

UUID: AEAB9EBE-7BDA-45E4-B2D8-82680BE9B4D4
TCGA-A3G1-01A-PR

Redacted



1CB-0-3

adenocarcinoma, endometrioid, NOS 8380/3
Site: Endometrium C54.1 lw 11/24/11

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

PATIENT:

MRN:

FIN:

ADMITTED:

PT LOCATION:

ADMITTING PROVIDER:

DISCHARGED:

PT TYPE:

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Clinical Information

Endometrial cancer.

Diagnosis

A. Total abdominal hysterectomy with bilateral salpingo-oophorectomy:

Uterus and cervix (89 grams):

Endometrial adenocarcinoma, endometrioid type, FIGO 3.

- Size: anterior 3 cm; posterior 4 cm.
- Myometrial involvement: present, outer half, approximately 16 mm in a 18 mm thick myometrium.
- Lower uterine segment involvement by tumor: not appreciated.
- Cervical/endocervical involvement by tumor: not appreciated.
- Lymphatic vascular space involvement by tumor: present.
- Margins: free of tumor.
- Extended staging: omentum negative for tumor.
- Lymph node involvement summary: negative (0/27).
- Cytology summary: nondiagnostic (acellular), see separate report(s).
- AJCC (6th edition) staging: per surgeon.

Other findings:

Cervix: chronic inflammation.

Endometrium (background): focal atypical hyperplasia.

Myometrium: adenomyosis.

Serosa: without diagnostic abnormality.

Right ovary: not identified in specimen (material submitted to viewed).

Left ovary: atrophic with small surface inclusion cysts and adhesions with endosalpingiosis.

Bilateral fallopian tubes: chronic salpingitis.

B.- I. Regional lymph node dissections:

No evidence of tumor in a total of twenty seven lymph nodes (0/27), as follows:

- B. Left external iliac lymph nodes: (0/3).
- C. Left obturator lymph nodes: (0/6) minute poorly formed non-caseating granulomas.
- D. Left common lymph nodes: (0/3).
- E. Left periaortic lymph nodes: (0/3).
- F. Right common lymph nodes: (0/2).
- G. Right periaortic lymph nodes: (0/3).
- H. Right external iliac lymph nodes: (0/4).
- I. Right obturator lymph nodes: (0/3).

Director

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J. Omentectomy:
No evidence of tumor.

K. Resection, "Small bowel mesenteric nodule":
Nodular calcified fat necrosis, and distorted portion of lymph node with no evidence of tumor (0/1) (confirmed with positive staining for LCA and negative staining for pancytokeratin).

Pathologist/Electronically signed:

Report verified at

Specimen

- A. Uterus, bilateral fallopian tubes and ovaries
- B. Left external iliac lymph nodes
- C. Left obturator lymph nodes
- D. Left common lymph nodes
- E. Left periaortic lymph nodes
- F. Right common lymph nodes
- G. Right periaortic lymph nodes
- H. Right external iliac lymph nodes
- I. Right obturator lymph nodes
- J. Omentum
- K. Small bowel mesenteric nodule

Gross Description

A. Received in formalin, labeled with the patient's name and designated "A. uterus, bilateral fallopian tubes and ovaries" is asymmetrical uterus and cervix with attached left fallopian tube and ovary, right fallopian tube but no recognizable right ovary. Trimmed of adnexa, the uterus weighs 89 g and measures 9 cm in length, 5.5 cm and transfundal width, by 5 cm anterior-posterior. The serosa is tan and glistening without gross abnormality. The ectocervix is smooth and gray-white, 3 x 2.5 cm, and surrounds a patent 0.6 cm os. Anterior serosa is inked blue and posterior is inked black.

The endocervical canal measures 2.5 cm in the length and demonstrates the usual linear trabeculation. The squamocolumnar junction is unremarkable. Cervical stroma is firm and gray-white. The endometrial cavity is roughly triangular in shape, 4.5 cm in the length by 3.8 cm cornu to cornu and is lined by a thin flat endometrium in the lower uterine segment and right mid wall and fundus. The left mid wall and fundus and most of the posterior wall demonstrates tan papillary neoplasm. In the anterior wall tumor measures 3.5 cm transversely by 3.5 cm in length. Its base is 6 cm from the ectocervical margin. Posteriorly tumor is 4 cm transversely by 4 cm in length and is 4 cm from the ectocervical margin. Tumor does not extend into the upper endocervix on gross examination. Invasive anterior neoplasm measures 1.7 cm in greatest thickness and extends to within 0.9 cm of blue ink serosa. Deeply invasive posterior neoplasm is 2.4 cm in greatest, and extends to within 0.2- 0.3 cm of black inked serosa in the fundus.

