

1CD-0-3

Adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1 2/25/11

Surg Path

CLINICAL HISTORY:
Malignant neoplasm of the corpus uteri, abnormal bleeding (post menopausal).

GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries (AF1-2)". Received fresh is a 179.2 gram (11 x 7.5 x 4 cm) uterus with bilateral adnexa. The serosal surface (anterior) discloses multiple subserosal leiomyomata (0.6 cm) and a 2 cm powder burn mark. The opened specimen reveals a 6 x 4 cm exophytic tumor diffusely involving both anterior and posterior endometrial surfaces, invading to a maximum depth of 0.6 cm in a 2.3 cm thick myometrium (A1, frozen section remnant AF1). The tumor extends to within 1.5 cm of the anterior endocervical os, and 2.5 cm from the posterior endocervical os. The cervix (posterior) discloses a 0.6 x 0.6 cm endophytic polyp located 1 cm from the exocervical os. The right adnexa consist of an ovary and fimbriated fallopian tube (2/5 cm) which are both unremarkable. The left adnexa consist of an ovary and fimbriated fallopian tube (1.9/5.5 cm) and are both unremarkable. The paracervical soft tissue margins are grossly negative, and the remainder of the myometrium is unremarkable.

BLOCK SUMMARY:

- A1-2- frozen section remnant AF1-2, respectively
- A3- tumor with anterior LUS
- A4- posterior endometrium with tumor
- A5- posterior cervix with polyp
- A6- anterior cervix
- A7- right ovary and fallopian tube
- A8- left ovary and fallopian tube
- A9- serosal leiomyoma and powder burn mark

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TCGA-B5-A03V-01A-PR

Redacted



B. "Proximal right IP". Received fresh is a 1.5 x 1 x 1 cm fragment of fibroadipose tissue. The specimen is unoriented and unremarkable. The specimen is bisected and submitted entirely in block B1.

C. "Right periaortic node". Received fresh is a 2.5 x 2 x 0.7 cm fragment of fibroadipose tissue. The specimen contains one 2 cm lymph node which is bisected and submitted entirely in block C1.

D. "Right pelvic node". Received fresh is a 6 x 4 x 1.7 cm aggregate of multiple fragments of fibroadipose tissue. Multiple candidate nodes are found, the largest of which is 3 cm in greatest dimension.

BLOCK SUMMARY:

- D1- largest node bisected
- D2- two lymph node candidates (one black and bisected)
- D3- additional candidates

E. "Left periaortic", received fresh and placed in formalin is a 1 x 1 cm lymph node candidate. The specimen is submitted entirely in block E1.

F. "Left pelvic node", received fresh and placed in formalin is a 5.5 x 3 x 1.5 cm aggregate of fibroadipose tissue. Multiple lymph node candidates are found, the largest of which is 2 cm in greatest dimension. The candidates are inserted in blocks F1-3.

INTRA OPERATIVE CONSULTATION:

- A. "Uterus & bilateral adnexa":

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	Date Reviewed: 2/25/11	

AF1-2- Adenocarcinoma, FIGO grade 2, with 6 mm myometrium invasion in a 2.3 cm thick wall. Adenomyosis is present (Dr.

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPHADENECTOMY

PATHOLOGIC STAGE (AJCC 6th Edition): pT2b 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: 179 GRAMS

ENDOMETRIUM:

TUMOR SITE: DIFFUSE

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.

FIGO GRADE: 2

TUMOR SIZE: 6 X 4 X 1.1 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.6 CM IN A 2.3 CM THICK WALL.

LYMPHATIC/VASCULAR INVASION: ABSENT

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC

REMAINING MYOMETRIUM: ADENOMYOSIS, LEIOMYOMA (0.6 CM MAX)

CERVIX: INVOLVED WITH TUMOR (2 MM NODULE AT TIP OF ENDOCERVICAL POLYP)

SEROSA: NOT INVOLVED

SPECIMEN MARGINS: NOT INVOLVED

SPECIMENS FREE OF TUMOR:

A. BILATERAL FALLOPIAN TUBES AND OVARIES

B. PROXIMAL RIGHT INFUNDIBULOPELVIC LIGAMENT

C. RIGHT PERIAORTIC LYMPH NODE: NO TUMOR IN 1 LYMPH NODE (0/1).

D. RIGHT PELVIC LYMPH NODE: NO TUMOR IN 9 LYMPH NODES (0/9).

E. LEFT PERIAORTIC LYMPH NODE: NO TUMOR IN 1 LYMPH NODE (0/1).

F. LEFT PELVIC LYMPH NODE: NO TUMOR IN 7 LYMPH NODES (0/7).

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

[REDACTED]

[REDACTED]

[REDACTED]

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