

ICD-0-3

Adenocarcinoma, Endometrioid, NOS 83

Site Code: Endometrium C54.1

TSS Name/##:

1/12

Specimens Submitted:

- 1: SP: Presacral peritoneal biopsy
- 2: SP: Left abdominal gutter
- 3: SP: Uterus, cervix, bilateral tubes and ovaries
- 4: SP: Left pelvic peritoneum
- 5: SP: Sentinel left external iliac lymph nodes
- 6: SP: Sentinel right external iliac lymph nodes
- 7: SP: Left external iliac lymph nodes
- 8: SP: Left circumflex iliac lymph nodes
- 9: SP: Left obturator lymph nodes
- 10: SP: Right circumflex iliac lymph nodes
- 11: SP: Right obturator lymph nodes
- 12: SP: Right common iliac lymph nodes
- 13: SP: Left common iliac lymph nodes
- 14: SP: Sentinel left para-aortic lymph nodes
- 15: SP: Right para-aortic lymph nodes
- 16: SP: Omentum #1
- 17: SP: Omentum #2

DIAGNOSIS:

1. SOFT TISSUE, PRESACRAL PERITONEUM, BIOPSY:
- BENIGN FIBROADIPOSE TISSUE.
2. SOFT TISSUE, LEFT ABDOMINAL GUTTER, BIOPSY:
- BENIGN FIBROADIPOSE TISSUE.
3. UTERUS, CERVIX, BILATERAL OVARIES AND FALLOPIAN TUBES;
HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
- ENDOMETRIOID ADENOCARCINOMA OF THE ENDOMETRIUM, FIGO GRADE 2.
- THE TUMOR INVASES THE MYOMETRIUM TO A MAXIMUM DEPTH OF 5 MM IN AN
AREA WHERE THE MYOMETRIUM MEASURES 21 MM IN TOTAL THICKNESS.
- NO VASCULAR INVASION IS IDENTIFIED.
- NO ENDOCERVICAL INVASION IS IDENTIFIED.
- THE MYOMETRIUM SHOWS ADENOMYOSIS AND LEIOMYOMA(S).
- THE UTERINE SEROSA IS UNREMARKABLE.
- THE RIGHT OVARY SHOWS SURFACE ADHESIONS.

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Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Malignancy		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/12/11	

UUID: EAC1A113-6888-4D45-AB57-E59E3920298C
TCGA-AP-A1D0-01A-PR

Redacted



- THE RIGHT FALLOPIAN TUBE SHOWS CHRONIC SALPINGITIS AND ADHESIONS.
- THE LEFT OVARY AND FALLOPIAN TUBE ARE UNREMARKABLE.

NOTE: IMMUNOHISTOCHEMISTRY FOR DNA MISMATCH REPAIR PROTEINS IS BEING PERFORMED ON THE ENDOMETRIOID CARCINOMA AND THE RESULTS WILL BE REPORTED IN AN ADDENDUM.

4. SOFT TISSUE, LEFT PELVIC PERITONEUM; BIOPSY:
 - BENIGN FIBROADIPOSE TISSUE.
5. LYMPH NODE, SENTINEL LEFT EXTERNAL ILIAC; BIOPSY:
 - ONE BENIGN LYMPH NODE; SEE NOTE.

NOTE: LEVEL SECTIONS AND CYTOKERATIN STAINS ON THE SENTINEL LYMPH NODES ARE PENDING AND THE RESULTS WILL BE REPORTED AS AN ADDENDUM.

6. LYMPH NODE, SENTINEL RIGHT EXTERNAL ILIAC; BIOPSY:
 - ONE BENIGN LYMPH NODE; SEE NOTE.

NOTE: LEVEL SECTIONS AND CYTOKERATIN STAINS ON THE SENTINEL LYMPH NODES ARE PENDING AND THE RESULTS WILL BE REPORTED AS AN ADDENDUM.

7. LYMPH NODES, LEFT EXTERNAL ILIAC; DISSECTION:
 - TWO BENIGN LYMPH NODES (0/2).
 8. LYMPH NODE, LEFT CIRCUMFLEX ILIAC; BIOPSY:
 - ONE BENIGN LYMPH NODE, PENDING SECTIONS (0/1).
 9. LYMPH NODES, LEFT OBTURATOR; DISSECTION:
 - FIVE BENIGN LYMPH NODES (0/5).
 10. LYMPH NODES, RIGHT CIRCUMFLEX ILIAC; DISSECTION:
 - THREE BENIGN LYMPH NODES (0/3).
 11. LYMPH NODES, RIGHT OBTURATOR; BIOPSY:
 - TWO BENIGN LYMPH NODES (0/2).
 12. LYMPH NODE, RIGHT COMMON ILIAC; BIOPSY:
 - ONE BENIGN LYMPH NODE (0/1).
 13. LYMPH NODE, LEFT COMMON ILIAC; BIOPSY:
 - ONE BENIGN LYMPH NODE (0/1).
 14. LYMPH NODES, SENTINEL LEFT PARA-AORTIC; BIOPSY:
 - NINE BENIGN LYMPH NODES (0/9).
- NOTE: LEVEL SECTIONS AND CYTOKERATIN STAINS ON THE SENTINEL LYMPH NODES ARE PENDING AND THE RESULTS WILL BE REPORTED AS AN ADDENDUM.
15. LYMPH NODES, RIGHT PARA-AORTIC; BIOPSY:
 - BENIGN FIBROADIPOSE TISSUE AND NERVES, NO LYMPH NODE IDENTIFIED; SEE NOTE.
 16. OMENTUM, #1; OMENTECTOMY:

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TSS Name/#:

- BENIGN FIBROADIPOSE TISSUE.

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17. OMENTUM, #2; OMENTECTOMY;
- BENIGN FIBROADIPOSE TISSUE.

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.

TSS Name/#: [REDACTED]

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Procedures/Addenda:
Addendum

Addendum Diagnosis

LEVEL SECTIONS AND IMMUNOHISTOCHEMICAL STAINS FOR AE1/AE3 KERATIN ON THE SENTINEL LYMPH NODES REVEAL NO EVIDENCE OF METASTATIC TUMOR. LEVEL SECTIONS WERE ALSO OBTAINED ON PART 15 AND NO LYMPH NODE IS IDENTIFIED. IMMUNOHISTOCHEMICAL STAINS FOR DNA MISMATCH REPAIR PROTEINS SHOW THAT THE TUMOR CELLS ARE POSITIVE FOR MSH2 AND MSH6 WHILE THE NUCLEAR STAINING FOR MLH1 AND PMS2 IS ABSENT (IN THE PRESENCE OF AN INTERNAL POSITIVE CONTROL). CLINICAL CORRELATION IS RECOMMENDED.

[REDACTED]

** End of Report **