ICDO-3

Ademicarcinoma Servas NOS 8441/3 Site: Endometrium C54.1 - 20) 2/18/13

Redacted



Surg Path

TCGA-B5-A50D-01A-PR CLINICAL HISTORY:

Malig neo corpus uteri 182.0.

GROSS EXAMINATION:

A. "Uterus, cervix, bil tubes and ovaries (AF1)", received fresh for frozen section and placed in formalin at is a 104 gram, 7.8×5.5 x 3.8 cm hysterectomy specimen with attached bilateral tubes and ovaries. The tan endometrium (0.1 cm thick) is remarkable for a 3.4 x 2.1 x 1.5 cm, multifocal, tan-brown, papillary, friable mass involving the anterior and posterior surfaces. The mass invades 0.7 cm into the myometrium (1.2 cm $\,$ thick, tan, trabeculated). A representative full-thickness section of the mass is frozen as AF1, with the frozen section remnant submitted in A1. The foci appear to involve the anterior and posterior lower uterine segments, but do not grossly involve the endocervical canal (tan-white and trabeculated).

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The myometrium is also remarkable for six intramural, well-circumscribed, tan-white nodules with whorled cut surfaces, ranging from 0.5 cm up to 3.2 cm $\,$ in greatest dimension. The serosa is tan, smooth, and glistening, and displays one pedunculated, subserosal nodule (2.4 \times 2.3 \times 1.9 cm) with a whorled cut surface.

The attached cervix is 2.3 cm wide with a 0.5 cm patent cervical os. The attached left fimbriated fallopian tube (5.3 cm long \times 0.7 cm in diameter) displays six paratubal cysts containing clear serous material. The left ovary is 1.4 x 1 x 0.8 cm and is remarkable for one unilocular cyst, 0.7 x 0.5 x 0.4 cm, that contains a clear serous material. The right fimbriated fallopian tube is 3.9 cm long x 0.6 cm in diameter and displays multiple paratubal cysts containing clear serous material. The right overy is 1.5 \times 1 \times 0.7 cm and is grossly unremarkable.

BLOCK SUMMARY:

A1 frozen remnant

A2anterior cervix (margin inked blue)

A3anterior lower uterine segment

posterior cervix (soft tissue inked blue) A5-

posterior lower uterine segment (one section with serosa inked blue)

A6-7- anterior full-thickness with tumor (serosa inked blue)

posterior full-thickness with tumor (serosa inked blue)

posterior full-thickness with tumor and whorled nodule (serosa inked A9blue and cross section of tumor)

A10representative of whorled nodules

All- right ovary and fallopian tube

A12- left ovary and fallopian tube

B. "Left pelvic nodes", received fresh and placed in formalin at is a 3.9 \times 3 \times 0.9 cm aggregate of six fragments of tan-yellow adipose tissue containing five lymph nodes, ranging from 0.8 cm up to 3.5 \times 1.6 \times 0.7

BLOCK SUMMARY:

three lymph nodes

one lymph node, bisected

B3-4- one lymph node, bisected

C. "Right pelvic lymph node", received fresh and placed in formalin at is a 5.6 imes 4.1 imes 1 cm aggregate of four fragments of tan-yellow soft tissue containing five lymph nodes ranging from 0.8 up to 3.4 \times 1.1 \times 0.5

BLOCK SUMMARY:

C1two lymph nodes (one inked blue and bisected)

C2one lymph node candidate, bisected C3one lymph node, bisected C4-5- one lymph node, bisected

D. "Right aortic lymph node", received fresh and placed in formalin at is a 3.2 \times 1.9 \times 0.6 cm aggregate of two fragments of tan-yellow adipose tissue containing three lymph node candidates, ranging from 0.7 up to $2.2 \times 0.8 \times 0.5$ cm. The specimen is submitted entirely in D1-2.

E. "Left aortic lymph node", received fresh and placed in formalin at is a 3.6 \times 0.7 \times 0.4 cm fragment of tan-yellow adipose tissue containing two lymph node candidates, both 2 x 0.7 x 0.4 cm. The specimen is submitted entirely in E1.

INTRA OPERATIVE CONSULTATION:

A. "Uterus, cervix, tubes, and ovaries": AF1- (rep full-thickness)high-grade (FIGO grade 3) adenocarcinoma invading more than one-half way into the myometrium) .

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

PATHOLOGIC STAGE:

PROCEDURE: Hysterectomy, bilateral salpingo-oophorectomy, lymph node sampling

PATHOLOGIC STAGE (AJCC 7th Edition): pT1b 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, CERVIX, BILATERAL TUBES AND OVARIES" (HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY):

UTERUS: 104 GRAMS

CARCINOMA OF THE ENDOMETRIUM:

TUMOR SITE: DIFFUSE.

HISTOLOGIC TYPE: SEROUS ADENOCARCINOMA.

FIGO GRADE: HIGH GRADE.

TUMOR SIZE: 3.4 X 2.1 X 1.5 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 0.7 CM, IN A 1.2 THICK WALL.

LYMPHATIC/VASCULAR INVASION: PRESENT.

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: ATROPHIC.

REMAINING MYOMETRIUM: LEIOMYOMATA.

CERVIX: FREE OF TUMOR.

SEROSA: FREE OF TUMOR.

SPECIMEN MARGINS: NOT INVOLVED.

OVARIES, RIGHT AND LEFT: FREE OF TUMOR. FALLOPIAN TUBE, RIGHT AND LEFT: FREE OF TUMOR .

B. "LEFT PELVIC NODES" (LYMPH NODE DISSECTION):

METASTATIC SEROUS CARCINOMA IN 1 OF 5 LYMPH NODES (1/5).

C. "RIGHT PELVIC LYMPH NODE" (LYMPH NODE DISSECTION):

METASTATIC SEROUS CARCINOMA IN 1 OF 5 LYMPH NODES (1/5).

D. "RIGHT AORTIC LYMPH NODE" (BIOPSY):

METASTATIC SEROUS CARCINOMA IN 1 OF 3 LYMPH NODES (1/3).

E. "LEFT AORTIC LYMPH NODE" (BIOPSY):

TWO LYMPH NODES, NEGATIVE FOR CARCINOMA (0/2).

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

Performed by:

Attending MD:

Ordering MD:



