

SURGICAL PATHOLOGY REVISED REPORT

1CD-0-3

Adenocarcinoma, Endometrioid, NOS
8380/3

Case Number :

Site: endometrium C54.1

2/1/11
ju

Diagnosis:

A: Uterus, hysterectomy and bilateral salpingo-oophorectomy:

Cervix

- No tumor seen

Endometrium

- Well-differentiated endometrioid adenocarcinoma with squamous and mucinous differentiation, overall FIGO grade 1 (architectural grade 1, nuclear grade 2) (A9, A16)
- Tumor superficially invades the endometrium to 1 mm in depth out of a total myometrial wall thickness of 1.0 cm (10%) (A9)
- Tumor superficially involves the anterior lower uterine segment mucosa
- No evidence of lymphovascular invasion
- ER and PR by immunohistochemistry, pending; final results will be issued in an addendum report (A16)
- AJCC pathologic staging pT3a pN0, pMx

Myometrium

- Leiomyoma
- Adenomyosis
- See diagnoses above

UUID:2F5AE4E7-9411-461D-AC09-E87D51CEF872
TCGA-EY-A1GT-01A-PR

Redacted



Ovary, right, oophorectomy

- Atrophic ovary with metastatic adenocarcinoma, ovary size 3.7 x 2.0 x 1.5 cm (A12) (see comment)
- ER and PR by immunohistochemistry, pending; final results will be issued in an addendum report (A12)

Fallopian tube, right, salpingectomy

- Metastatic adenocarcinoma involves the serosal surface
- Endometriosis

Ovary, left, oophorectomy

- Focal metastatic adenocarcinoma involves the ovarian surface

Fallopian tube, left, salpingectomy

- No tumor seen

B: Lymph nodes, right pelvic, lymph node dissection

- Eight lymph nodes, no tumor seen (0/8)

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Cause (Circle):	QUALIFIED	DISQUALIFIED
Reviewed/Initials	ju	1/3/11

C: Lymph nodes, left pelvic, lymph node dissection

- Seventeen lymph nodes, no tumor seen (0/17)

Comment:

Despite the low overall FIGO grade, given the pattern of spread and the similar morphologic features, the tumor is considered to be a primary endometrial tumor with metastases to the bilateral adnexa. Immunostains for ER and PR are being performed on the endometrium and the right ovary, which are pending. Additional findings will be issued in an addendum report when available. Clinical correlation is suggested.

Clinical History:

with endometrial cancer.

Gross Description:

Received are three appropriately labeled containers.

Container A is additionally labeled "uterus, cervix, bilateral tubes and ovaries."

Adnexa: present bilaterally

Weight: 140 grams

Shape: pear shaped

Dimensions:

height: 9.2 cm

anterior to posterior width: 3.3 cm

breadth at fundus: 5.5 cm

Serosa: pink/tan and smooth except for cauterized adhesions around the cervix; anterior corpus inked green, posterior margin inked blue

Cervix:

length of endocervical canal: 1.9 cm

ectocervix: pink/tan, smooth and remarkable squamous mucosa

endocervix: pink/tan, trabeculated endocervical mucosa

Endomyometrium:

length of endometrial cavity: 4.5 cm

width of endometrial cavity at fundus: 3 cm

tumor findings:

dimensions: 4.5 x 2.9 x 2.5 cm

appearance: friable, papillary, shaggy, exophytic, white/tan, coarsely granular growth

location and extent: involving the endometrium of primarily posterior corpus but also fundus and upper anterior corpus; the cervix is grossly not involved; the lower uterine segment is also grossly not involved

myometrial invasion: grossly in the inner one-half, the tumor does not reach the outer one-half

thickness of myometrial wall at deepest gross invasion: distance from surface of tumor to serosa at deepest point of invasion is 3.3 cm; distance from point of invasion to serosa is 1.5 cm; thickness of adjacent grossly normal wall from endometrium to serosa is 2.4 cm

other findings or comments: none

Adnexa:

Right ovary:

dimensions: 3.7 x 2.0 x 1.5 cm

external surface: white/tan, dull, with delicate fibrous adhesions

cut surface: shows white/tan expansive mass

Right fallopian tube:

dimensions: 5 x 0.8 cm

other findings: the external surface is smooth and unremarkable

Left ovary:

dimensions: 3.1 x 1.4 x 0.6 cm

external surface: yellow/tan, smooth and characteristically cerebriform

cut surface: white/tan and yellow, variegated with no suspicious lesions

Left fallopian tube:

dimensions: 5 x 0.7 cm

other findings: none

Lymph nodes: submitted separately

Other comments: none

Digital photograph taken: no

Tissue submitted for special investigations: no

Block Summary:

A1 - anterior cervix

A2 - anterior lower uterine segment

A3 - anterior mid corpus

A4 - anterior upper corpus

A5,A6 - tumor at fundus; A5 with grossly deepest point of invasion

A7 - posterior cervix

A8 - posterior lower uterine segment

A9,A10 - one full thickness cross section through posterior mid corpus, divided

A11 - posterior upper corpus

A12,A13 - right ovary

A14 - right fallopian tube

A15 - left fallopian tube and left ovary

A16,A17 - another full thickness cross section of tumor in posterior corpus, section divided

Container B is additionally labeled "right pelvic lymph node." The container holds an aggregate of lobulated yellow fibrofatty tissue measuring 5 x 5.5 x 2 cm. The container also holds a translucent laparoscopic specimen bag. The specimen is palpated for lymph nodes.

Block Summary:

B1 - four lymph node candidates
B2 - two lymph node candidates
B3 - one lymph node candidate, bisected
B4 - two lymph node candidates
B5-B10 - remainder of fibrofatty tissue,

Container C is additionally labeled "left pelvic lymph nodes." The container holds an aggregate of lobulated yellow/tan fibrofatty tissue measuring 5 x 5 x 2 cm.

Block summary:

C1 - four lymph node candidates
C2 - one lymph node candidate, bisected
C3 - one lymph node candidate
C4 - four lymph node candidates
C5 - four lymph node candidates
C6-C11 - remainder of fibrofatty tissue,

Grossing Pathologist

Light Microscopy:

Light microscopic examination is performed by Dr.

Signature

Resident Physician:

Attending Pathologist:

I have personally conducted the evaluation of the above specimens and have rendered the above diagnosis(es).

Procedures/Addenda:

Addendum

Addendum

Immunostains for ER and PR are performed on representative blocks of the endometrial tumor (A16) and the tumor in the right ovary (A12). The endometrial tumor is ER positive (1+, 20%) and PR weakly positive (1+, 2%). The tumor in the ovary is ER positive (3+, 70%) and PR positive (3+, 65%). The tumor in the ovary is more strongly ER/PR positive than the tumor in the endometrium, however the findings are still considered to be best classified as a primary endometrial tumor with ovarian metastases. Clinical correlation is suggested.

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 . 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.