

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
WHO Discrepancy		✓
Prior Malignancy History	✓	
Dual/Synchronous Primary Listed	✓	✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RB	
Date Reviewed	6/10/11	

## Surgical Pathology Report

Final

1CD-0-3

adenocarcinoma, endometrioid, NOS  
8380/3

Site: Endometrium C54.1

lw 6/10/11

Service: Gynecology

(Age:

Patient Type:

Reported:

### DIAGNOSIS:

#### UTERUS, ENDOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- POORLY DIFFERENTIATED ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, FIGO GRADE 3; INVADING TO A DEPTH OF 10 MM OUT OF A MAXIMUM MYOMETRIAL THICKNESS OF 17 MM
- FOCUS SUSPICIOUS FOR LYMPHOVASCULAR SPACE INVASION
- ADENOMYOSIS
- LEIOMYOMATA

#### UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY

- NO EVIDENCE OF MALIGNANCY

#### OVARIES, BILATERAL, SALPINGO-OOPHORECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

#### FALLOPIAN TUBES, BILATERAL, SALPINGO-OOPHORECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

#### LYMPH NODES, LEFT EXTERNAL, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN SIX LYMPH NODES (0/6)

#### LYMPH NODES, LEFT OBTURATOR, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN THREE LYMPH NODES (0/3)

#### LYMPH NODES, RIGHT EXTERNAL ILIAC, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN EIGHT LYMPH NODES (0/8)

#### LYMPH NODES, RIGHT OBTURATOR, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN 11 LYMPH NODES (0/11)

#### LYMPH NODES, RIGHT COMMON PARA-AORTIC, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN TWO LYMPH NODES (0/2)

#### LYMPH NODES, LEFT COMMON PARA-AORTIC, DISSECTION

- NO EVIDENCE OF MALIGNANCY IN TWO LYMPH NODES (0/2)

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#### **Intraoperative Consultation:**

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'uterus, bilateral tubes and ovaries,' consisting of a 188 gram specimen. The cervix measures 3.5 x 2 x 2 cm, and the uterine corpus measures 6 x 6 x 4 cm. The bilateral tubes and ovaries are identified. The uterus is opened to show a polypoid tumor with invasion of the myometrium. The tumor measures 3 x 1.5 cm and extends to a depth of 1.2 cm at a point where the total wall thickness is 2 cm. Multiple intramural and subserosal leiomyomata are noted, ranging in size from 0.5 cm to 1.5 cm. Tissue taken for                      Rest for permanents," by

#### **Microscopic Description and Comment:**

Microscopic examination substantiates the above cited diagnosis.

#### **History:**

The patient is                      year old woman with endometrial cancer. Operative procedure: Total abdominal hysterectomy, bilateral salpingo-oophorectomy, and lymph node dissection.

#### **Specimen(s) Received:**

A: CERVIX AND UTERUS  
B: LEFT EXTERNAL LYMPH NODE  
C: LEFT OBTURATOR LYMPH NODE  
D: RIGHT EXTERNAL ILIAC LYMPH NODES  
E: RIGHT OBTURATOR LYMPH NODES  
F: RIGHT COMMON PARA AORTIC LYMPH NODES  
G: LEFT COMMON PARA AORTIC LYMPH NODE

#### **Gross Description:**

The specimens are received in seven formalin-filled containers, each labeled                      The first container is labeled                      It contains a previously opened uterus, and cervix with attached fallopian tubes as described in one intraoperative consultation. The bilateral adnexae are unremarkable. The left fallopian tube measures 5 cm in length, with an average diameter of 0.7 cm. The left ovary is tan-yellow, with normal surface lobulations, and measures 1.5 x 1 x 0.7 cm in greatest dimension. The right fallopian tube measures 4.5 cm in length, with an average diameter of 0.5 cm. The right ovary has similar features as the left, and measures 2 x 1.4 x 0.7 cm in greatest dimension. The endometrial cavity is somewhat distorted, roughly triangular, and measures 3.5 x 4.5 cm in greatest dimension. A polypoid, somewhat friable, tan-white tumor is identified in the lower portion of the uterine cavity, and measures 3 x 1.5 cm from the surface. This tumor is seen extending at least 1 cm into the myometrium where the maximum myometrial thickness is 2 cm. The endocervical canal is unremarkable, as is the previously sectioned cervix, and ectocervix. Numerous leiomyomata are seen, both serosally and intramurally, ranging in size from 0.5 cm to 3.5 cm in greatest dimension. Labeled A1 and A4 - anterior and posterior cervix, respectively; A2 and A3 - anterior and posterior lower uterine cervix with tumor; A5 and A8 - anterior and posterior tumor; A7 - largest leiomyoma; A8 - left adnexa; A9 - right adnexa. Jar 2.

