

Adenocarcinoma, Endometrial, Nos 8384/3

Site Code: Endometrium C54.1

1/9/11

lw

UUID: C816E769-AFE1-4555-A65D-691266C4898E
TCGA-AX-A1CF-01A-PR

Redacted



LAB #:

NAME:

HOSP #:

ACCT#:

DOB:

(Age

SSN:

LOC:

DOS:

SURGEON:

Specimen (source): I. OMENTUM BIOPSY; II. RIGHT PARACOLIC TISSUE; III. LEFT PARACOLIC TISSUE; IV. UTERUS, CERVIX, TUBES AND OVARIES; V. SIGMOID SEROSA; VI. OMENTUM; VII. LEFT COMMON NODE

Clinical Data: ENDOMETRIAL CANCER

SURGICAL PATHOLOGY REPORT

FROZEN SECTION: I. Received for FS labeled "omentum biopsy" is fatty tissue with a nodular mass measuring 4 x 3.5 x 2.5 cm. The cut surface is partially necrotic, gritty and gray. RS for FS in one block. Tissue is formalin fixed and frozen and submitted for study. Additional sections submitted in two cassettes.

Frozen Section Diagnosis:

Omentum, biopsy: Metastatic carcinoma.

GROSS: II. Received labeled as "right paracolic tissue" is fatty tissue with a 4.1 x 2.8 x 1.5 cm firm pink gray mass. The mass has a yellow gray, firm and gritty cut surface. RS 2 cassettes.

III. Received labeled "left paracolic tissue" is an aggregate of fatty with two firm, pink gray, smooth to nodular masses measuring 7.5 x 6.8 x 3.2 cm. These masses have gritty, gray white, partially necrotic cut surfaces. RS - 2 cassettes.

IV. Received labeled "uterus, cervix, tubes and ovaries"

SPECIMEN TYPE: Previously incised hysterectomy with attached bilateral tubes and ovaries.

SPECIMEN SIZE/WEIGHT: 42 grams, 7.5 x 3.8 x 2 cm.

SEROSA: Red tan with adhesions.

CERVIX: Smooth red tan ectocervix. Ridged to nodular tan endocervix with questionable gross involvement by the endometrial tumor to within 0.3 cm of the SC junction.

TUMOR SITE: Endometrial cavity involving the lower uterine segment and questionable involvement of the cervical canal.

TUMOR SIZE/CONFIGURATION: 4.5 x 3.5 x 0.6 cm; soft to firm, red tan, polypoid.

ENDO/MYOMETRIUM: Endometrium: Smooth to granular, tan, 0.1 cm thick. Myometrium: Trabecular, average thickness of 1.7 cm, questionable total involvement by the endometrial tumor; 0.8 cm in diameter whorled white tan nodule.

OTHER ORGANS PRESENT: Left ovary: 2.2 x 1 x 0.5 cm; left tube: 4.5 x 0.5 cm. The ovarian surface is smooth to nodular and red tan. The cut surface is granular and gray tan. Right adnexa: 9.8 x 6.7 x 4.6 cm. Intact, nodular external surface with focal adhesions; multinodular, variegated yellow gray and tan gray, gritty cut surface with areas of questionable necrosis. No definite fallopian tube lumen is identified on sectioning.

BLOCK SUMMARY: A - cervix, B - lower uterine segment, C-E - endometrial tumor, F - additional endometrial tumor to include adjacent endometrium, left tube and intramural nodule, G - left tube toto,

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H-L - right adnexal tissue.

Sections of tumor and fallopian tube are submitted in formalin and frozen for study.

V. Received labeled "sigmoid serosa" are two firm, nodular, yellow tan tissues measuring 1.8 and 2 cm. Both are bisected having gritty, firm yellow gray cut surfaces. Toto - 2 cassettes.

VI. Received labeled "omentum" is 36.5 x 11.7 x 1.2 cm piece of fatty tissue. No masses are found on sectioning nor are any firm areas palpated. RS-3.

