

ICD-0-3  
 Carcinoma, Undifferentiated, NOS 8020/3  
 Site: Endometrium C54-1 2/25/11  
 [REDACTED]

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case # (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	7/25/11	
Date Reviewed		

# Surg Path

## CLINICAL HISTORY:

Malignant corpus uteri. Pertinent clinical history: grade 2 to 3 endometrial adenocarcinoma for B and C. Procedure is laparoscopic total hysterectomy with bilateral salpingo-oophorectomy.

## GROSS EXAMINATION:

A. "Uterine serosal biopsy (AF1)", received fresh for frozen section diagnosis is a 0.4 x 0.4 x 0.2 cm fragment of soft brown tissue which is placed in formalin on [REDACTED]. The remnant is resubmitted in its entirety in block A1.

B. "Left common iliac lymph node (BF1)", received fresh for frozen section diagnosis is a 4 x 3.8 x 0.9 cm aggregate of tissue. A 2 x 2 x 0.4 cm lymph node candidate was frozen as BF1 and resubmitted as B1. The remaining tissue is sectioned and submitted in its entirety in B2-3.

C. "Uterus, cervix, tubes and ovaries", received is a 254 gram, 10.5 x 8 x 5.5 cm bilateral salpingo-oophorectomy specimen with attached cervix (4 cm in diameter with a 0.6 cm patent os). The serosal surface is remarkable for innumerable brown, red and white irregularities which stud the serosal surface. The endocervical canal (3 cm in length x 0.5 cm in diameter) is white-tan and demonstrates a herringbone appearance (C1 anterior cervix, C2 posterior cervix). The cervix does not appear to be involved with the irregular white masses. The endometrial canal (8 cm in length x 4 cm from cornu to cornu) is red and hemorrhagic and demonstrates innumerable white irregular lesions. Sectioning the endometrium demonstrates a 0.1 cm endometrium overlying a 1.8 cm myometrium with innumerable white, nodular, invasive lesions. These lesions appear to extend through the myometrium to the serosa. The lower uterine segment grossly appears to be involved (C3 anterior lower uterine segment, C4 lower uterine segment). C5 and C6 are nodules. C7 demonstrates serosal

The right tube (5.5 cm in length x 0.8 cm in diameter) is grossly unremarkable (C8). The right ovary (3.2 x 2.1 x 0.6 cm) is white, cerebriform and grossly unremarkable (C9).

The left tube (4 cm in length x 0.5 cm in diameter) is grossly unremarkable (C10). The left ovary (8 cm, 2 x 2 x 0.6 cm) is white-tan cerebriform and is grossly unremarkable (C11).

D. "Left pelvic lymph nodes", received fresh and placed in formalin [REDACTED] is a 3.5 x 2.2 x 1.5 cm aggregate of fibroadipose tissue which is dissected for lymph nodes and submitted as follows:

- D1- two lymph node candidates
- D2- four lymph node candidates

E. "Right pelvic nodes", received is a 5 x 3.2 x 1.8 cm aggregate of fibroadipose tissue which is placed in formalin [REDACTED]. The specimen is dissected for lymph nodes revealing one large lymph node candidate (3.2 x 2.5 x 1.5 cm) which is grossly positive and submitted in its entirety in E1-4.

F. "Left periaortic lymph nodes", received is a 5 x 3 x 2.8 cm aggregate of lymph nodes. Five lymph nodes are identified ranging from 1 cm in greatest dimension to 5 cm in greatest dimension. A representative section of each lymph node is submitted in F1-5 (one node per block).



UID:89C9704E-F43C-440C-970F-872835910268  
 TCGA-85-A11X-01A-PR  
 Redacted

G. "Left IP", received is a 4 x 3.5 x 1 cm fragment of fibroadipose tissue which is placed in formalin. Serial sectioning is unremarkable in the fragment. Section is submitted in G1.

H. "Right aortic", received fresh and placed in formalin on are four lymph nodes ranging from 2.5 cm in greatest dimension to 4.8 cm in greatest dimension. Representative section of each lymph node is submitted in H1-4.

**INTRA OPERATIVE CONSULTATION:**

A. "Uterine serosal biopsy": AF1 (in toto)-malignant undifferentiated neoplasm

B. "Left common": BF1 (rep)-metastatic carcinoma (Dr. 1

**MICROSCOPIC EXAMINATION:**

Microscopic examination is performed.

**IMMUNOHISTOCHEMICAL FINDINGS:**

The immunoperoxidase tests reported herein were developed and their performance characteristics were determined by the U.S. Food and Drug Administration. Some of them may not be cleared or approved by the U.S. Food and Drug Administration. 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) as qualified to perform high complexity clinical testing.

**PATHOLOGIC STAGE:**

PROCEDURE: HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY, AND LYMPH NODE SAMPLING.

PATHOLOGIC STAGE (AJCC 7th Edition): pT3a pN2 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, SEROSA (BIOPSY):

UNDIFFERENTIATED CARCINOMA.

B. LYMPH NODE, COMMON ILIAC, LEFT (BIOPSY):

ONE LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA (1/1).

C. UTERUS AND BILATERAL OVARIES AND FALLOPIAN TUBES (HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY):

UTERUS: 254 GRAMS

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: UNDIFFERENTIATED ADENOCARCINOMA, SEE COMMENT.

FIGO GRADE: 3.  
TUMOR SIZE: 8 X 4 CM.  
MAXIMUM DEPTH OF MYOMETRIAL INVASION: TUMOR PENETRATES WALL TO SEROSA  
LYMPHATIC/VASCULAR INVASION: PRESENT, EXTENSIVE.  
ADJACENT NON-NEOPLASTIC ENDOMETRIUM: EIN.  
REMAINING MYOMETRIUM: NO PATHOLOGIC DIAGNOSIS.  
CERVIX: NEGATIVE FOR MALIGNANCY.  
Serosa: POSITIVE FOR CARCINOMA.  
SPECIMEN MARGINS: NOT INVOLVED.

OVARY, LEFT: METASTATIC CARCINOMA IN LYMPHATIC/VASCULAR SPACES.

OVARY, RIGHT: NEGATIVE FOR MALIGNANCY.

FALLOPIAN TUBES, BILATERAL: NEGATIVE FOR MALIGNANCY.

COMMENT: A panel of immunoperoxidase stains was performed. The tumor cells are reactive with cytokeratin, EMA (focally), and beta-catenin and nonreactive with desmin and SMA. Scattered cells are reactive with CD10. This immunophenotype supports the above diagnosis. Appropriately reactive control slides were examined.

D. LYMPH NODES, PELVIC, LEFT (BIOPSY):

FOUR LYMPH NODES NEGATIVE FOR MALIGNANCY (0/4).

E. LYMPH NODE, PELVIC, RIGHT (BIOPSY):

ONE LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA (1/1).

F. LYMPH NODES, PERIAORTIC, LEFT (BIOPSY):

FIVE LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA (5/5).

G. IP, LEFT (BIOPSY):

BENIGN FIBROADIPOSE.  
NEGATIVE FOR MALIGNANCY.

H. LYMPH NODES, AORTIC, RIGHT (BIOPSY):

FOUR LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA (4/4).

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

[REDACTED]

[REDACTED]