The second container is labeled "                      It contains three fragments of fibroadipose tissue that aggregate to 4.5 x 2.5 x 0.5 cm in greatest dimension. Palpated to show multiple putative lymph nodes that range in size from 0.3 cm to 1.6 cm in greatest dimension. Labeled B1 - largest lymph node; B2 - remainder of putative lymph nodes. Jar 0.

The third container is labeled " " contains a single fibroadipose tissue that measures 6 x 2 x 1 cm in greatest dimension. It is palpated to show two putative lymph nodes that measure approximately 2 cm and 3.5 cm in greatest dimension, respectively. Labeled C1 and C2 - one lymph node each. Bisected. Jar 0.

The fourth container is labeled " " contains three fibrofatty tissues that aggregate to 5 x 2 x 0.6 cm in greatest dimension. Palpated to show two putative lymph nodes that measure 0.6 cm and 1.6 cm in greatest dimension, respectively. Labeled D1 - putative lymph nodes; D2 - remainder of tissue. Jar 0.

The fifth container is labeled " " It contains two fibrofatty tissues that measure 7 x 3 x 1 cm in aggregate. Palpated to show one putative lymph node that is tan-brown with a solid tan-white nodule. This lymph node measures 3 x 1.5 cm in greatest dimension with a white nodule measuring 0.3 cm in greatest dimension. Labeled E1 and E2 - largest putative lymph node; E3 to E5 - remainder of tissue. Jar 0.

The sixth container is labeled " " It contains two strips of fibroadipose tissue that measure 3.2 cm and 3.6 cm in greatest dimension, respectively. The smaller fragment does not appear to harbor any lymph nodes, while the larger fragment has 1 to 2 putative lymph nodes that measure approximately 0.5 cm and 1.5 cm in greatest dimension, respectively. Labeled F1 - putative lymph nodes; F2 - remainder of tissue. Jar 0.

The seventh container is labeled " " It contains a single fibroadipose tissue that measures 3.5 x 1 x 1 cm in greatest dimension. Two putative lymph nodes are palpated, measuring 0.5 cm and 2 cm in greatest dimension. Labeled G1. Jar 0.

#### **SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS**

##### **HISTOPATHOLOGIC TYPE**

The histologic diagnosis is adenocarcinoma, endometrioid type

##### **FIGO GRADE**

The FIGO Grade of the tumor is 51 to 100% solid growth pattern (FIH)

##### **TUMOR INVASION**

Invasive tumor is present with invasion into the luminal 2/3 of the myometrium

##### **TUMOR SIZE**

The tumor invades to a depth of 10 mm

The myometrial thickness is 17 mm

##### **LOWER UTERINE SEGMENT INVOLVEMENT**

(does not change the stage)

The lower uterine segment is involved by tumor

##### **ENDOCERVICAL INVOLVEMENT**

The endocervix is not involved by tumor

##### **LYMPHVASCULAR SPACE INVASION**

Focus suspicious for lymphovascular space invasion by tumor

##### **REGIONAL LYMPH NODES (N)**

No regional lymph node metastasis (N0)

The regional lymph nodes are free of tumor in 32 nodes

The regional lymph nodes are involved by tumor in 0 nodes

The total number of lymph nodes examined is 32

Extranodal extension by tumor is not applicable; no nodal metastases are present

##### **DISTANT METASTASIS (M)**

Distant metastasis cannot be assessed (MX)

**PRIMARY TUMOR (TNM Category/FIGO Stage)**  
Tumor invades one-half or more of the myometrium (T1c/IC)

**STAGE GROUPING**  
The overall pathologic AJCC stage of the tumor is T1c/N0/M0 (Stage IC)

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

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END OF REPORT

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