



Specimens Submitted:

- 1: SP: Uterus, cervix, bilateral fallopian tubes and ovaries (
- 2: SP: Left external iliac lymph node
- 3: SP: Left hypogastric lymph node
- 4: SP: Left obturator lymph node
- 5: SP: Right external iliac lymph node
- 6: SP: Right obturator lymph node
- 7: SP: Left para-aortic lymph node
- 8: SP: Right para-aortic lymph nodes

1CD-0-3

adenocarcinoma, endometrioid, NOS

Site: endometrium C541

8380/3

for
6/24/11

DIAGNOSIS:

- 1) UTERUS CERVIX, FALLOPIAN TUBES AND OVARIES, RIGHT AND LEFT;
TOTAL HYSTERECTOMY BILATERAL SALPINGO-OOPHORECTOMY:
- ADENOCARCINOMA OF ENDOMETRIUM, ENDOMETRIOID TYPE, FIGO GRADE III (> 50% SOLID GROWTH), NUCLEAR GRADE 2 TO NUCLEAR GRADE 3 (SEE NOTE).
- THE TUMOR INVADERS TO <= HALF OF MYOMETRIUM.
- THE MAXIMAL THICKNESS OF MYOMETRIAL INVASION IS 3 MM.
- THE THICKNESS OF THE MYOMETRIUM IN THE AREA OF MAXIMAL TUMOR INVASION IS 25 MM.
- NO ENDOCERVICAL INVASION IS IDENTIFIED.
- NO DEFINITE VASCULAR INVASION IS IDENTIFIED.
- THE ENDOMETRIUM SHOWS THE FOLLOWING ABNORMALITY: COMPLEX HYPERPLASIA WITH ATYPIA.
- THE MYOMETRIUM SHOWS THE FOLLOWING ABNORMALITIES: ADENOMYOSIS, LEIOMYOMA(S).
- ALL ADNEXA ARE UNREMARKABLE.

NOTE: PARTS OF THE TUMOR ARE UNDIFFERENTIATED AND RESEMBLE SO-CALLED LYMPHOEPITHELIOMA LIKE CARCINOMA. WE WILL PERFORM IMMUNOSTAINS FOR DNA MISMATCH REPAIR PROTEINS BECAUSE EXTENSIVE LYMPHOCYTE INFILTRATION AND UNDIFFERENTIATED MORPHOLOGY HAVE BEEN REPORTED IN PATIENTS WITH MICROSATELLITE INSTABILITY-HIGH ENDOMETRIAL CANCERS THAT ARISE IN THE SETTING OF PROMOTER HYPERMETHYLATION.

- 2) LYMPH NODE, LEFT EXTERNAL ILIAC, EXCISION:
- ONE BENIGN LYMPH NODE (0/1).

** Continued on next page **

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	ME	SE
Date Reviewed:	6/24/11	

- 3) LYMPH NODES, LEFT HYPOGASTRIC, EXCISION:
 - TWO BENIGN LYMPH NODES (0/2).
- 4) LYMPH NODES, LEFT OBTURATOR, EXCISION:
 - THREE BENIGN LYMPH NODES (0/3).
- 5) LYMPH NODES, RIGHT EXTERNAL ILIAC, EXCISION:
 - FOUR BENIGN LYMPH NODES (0/4).
- 6) LYMPH NODES, RIGHT OBTURATOR, EXCISION:
 - THREE BENIGN LYMPH NODES (0/3).
- 7) LYMPH NODE, LEFT PARA-AORTIC, EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
- 8) LYMPH NODES, RIGHT PARA-AORTIC, EXCISION:
 - FIVE BENIGN LYMPH NODES (0/5).

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.

Addendum Diagnosis

1. UTERUS, CERVIX, BILATERAL OVARIES AND FALLOPIAN TUBES; TOTAL
HYSTERECTOMY AND BILATERAL
SALPINGO-OOPHORECTOMY:
- IMMUNOHISTOCHEMICAL STAINS SHOW APPARENT LOSS OF MSH6 PROTEIN,
ALTHOUGH IT IS FOCALLY DIFFICULT TO DISTINGUISH STAINING IN STROMAL ELEMENTS
VERSUS RARE TUMOR CELLS. MLH1 AND MSH2 PROTEINS SHOW INTACT EXPRESSION.
 - THE LOSS OF EXPRESSION OF MSH6, ALTHOUGH NOT DIAGNOSTIC, MAY SIGNIFY
THE PRESENCE OF
MICROSATELLITE INSTABILITY IN THIS PATIENT.
 - PLEASE CORRELATE WITH GENETIC TESTING.

** End of Report **