

SURGICAL PATHOLOGY REVISED REPORT

ICD-0-3

Adenocarcinoma, endometrioid, NOS 8380/3

Site: Endometrium C54.1

1/31/11
K

Case Number : _____

| Criteria | Yes | No |
|--------------------------------|-----------|--------------|
| Diagnosis Discrepancy | | X |
| Primary Tumor Site Discrepancy | | X |
| HIPAA Discrepancy | | X |
| Prior Malignancy History | | X |
| Dual/Synchronous Primary Noted | | X |
| Case is (circle): | QUALIFIED | DISQUALIFIED |
| Reviewer Initials | KMI | |
| Date Reviewed: | | 1/31/11 |

Amended:

Reason: Changes in diagnosis

Comment: Report hormone receptor status and final cervical vaginal margin.

Diagnosis:

A: Uterus and cervix, hysterectomy:

Location of tumor: corpus with extension to lower uterine segment and cervix, anterior and posterior

Histologic type: endometrioid adenocarcinoma

Histologic grade (FIGO): grade 2 (architectural grade 2, nuclear grade 2)

Extent of invasion:

Myometrial invasion: outer half

Depth: 1.5 cm Wall thickness: 1.8cm Percent: 83% (A13)

Serosal involvement: not identified

Lower uterine segment involvement: present

Cervical involvement: present, tumor invades to 1.1 out of 1.7 cm, 65% through cervical wall (A1)

Adnexal involvement (see below): not identified

Other sites: not applicable

Cervical/vaginal margin and distance: - Tumor is 6 mm from the deep cervical stromal margin and 6 mm from the anterior cervical/ vaginal cuff margin (A1, deeper levels only).

Lymphovascular Space Invasion: Changes suspicious for lymphovascular space invasion present (A4, initial section only).

Regional lymph nodes (see other specimens):

Total number involved: 0

Total number examined: 19

UUID: 449C1D9F-6A1F-4523-8C86-AFED911D95D4
TCGA-EY-A1GL-01A-PR

Redacted



Other Pathologic findings: Intramural leiomyomata

Tumor estrogen receptor and progesterone receptor immunohistochemistry results:
ER positive (2+, 15), and PR weakly positive (1+, <5%) (block A4).

AJCC Pathologic stage: pT2b pN0 pMx

FIGO (2008 classification) Stage grouping: II

These stages are based on information available at the time of this report, and are subject to change pending additional information and clinical review

Ovary, right, oophorectomy:

- Atrophic ovary, no tumor seen

Ovary, left, oophorectomy:

- Serous cystadenoma (2.6 cm)
- No evidence of atypia or malignancy

Fallopian tube, right, salpingectomy:

- No significant pathologic abnormality.

Fallopian tube, left, salpingectomy:

- Paratubal cysts, no tumor seen

B: Lymph nodes, left pelvic, dissection

- No malignancy identified in five lymph nodes (0/5).

C: Lymph nodes, right pelvic, dissection

- No malignancy identified in eight lymph nodes (0/8).

D: Lymph nodes, right peri-aortic, dissection

- No malignancy identified in four lymph nodes (0/4).

E: Lymph nodes, left peri-aortic, dissection

- No malignancy identified in two lymph nodes (0/2).

COMMENT:

Deeper levels are performed on blocks A1 and A4 to further evaluate the case. In addition, immunostains for ER and PR are performed. The previous report is amended to report the hormone receptor status and the final cervical/ vaginal margin status.

Clinical History:

with uterine cancer.

Gross Description:

Received are five appropriately labeled containers.

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

Adnexa: present bilaterally

Weight: 300 grams

Shape: distorted pear shaped with tumor extruding through the os

Dimensions:

height: 13 cm

anterior to posterior width: 8.0 cm

breadth at fundus: 5 cm

Serosa: pink/tan and smooth at the fundus

Cervix:

length of endocervical canal: 6.0 cm

ectocervix: white/tan and dilated to approximately 6.0 cm in diameter by a large polypoid, fungating necrotic mass

endocervix: involved by the same mass

Endomyometrium:

length of endometrial cavity: 4.5 cm

width of endometrial cavity at fundus: 1.5 cm

tumor findings:

dimensions: 9.5 x 8 x 5.4 cm

appearance: white/tan, friable, partially necrotic polypoid lesion

location and extent: appears to arise in the lower uterine segment/lower corpus and extends towards the cervix but does not involve the ectocervical margin

myometrial invasion: outer one-half

thickness of myometrial wall at deepest gross invasion: 1.0 cm

other findings or comments: the upper endometrium appears involved by tumor, and it may be stenotic

Adnexa:

Right ovary:

dimensions: 2.8 x 2.3 x 1.2 cm

external surface: yellow/white and cerebriform

cut surface: variegated, white/tan with a 0.8 cm cystic structure

Right fallopian tube:

dimensions: 5.3 cm long, 0.6 cm in diameter

other findings: none

Left ovary:

dimensions: 4.5 x 3.0 x 2.1 cm

external surface: yellow/tan and cerebriform with a 2.6 cm cystic structure at one side

cut surface: large cystic structure filled with blood, otherwise unremarkable

Left fallopian tube:

dimensions: 5.1 cm long, 0.5 cm in diameter

other findings: sectioning shows a lumen possibly filled with caseous material

Lymph nodes: submitted separately

Other comments: none

Digital photograph taken: none

Tissue submitted for special investigations: Sections of tumor are given to Tissue Procurement.

Block Summary:

A1-A5 - anterior uterus, proceeding from cervix to fundus (cervix in A1, upper corpus in A5)

A6-A10 - posterior wall proceeding from cervix to upper corpus (cervix in A6 and upper fundus in A10)

A11-A13 - additional representative sections of tumor

A14 - right ovary and right fallopian tube

A15 - left ovary and fallopian tube

Container B is additionally labeled "left pelvic lymph node." The specimen is a 4.3 x 3.2 x 1.0 cm aggregate of yellow/tan fatty tissue. Lymph node candidates measuring up to 4.0 cm are identified within the specimen and submitted per block summary.

Block summary:

B1,B2 - one lymph node candidate, serially sectioned

B3 - four lymph node candidates

B4 - two lymph node candidates

B5 - remaining fat,

Container C is additionally labeled "right pelvic lymph nodes." The specimen is a 4.6 x 3.2 x 1.6 cm yellow/tan fatty tissue fragment. Lymph node candidates measuring up to 1.9 cm are identified within the specimen and submitted per block summary.

Block summary:

C1 - one lymph node candidate, bisected

C2 - one lymph node candidate

C3 - two lymph node candidates

C4,C5 - remaining fat,

Container D is additionally labeled "right peri-aortic lymph nodes." The specimen is a 3 x 1 x 1 cm aggregate of yellow/tan fatty soft tissue. Multiple lymph node candidates measuring up to 1.2 cm in greatest dimension are identified. The specimen is submitted per block summary.

Block summary:

D1 - two lymph node candidates

D2 - one lymph node candidate

D3 - remaining fatty tissue,

Container E is additionally labeled "left periaortic lymph node." A lymph node candidate measuring 1.8 cm in greatest

dimension is identified within the specimen, bisected, and submitted in block E1. The remaining fatty tissue is submitted in block E2,

Light Microscopy:

Light microscopic examination is performed by Dr.

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.

Signature

Resident Physician:

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