SURGICAL PATHOLOGY REVISED REPORT

1CD-0-3 adeno Cercinoma, endometrioid, NOS 8380/3 Site: Endometreum C54.1

Case Number:

1/31/11

UUID:65C636F7-B24D-479C-A607-FEFEE7D7E30D TCGA-EY-A1GD-01A-PR Re

Diagnosis:

A: Lymph nodes, right periaortic, removal

- No tumor identified in three lymph nodes (0/3).

B: Uterus with cervix, bilateral ovaries and fallopian tubes, hysterectomy and salpingo-oophorectomy

Location of tumor: primary endometrial cancer involving uterine corpus

Histologic type: endometrioid adenocarcinoma with squamous differentiation

Histologic grade (FIGO): well differentiated FIGO Grade 1

Extent of invasion: Tumor is limited to the endometrium, with focal extension into underlying superficial adenomyosis.

Myometrial invasion: not identified

Serosal involvement: not identified

Lower uterine segment involvement: not identified

Cervical involvement: not identified

Adnexal involvement (see below): not identified

Other sites: not identified

Cervical/vaginal margin and distance: negative, widely free

Lymphovascular Space Invasion: not identified

Regional lymph nodes (see other specimens):

Total number involved: 0
Total number examined: 23

Other Pathologic findings: Adenomyosis; leiomyoma with hyalinization; non-neoplastic secretory endometrium.

Endometrial cancer estrogen receptor and progesterone receptor immunohistochemistry pending on block B12,

addendum to follow.
AJCC Pathologic stage: pT1a pN0 pMx
FIGO Stage grouping: IA
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: - No tumor identified Corpus luteum.
Ovary, left, oophorectomy: - No tumor identified.
Fallopian tube, right, salpingectomy: - No tumor identified.
Fallopian tube, left, salpingectomy: - No tumor identified.
C: Lymph nodes, left pelvic, removal - No carcinoma identified in 9 lymph nodes (0/9). - Focal bland smooth muscle proliferation consistent with localized leiomyomatosis, and focal benign serous inclusion (C10).
D: Lymph nodes, right pelvic, removal - No tumor identified in 11 lymph nodes (0/11).
Frozen Section Pathologist:
Clinical History: The patient is with endometrial carcinoma.
Gross Description: Received are four formalin-filled containers.
Container A is additionally labeled "right periaortic" and holds a $6 \times 1.4 \times 1.1$ cm aggregate of fat and two identifiable lymph nodes. These nodes are submitted in block A1 (1 node), and blocks A2-A3 (1 node).
Container B is additionally labeled "uterus, cervix, tubes, ovaries".

Adnexa:

Weight: 350 grams

Shape: Pear Dimensions: height: 12.5 cm

anterior to posterior width: 8.0 cm

breadth at fundus: 9.0 cm

Serosa: Tan/pink and glistening with focal areas of hemorrhage measuring 0.2 x 0.4 cm in greatest dimension.

Cervix:

length of endocervical canal: 4.9 cm

ectocervix: 1 cm endocervix: 3 cm Endomyometrium:

length of endometrial cavity: 5.6 cm

width of endometrial cavity at fundus: 4.3 cm

tumor findings:

dimensions: The tumor spans from the upper fundus to

the lower uterine segment. It measures roughly 5 x 5 x 0.6 cm.

appearance: Velvety red/tan.

location and extent: Lower uterine segment up to the upper corpus/fundus

myometrial invasion: No gross apparent myometrial invasion thickness of myometrial wall at deepest gross invasion: 3.5 cm

other findings or comments: There is a large what appears to be myometrial based tan-white whorled mass grossly

consistent with leiomyoma measuring 5 x 4 x 5.5 cm.

Adnexa: Right ovary:

dimensions: 6 x 3 x 2 cm

external surface: Tan and lobulated with a 3.6 x 3.2 x 2.6 cm ovarian based fluid filled cyst.

cut surface: Reveals tan homogeneous ovarian parenchyma with a golden corpus luteum and blood filled cyst

Right fallopian tube:

dimensions: 8 x 0.6 x 0.6 cm. other findings: No other findings

Left ovary:

dimensions: 3.6 x 3 x 1 cm

external surface: Red/tan lobulated

cut surface: Reveals tan/pink lobulated parenchyma

Left fallopian tube:

dimensions: 7.6 cm x 0.7 x 1 cm

other findings: There are two clear fluid filled peritubal cysts measuring 0.5 to 0.8 cm in greatest dimensions.

Lymph nodes: Submitted separately.

Other comments: None

Digital photograph taken: Not taken

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Tissue submitted for special investigations:

Block Summary:

- **B1** Anterior cervix
- B2 Anterior lower uterine segment, bisected
- B3-B4 Anterior mid corpus, bisected
- B5 Anterior upper corpus/fundus, bisected
- B6 Anterior upper corpus/fundus, bisected
- **B7** Posterior cervix
- **B8** Posterior lower uterine segment
- B9-B11 Posterior mid corpus, trisected
- B12-B16 Full thickness section at posterior upper corpus/fundus, quadrisected (B13-B14 is further bisected) (B15-B16 is further sectioned.
- B17 Right ovary and tube
- B18 Left ovary and tube

Container C is additionally labeled "left pelvic node" and holds multiple fragments of yellow/red/pink fatty tissue measuring $4.4 \times 3 \times 2$ cm in aggregate.

Block Summary:

- C1 Two lymph node candidates
- C2 One lymph node candidate, serially sectioned
- C3 One lymph node candidate
- C4-C5 One lymph node candidate, serially sectioned
- C6-C7 One lymph node candidate, serially sectioned and associated fat in block C7
- C8 One lymph node candidate, serially sectioned
- C9-C10 One lymph node candidate, serially sectioned
- C11 Remaining fat, NTR

Container D is additionally labeled "right pelvic node" and holds a mass of fibrofatty tissue and multiple lymph nodes measuring $8 \times 5 \times 1.4$ cm.

Block Summary:

- D1 Three lymph nodes
- D2-D3 One lymph node serially sectioned
- D4 One lymph node candidate
- D5 One lymph node
- D6-D10 One mass of lymph nodes serially sectioned
- D11 Remaining tissue, NTR

Grossing Pathologist:

Light Microscopy:

Light microscopic examination is performed by Dr.

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 U

t. 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).

Procedures/Addenda:

Addendum

Addendum

The endometrial adenocarcinoma is estrogen receptor positive (2-3+, 90%) and progesterone receptor positive (3+, 90%) by immunohistochemistry. Controls stained appropriately.

The focus of localized leiomyomatosis noted in a left pelvic lymph node (slide C10) is confirmed by positive immunostaining for HMB45. Localized leiomyomatosis is a rare entity, and may be associated with disease in other sites, particularly pulmonary leiomyomatosis. As clinically indicated, consider further evaluation for potential pulmonary involvement.

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