lymph node candidate.
(Block A1,

Container B is additionally labeled "right para-aortic lymph node." It holds a
4.6 x 2.4 x 1.2 cm aggregate of bright yellow lobulated fat containing multiple
lymph node candidates ranging from 0.5 to 1.7 cm in greatest dimension.

Block Summary:

B1,B2 - largest lymph node candidate, serially sectioned
B3,B4 - multiple lymph node candidates
B5 - fatty tissue,

Container C is additionally labeled "left pelvic lymph node." It holds a 2.5 x
1.6 x 0.9 cm aggregate of yellow lobulated fat containing multiple lymph node
candidates ranging from 0.4 to 0.6 cm.

Block summary:

C1,C2 - multiple lymph node candidates with associated fatty tissue,

Container D is additionally labeled "right pelvic lymph node." It holds a 3.6 x
2.5 x 1.4 cm aggregate of bright yellow lobulated fat containing multiple lymph
node candidates ranging from 0.3 to 3.1 cm in greatest dimension.

Block summary:

D1-D3 - largest lymph node candidate, serially sectioned
D4 - multiple lymph node candidates
D5 - fatty tissue,

Container E:

Adnexa: Left: present and detached; Right: present and detached
Weight: 950 grams (uterus: 650 grams; attached/detached left

ovary: 300
grams)
Shape: distorted
Dimensions:
height: 18.6 cm
anterior to posterior width: 8.6 cm
breadth at fundus: 9.4 cm
Serosa: light pink, smooth and glistening
Cervix: 1.5 x 1.5 cm with a patent cervical os (0.4 cm)
length of endocervical canal: ____
ectocervix: erythematous and irregular
endocervix: tan and trabeculated
Endomyometrium:
length of endometrial cavity: 6.2 cm
width of endometrial cavity at fundus: 5.0 cm
tumor findings:
dimensions: 5.2 x 3.1 x 1.1 cm
appearance: The lesion is a tan friable exophytic mass on the
endometrial surface.
location and extent: The lesion is on the posterior corpus and
extends to within 1.9 cm of the endocervical canal.
myometrial invasion: no apparent invasion
thickness of myometrial wall at deepest gross invasion: 4.4 cm
other findings or comments: There are multiple tan rubbery,
roughly
spherical nodules within the myometrium ranging from 0.5
to 2.9 cm in greatest dimension.

Adnexa:

Right ovary: Cannot be positively identified
dimensions: 1.2 x 1.0 x 0.6 cm
external surface: brown and irregular with numerous fibrous
adhesions
cut surface: brown and firm
Right fallopian tube:
dimensions: 7.7 cm long, 0.8 cm in diameter
other findings: The external surface of the fallopian tube is
faint
pink, smooth and glistening and the lumen is dilated with a
thin fallopian tube wall (0.1 cm thick). There are edematous
faint
pink papillary structures within the fallopian tube
that might represent fimbria.

Left ovary:

dimensions: 10.0 x 8.5 x 5.9 cm
external surface: faint pink, smooth and glistening with no

disruptions or papillary projections
cut surface: A single smooth walled cyst without papillary
excrescences that is filled with faint yellow gelatinous
material and
hair. No remnant normal ovarian tissue is identified.
Left fallopian tube:
dimensions: 3.5 cm long, 0.5 cm in diameter
other findings: The external surface is light pink, smooth and
glistening and the lumen is patent.

Lymph nodes: See Parts A-D of this case.

Other comments: none

Digital photograph taken: not taken

Tissue submitted for special investigations: A section of
endometrial lesion is
submitted to Tissue Procurement.

Block Summary:

E1,E2 - anterior cervix and lower uterine segment
E3,E4 - posterior cervix and lower uterine segment
E5,E6 - representative sections of endometrial lesion
E7 - representative section of endometrial lesion at most
suspicious area of
myometrial invasion
E8 - candidate right ovary
E9 - right fallopian tube
E10,E11 - representative sections of left ovary
E12 - left fallopian tube

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 Anatomic Pathology
Department . 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.

Procedures/Addenda:
Addendum

Addendum

The endometrial adenocarcinoma is estrogen receptor positive
(2+, 70%) and
progesterone receptor positive (2-3+, 70%) by
immunohistochemistry.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Quali-synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer: <i>km</i>	Date Reviewed: <i>11/24/12</i>	<i>12/4/12</i>