VII. Received labeled "left common node" is fatty tissue with two pink tan apparent lymph nodes measuring 0.6 and 0.8 cm. Both are bisected, larger toto-A, smaller toto-B.

MICROSCOPIC: HISTOLOGIC TYPE: Endometrioid adenocarcinoma.

HISTOLOGIC GRADE: G3; poorly differentiated.

MYOMETRIAL INVASION: Present.

EXTENT OF INVASION: Tumor replaces much of the endometrial surface and invades the superficial myometrium. A maximum 0.7 cm of a 1.7 cm section of endomyometrium contains tumor. Tumor also focally involves the lower uterine segment and endocervical surface. Metastatic disease replaces the right ovary and is present in the bilateral pericolic tissue and sigmoid serosal samples. The nodular mass in the omentum contains metastatic tumor.

REGIONAL LYMPH NODES: Two sampled (left common area); both negative for tumor.

MARGINS: Uterine resection margins free of tumor.

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION: None seen.

ADDITIONAL PATHOLOGIC FINDINGS: Focal areas of the endometrial surface show better differentiated endometrioid adenocarcinoma (grade 2). However, the vast majority of tumor is growing in solid sheets with scattered areas showing bizarre tumor giant cells, high mitotic activity and abnormal mitotic figures. An endometrial polyp is also present and shows focal atypical adenomatous hyperplasia.

Areas of metastatic tumor show prominent necrosis. A transfer artifact is seen in the left ovary with no evidence of tumor seen in the left fallopian tube and ovary. Right fallopian tube is not grossly or histologically identified.

COMMENT(S): Findings are consistent with high grade endometrioid adenocarcinoma and are consistent with an endometrial primary tumor with metastatic spread to the other involved sites.

Immunohistochemical stains: Immunohistochemical stains for cytokeratin 7, cytokeratin 20, villin and CEA are pending to evaluate this very poorly differentiated tumor. Findings will be reported in an addendum report.

AJCC STAGE: T3bN0M1 (omentum, right ovary, bilateral paracolic tissue and sigmoid serosa)
FIGO IV.B

Addendum

Addendum Diagnosis

Immunohistochemical stains: Cytokeratin 7, cytokeratin 20, CEA and villin were performed with appropriate control reactivity. Cytokeratin 7 shows strong reactivity in the tumor cells with moderate CEA expression and no cytokeratin 20 or villin expression. Although CEA positivity is present only in a

SURGICAL PATHOLOGY REPORT

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minority of endometrial primary tumors, the cytokeratin staining pattern and the negative villin are most consistent with an endometrial primary tumor.

* **FDA disclaimer:** The FDA has determined that clearance or approval of this procedure is not necessary. See Classification/reclassification of immunochemistry reagents and kits. 63 Federal Register 30132-30142 (1998) (21CFR part 864.Doc.No. 94P-0341)

DIAGNOSIS:

I., II., III. AND V. OMENTUM, RIGHT PARACOLIC TISSUE, LEFT PARACOLIC TISSUE, AND SIGMOID SEROSA, BIOPSIES:

METASTATIC CARCINOMA. (198.89)

IV. UTERUS, ENDOMETRIUM, MYOMETRIUM AND CERVIX:
POORLY DIFFERENTIATED ENDOMETRIOID
ADENOCARCINOMA. (182.0)

RIGHT OVARY:

METASTATIC CARCINOMA. (198.6)

LEFT OVARY AND FALLOPIAN TUBE:
NEGATIVE FOR NEOPLASM.

VI. OMENTUM, PORTION OF:
NEGATIVE FOR NEOPLASM.

VII. LYMPH NODES, LEFT COMMON AREA (TWO):
NEGATIVE FOR NEOPLASM.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RB	Date Reviewed: 1/7/10

***Electronically Signed Out By

MD ***

END OF REPORT

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