

SURGICAL PATHOLOGY REVISED REPORT

Case Number :

100-0-3

Adenocarcinoma, endometrioid, NOS
8380/3
Site: endometrium c54.1

2/1/11
K

Diagnosis:

Uterus and cervix, hysterectomy:

Location of tumor: primary endometrial adenocarcinoma

Histologic type: endometrioid adenocarcinoma with squamous differentiation

Histologic grade (FIGO): overall FIGO grade 1 (architectural grade 1, nuclear grade 1)

Extent of invasion: see below

Myometrial invasion: Inner half

Depth: 0.6 cm Wall thickness: 1.9 cm Percent: 32%

Serosal involvement: not identified

Lower uterine segment involvement: not identified

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: focally present

Regional lymph nodes: not submitted

Other Pathologic findings: leiomyomas

Tumor estrogen receptor and progesterone receptor immunohistochemistry results: pending on block A8, addendum to follow

AJCC Pathologic stage: pT1a pNx

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary (Noted)		X
Case (single):	QUALIFIED	DISQUALIFIED
Review (if any)		
Date Reviewed:	1/31/11	

UUID: D9933BA3-3D3B-4B93-AD6C-22ED47C4DBB1

TCGA-EY-A1GP-01A-PR

Redacted



FIGO (2008 classification) Stage grouping: IA

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.
- Benign simple cyst.

Ovary, left, oophorectomy:

- No tumor identified.
- Benign simple cyst.

Fallopian tube, right, salpingectomy:

- No tumor identified.
- Chronic salpingitis and hydrosalpinx.

Fallopian tube, left, salpingectomy:

- No tumor identified.
- Hydrosalpinx.

Intraoperative Consult Diagnosis:

Frozen section was requested by Dr

FSA1: Uterus, hysterectomy

- Well to moderately differentiated endometrioid adenocarcinoma with squamous differentiation
- No myometrial invasion identified
- Extensive lymphovascular invasion

Frozen Section Pathologist:

Clinical History:

well differentiated endometrioid adenocarcinoma, FIGO grade 1 on biopsy.

Gross Description:

Received is one appropriately labeled container.

Adnexa: The right adnexa is received detached from the specimen and the left is received attached to the specimen.

Weight: 77.5 grams

Shape: pear shaped

Dimensions:

height: 6.6 cm

anterior to posterior width: 2.3 cm

breadth at fundus: 4.3 cm

Serosa: red/tan, smooth and glistening

Cervix:

length of endocervical canal: 1.6 cm

ectocervix: white/pink, smooth and glistening

endocervix: trabecular, red/tan and glistening

Endomyometrium:

length of endometrial cavity: 3.2 cm

width of endometrial cavity at fundus: 2.1 cm

tumor findings:

dimensions: 3.2 x 2.8 x 0.8 cm

appearance: friable, fleshy and exophytic

location and extent: located predominantly on the posterior corpus

focally extending into the fundus

myometrial invasion: no apparent invasion

thickness of myometrial wall at deepest gross invasion: 1.9 cm

other findings or comments: The myometrium contains two firm intramural, circumscribed nodules measuring up to 1.5 cm in greatest dimension.

Adnexa:

Right ovary:

dimensions: 2.8 x 2.5 x 1.5 cm

external surface: smooth, red/tan

cut surface: grossly unremarkable with a peripheral 1.8 cm thin walled clear fluid-filled cyst

Right fallopian tube:

dimensions: 8 cm in length x 1.7 cm in diameter

other findings: The fallopian tube lumen is markedly distended and contains thick yellow mucoid material and a wall thickness of up to 0.8 cm.

Left ovary:

dimensions: 2.5 x 1.8 x 0.6 cm

external surface: red/tan, smooth and glistening

cut surface: grossly unremarkable with a peripheral thin walled clear fluid-filled 1.8 cm cyst

Left fallopian tube:

dimensions: 6.5 cm in length and ranges in diameter from 0.5 to 1.2 cm

other findings: the fallopian tube is tortuous and adhesed upon the surface of the ovary

Lymph nodes: submitted separately

Other comments: Sectioning reveals a tortuous but patent lumen containing thick yellow material. The wall is thickened to 0.5 cm.

Digital photograph taken: no

Tissue submitted for special investigations: Tumor is given to Tissue Procurement

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
A9 - right ovary
A10-A11 - right fallopian tube
A12 - left ovary
A13-A14 - left fallopian tube

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 adenocarcinoma is estrogen receptor negative (1+, <1%) and progesterone receptor negative (0%) by immunohistochemistry. Controls stained appropriately.

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