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The right fallopian tube measures 3.5 x 0.4 cm, and was extensively sampled as normal tissue for [REDACTED] and [REDACTED] studies. The fimbria are not identified nor is ovary. The left fallopian tube measures 5.5 x 0.7 cm and demonstrates intact unremarkable fimbria. Several small cysts are seen over serosa. The adjacent soft tissue measures 1.6 x 1 x 0.9 cm. RSB20

Cassette summary:

- 1-6. Anterior wall
 1. Cervix
 2. Longitudinal section upper endocervix/lower uterine segment
 3. distal endometrium without tumor
 4. Inferior edge of neoplasm
 5. Tumor
 6. Deepest extension of tumor
- 7-14. Posterior wall
 - 7-8. Disrupted cervix and lower uterine segment from anterior portion
 - 9-10. Cervix and upper endocervix/lower uterine segment from the true posterior half, may be incomplete
 11. distal endometrium next to blocks 9-10.
 - 12-14. Tumor, block 14 with deepest extension
15. Right fallopian tube
- 16-17. Right mesosalpinx and paraovarian soft tissue, entirely submitted
18. Right broad ligament
19. Left fallopian tube
20. Left ovary, entirely submitted

B. Received in formalin, labeled with the patient's name and designated "B. Left external iliac lymph nodes" is yellow-tan fatty and nodular soft tissue measuring 3 cm in greatest dimension. Three lymph node candidates measure 1.1-1.3 cm. They are all submitted in separate cassettes.

C. Received in formalin, labeled with the patient's name and designated "C. Left obturator lymph nodes" is yellow-tan fatty and nodular soft tissue measuring 4 cm in greatest dimension. Six lymph node candidates measure 0.2-3 cm. They are all submitted.

Cassette summary:

1. Three
2. Two
- 3-4. One, trisected

D. Received in formalin, labeled with the patient's name and designated "D. Left common lymph nodes" is yellow-tan fatty and nodular soft tissue measuring 3 cm in greatest dimension. Two lymph node candidates measure 0.7 and 1.3 cm. Both are submitted separately, and the remaining soft tissue is submitted.

Cassette summary:

- 1-2. One each cassette, bisected
3. Remaining soft tissue

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E. Received in formalin, labeled with the patient's name and designated "E. Left periaortic lymph nodes" is yellow-tan fatty and nodular soft tissue measuring 3 cm in greatest dimension. 3 lymph node candidates measure 0.7-3 cm. Each is submitted in a separate cassette.

F. Received in formalin, labeled with the patient's name and designated "F. Right common lymph nodes" is yellow-tan fatty and nodular soft tissue measuring 2.5 cm in greatest dimension. Two lymph node candidates measure 1.2 and 1.4 cm. Both are bisected, and the remaining adipose is also submitted.

Cassette summary:

- 1-2. One each cassette, bisected
3. Remaining soft tissue

G. Received in formalin, labeled with the patient's name and designated "G. Right periaortic lymph nodes" is yellow-tan fatty and nodular soft tissue measuring 2.5 cm in greatest dimension. Three lymph node candidates measure 0.2-1.2 cm. They are all submitted in a separate cassette.

H. Received in formalin, labeled with the patient's name and designated "H. Right external iliac lymph nodes" is yellow-tan fatty and nodular soft tissue measuring 3 cm in greatest dimension. Four lymph node candidates measure 0.9-1.2 cm. They are all submitted for microscopic examination.

Cassette summary:

- 1-2. Two each cassette bisected, one inked blue

I. Received in formalin, labeled with the patient's name and designated "I. Right obturator lymph nodes" is yellow-tan fatty and nodular soft tissue measuring 3.8 cm in greatest dimension. Three lymph node candidates measure 0.6-3 cm. They are each submitted in a separate cassette.

J. Received in formalin, labeled with the patient's name and designated "J. Omentum" is an apron of coarsely lobulated golden adipose grossly consistent with omentum, measuring 25 x 9.5 x 1-1.5 cm. No grossly recognizable or palpable nodules are identified. Representative sections are submitted for microscopic examination.

K. Received in formalin, labeled with the patient's name and designated "K. Small bowel mesenteric nodule" is a 1.5 x 1.2 x 1 calcified fatty nodular tissue fragment. It is submitted for decalcification and entirely submitted in one block.

Microscopic Description

A microscopic examination has been performed and is reflected in the above diagnosis(es). Immunohistochemical stains are accomplished using the Ventana Benchmark automated stainer. Sections of formalin-fixed paraffin-embedded tissue are stained with UltraView DAB Detection kit after antigen retrieval. All immunohistochemical stains have appropriate positive and negative controls.

QC