

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HPAAs Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History	<input checked="" type="checkbox"/>	
Uteral/Synchronous Primary Nodules	<input checked="" type="checkbox"/>	
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RB	
Date Reviewed	5/11/11	

DMF
Base cell
fw 6/3/11

Final

1CD-0-3
adenocarcinoma,
endometrioid, NOS
8380/3
Site: Endometrium C54.1

SURGICAL PATHOLOGY REPORT
FINAL

fw
6/3/11

Patient Name:
Address:
Service: Gynecology
Location: OTHER
Gender:
DOB: (Age:
Patient Type:
Reported:
Physician(s):

DIAGNOSIS:

UTERUS, CERVIX, LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY
- MARKED EPITHELIAL EROSION
- NABOTHIAN CYST

UTERUS, ENDOMETRIUM, LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY
- ADENOCARCINOMA, ENDOMETRIOID TYPE, POORLY DIFFERENTIATED (FIGO GRADE 3) WITH ANAPLASTIC FEATURES
- ADENOCARCINOMA INVADERS TO A DEPTH OF 5 MM WHERE THE TOTAL WALL THICKNESS MEASURES 15 MM
- THE LOWER UTERINE SEGMENT IS FREE OF CARCINOMA
- NO LYMPH VASCULAR SPACE INVASION IS IDENTIFIED

UTERUS, MYOMETRIUM, LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY
- ADENOCARCINOMA BY DIRECT EXTENSION
- ADENOMYOSIS
- LEIOMYOMA

LYMPH NODES, RIGHT PELVIC, EXCISION
- NO CARCINOMA IDENTIFIED IN THREE LYMPH NODES (0/3)

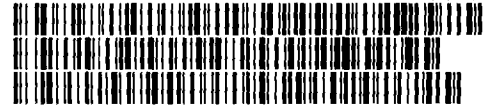
LYMPH NODE, RIGHT COMMON PERIAORTIC, EXCISION
- NO CARCINOMA IDENTIFIED IN ONE LYMPH NODE (0/1)

LYMPH NODES, LEFT PELVIC, EXCISION
- NO CARCINOMA IDENTIFIED IN FOUR LYMPH NODE (0/4)

LYMPH NODES, LEFT COMMON PERIAORTIC, EXCISION
- NO CARCINOMA IDENTIFIED IN TWO LYMPH NODES (0/2)

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TCGA-FI-A2CX-01A-PR

Redacted



By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material used in the diagnosis).

***Report Electronically Reviewed and Signed Out By:

Microscopic Description and Comment:

Histologic sections show a very poorly differentiated carcinoma. A small amount of glandular differentiation is present. The majority of the tumor is composed of sheets of anaplastic cells with prominent nucleoli, pleomorphism and a high mitotic rate. An unusual feature is the presence of numerous, osteoclast-like giant cells that have much blander nuclear morphology than the tumor. No lymphovascular space invasion is identified. The tumor invades to a depth of 5 mm where the total wall thickness is 15 mm. The lower uterine segment is free of carcinoma. Thirteen regional lymph nodes are free of carcinoma.

History:

The patient is an year old with endometrial carcinoma grade 3. Operative procedure: Laparoscopic assisted vaginal hysterectomy, pelvic and peri-aortic lymph node dissection.

Specimen(s) Received:

A: CERVIX, UTERUS, BILATERAL TUBES AND OVARIES
B: LYMPH NODES, RIGHT PELVIC
C: LYMPH NODE, RIGHT COMMON PERIAORTIC
D: LYMPH NODES, LEFT PELVIC
E: LYMPH NODE, LEFT COMMON PERIAORTIC

Gross Description:

Received are five formalin-filled container labeled It holds a previously opened, 116 gram uterus with attached bilateral ovaries, fallopian tube, and adnexa. The uterus measures 9 cm from superior to inferior, 7 cm from cornu to cornu, and 6 cm from anterior to posterior. The serosal surface is tan-brown, smooth, and glistening without adhesions or other abnormalities. The 3.5 x 2.6 x 1.5 cm ectocervix has multiple pinpoint areas of dark grey congestion. The 2.9 cm long endocervical canal is lined by tan-red, smooth, glistening mucosa. The 4 x 4 cm endometrial cavity contains a 2 x 1.5 x 2.2 cm, exophytic, friable, tan mass in the fundus of the cervix. The mass appears to extend 1.9 cm where the myometrial wall thickness is 2.3 cm. The myometrium also contains one whorled, well-circumscribed, white lesion consistent with fibroid measuring 1.1 x 1 x 1 cm in the anterior wall. The anterior cervical wall contains a 0.3 x 0.3 x 0.2 cm, cyst filled with gelatinous material consistent with prominent Nabothian cyst. The left ovary measures 1.3 x 0.7 x 0.5 cm with an unremarkable cut surface. The left fallopian tube measures 2 x 0.5 cm without focal lesions. The fimbriated end is unremarkable. The right ovary measures 1.5 x 0.5 x 0.5 cm with an unremarkable cut surface. The right fallopian tube measures 2.3 x 0.4 cm with an unremarkable fimbriated end. Labeled A1, anterior cervix; A2, anterior endocervix and lower uterine segment; A3, anterior uterine fundus with tumor; A4 and A5, additional anterior wall with tumor; A6, additional anterior cervix; A7, posterior cervix; A8, ectocervix; A9, endocervix and lower uterine segment; A10 and A11, posterior strip, endomyometrium; A12 and A13, additional sections of tumor posterior wall (A12 represents deepest point of invasion); A14, left tube and ovary; A15, right tube and ovary. Jar 2.

The second container is labeled "right pelvic lymph node." It holds two fragments of tan-yellow, fibrofatty tissue measuring 3.9 x 1.2 x 1 cm and 1 x 2 x 1.5 cm, respectively. They are dissected to show multiple benign appearing lymph nodes. Labeled B1, lymph node bisected; B2, one lymph node bisected; B3, one lymph node bisected; B4, three lymph nodes. Jar 1.

The third container is labeled "right common/periaortic lymph nodes." It holds a 3 x 1.3 x 0.8 cm, tan-yellow prostatic tissue fragment and a 1 x 0.5 x 0.3 cm, tan-yellow, fibrofatty tissue fragment. The larger fragment is dissected to show a single tan, benign appearing lymph node measuring 2.5 x 0.6 x 0.8 cm. The smaller fragment contains a 0.3 x 0.3 x 0.2 cm lymph node. Labeled C1 and C2. Jar 0.

The fourth container is labeled "left pelvic lymph node." It holds multiple fragments of tan-yellow fibrofatty tissue. The largest measures 3.5 x 1.5 x 0.5 cm and contains a lymph node measuring 2 x 0.5 x 0.4 cm. The second measures 3 x 2.5 x 1 cm from which two lymph nodes, measuring 2 x 0.6 x 0.6 cm and 1 x 0.5 x 0.3 cm are dissected. The third fragment measures 2 x 1 x 1 cm and contains one lymph node measuring 0.2 x 0.2 x 0.1 cm. Labeled D1 to D4, lymph nodes in order described. Jar 0.

The fifth container is labeled "left common periaortic lymph node." It holds two lymph nodes, one measuring 1 x 0.7 x 0.5 cm and the other 1 x 0.3 x 0.2 cm. Labeled E1 and E2. 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 (FIII)

TUMOR INVASION

Invasive tumor is present with superficial invasion into the luminal 1/3 of the myometrium

TUMOR SIZE

The tumor invades to a depth of 5 mm

The myometrial thickness is 15 mm

LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)

The lower uterine segment is not involved by tumor

ENDOCERVICAL INVOLVEMENT

The endocervix is not involved by tumor

LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is absent

REGIONAL LYMPH NODES (N)

No regional lymph node metastasis (N0)

The regional lymph nodes are free of tumor in 13 nodes

The regional lymph nodes are involved by tumor in 0 nodes

The total number of lymph nodes examined is 13

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 less than one-half of the myometrium (T1b/IB)

STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T1b/N0/MX

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

Surgical Pathology report is available on-line on

The work was developed and its performance characteristics determined by the Surgeon Research Department of Service-Japan Medical. It has not been revised or approved by the U.S. Navy and Army Administrations.