

ICDD-3
Adenocarcinoma
Endometrioid, NOS
838013
Site: Uterus,
Corpus Uteri
C54.9
12/31/2010

SURGIC
Case Nu

UUID:F6D1F090-C601-4212-951E-BEE086DD24F
TCGA-EY-A549-01A-PR

Redacted



Diagnosis:

A: Lymph nodes, right para-aortic, regional dissection
- No tumor identified in 9 lymph nodes (0/9)

B: Lymph nodes, left para-aortic, regional dissection
- No tumor identified in 9 lymph nodes (0/9)

C: Lymph nodes, right pelvic, regional dissection
- No tumor identified in 6 lymph nodes (0/6)

D: Uterus and cervix, hysterectomy:

Location of tumor: primary endometrial carcinoma involving
posterior upper corpus

Tumor size: 1.5 x 1.1 x 1.0 cm

Histologic type: endometrioid adenocarcinoma with focal squamous
differentiation < 10% squamous per TBS.

Histologic grade (FIGO): overall FIGO Grade 3 (architectural
grade 2, nuclear grade 2-3)

Extent of invasion: see below

Myometrial invasion: Inner half

Depth: 4 mm Wall thickness: 12 mm Percent: 33%

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 clear

Lymphovascular space invasion: not identified

Regional lymph nodes (see other specimens A,B,C,E):

Total number involved: 0
Total number examined: 40

Other pathologic findings:

- Benign endometrial polyp, and background atrophic endometrium
- Cervix with Nabothian cysts with squamotransitional metaplasia
- Leiomyomas

AJCC Pathologic Stage: pT1a pN0

FIGO (2008 classification) Stage grouping: IA, grade 3

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 seen
- Benign serous inclusions

Ovary, left, oophorectomy:

- No tumor seen
- Benign serous inclusions

Fallopian tube, right, salpingectomy:

- No tumor seen
- Benign paratubal serous cyst

Fallopian tube, left, salpingectomy:

- No tumor seen
- Benign paratubal serous cyst

E: Lymph nodes, left pelvic, regional resection

- No tumor identified in 16 lymph nodes (0/16)

Clinical History:

-year-old female with endometrial cancer who presents for robotic hysterectomy.

Gross Description:

Received are five appropriately labeled containers.

Container A is additionally labeled "right periaortic lymph nodes." It holds a 4.5 x 3.0 x 1.5 cm fragment of yellow fibrofatty tissue. Palpated within the tissue are multiple lymph node candidates up to 1.2 cm.

Block summary:

A1 - multiple lymph nodes, one bisected and inked green
A2 - one lymph node, bisected
A3 - one lymph node, bisected
A4 - one lymph node, bisected
A5-A8 - remaining tissue,

Container B is additionally labeled "left periaortic." It holds a 4.0 x 2.8 x 1.5 cm fragment of yellow fibrofatty tissue. Within the tissue there are multiple lymph nodes, the largest is 2.0 cm.

Block summary:

B1-B2 - multiple lymph nodes, each cassette
B3-B4 - one lymph node, each cassette, each bisected
B5 - one lymph node
B6 - remaining tissue,

Container C is additionally labeled "right pelvic lymph node." It holds a 5.0 x 3.7 x 1.5 cm fragment of yellow fibrofatty tissue. Palpated within the tissue are multiple lymph nodes, the largest is 2.5 cm.

Block summary:

C1 - multiple lymph nodes
C2 - one lymph node, bisected
C3 - one lymph node, bisected
C4,C5 - one lymph node, bisected
C6 - one lymph node, bisected
C7-C10 - remaining fat

Container D:

Adnexa: present and attached

Weight: 195 grams

Shape: pear shaped

Dimensions:

height: 9.2 cm

anterior to posterior width: 6.5 cm

breadth at fundus: 4.8 cm

Serosa: tan/pink, focally erythematous with three subserosal rubbery nodules

Cervix:

ectocervix: 2.5 x 2.5 cm with a 0.6 cm patent os; ectocervical mucosa is

tan and focally red/brown and glistening

endocervix: tan and trabeculated;

length of endocervical canal: approximately 1.8 cm

Endomyometrium:

length of endometrial cavity: 4.5 cm

width of endometrial cavity at fundus: 4.8 cm

tumor findings:

dimensions: 1.5 x 1.1 x 1.0 cm

appearance: tan, soft and exophytic

location and extent: The tumor is present on the posterior left wall

in the upper corpus.

myometrial invasion: no apparent invasion

thickness of myometrial wall at deepest gross invasion: 0.7 cm

other findings or comments: Adjacent to the mass on the posterior

endometrium there is a 1.7 x 0.5 x 0.2 cm polyp. Additionally within the myometrium there are several white rubbery nodules, the

largest is roughly 3.5 cm and focally calcified.

Adnexa:

Right ovary:

Dimensions: 3.5 x 1.5 x 1.0 cm

external surface: tan with foci of red/brown discoloration

cut surface: tan/yellow and unremarkable

Right fallopian tube:

dimensions: 6.1 cm in length x 0.5 cm in diameter

other findings: The outer surface is tan/pink and smooth. The fimbria

are grossly unremarkable. Sectioning reveals a patent

lumen. Within the mesosalpinx there are two cysts. The first is

at the
frimbriated end of the tube and is roughly 4 mm in
cross section. This cyst is devoid of fluid and lined by tan to
yellow
smooth to fatty tissue. The second cyst is located
at the proximal end is roughly 0.9 cm in cross section. On
section, this
cyst has a red/brown to yellow laminated cut surface.

Left ovary:

dimensions: 2.0 x 1.5 x 0.5 cm

external surface: tan/yellow with firmly adherent blood clot

cut surface: tan/yellow and unremarkable

Left fallopian tube:

dimensions: roughly 7.5 cm in length x 0.5 cm in diameter

other findings: The fimbria are adherent to the ovary and to a
3.0 x

2.5 x 1.5 cm translucent cyst which is filled with clear
watery fluid. The lining of the cyst is tan and smooth. The
fallopian

tube on section has a patent lumen.

Lymph nodes: see other parts of case

Other comments: Tumor is submitted to Tissue Procurement

Digital photograph taken: none

Block Summary:

D1 - anterior cervix, endocervical canal, longitudinal

D2,D3 - anterior corpus, lower and upper, respectively, to
include

myometrial nodule

D4-D6 - mass, posterior upper corpus, sequentially sectioned,
entirely

submitted

D7 - endometrial polyp, entirely submitted

D8 - posterior corpus, mid, to include myometrial nodule

D9 - posterior corpus, lower, full thickness

D10 - posterior cervix, endocervical canal, longitudinal

D11 - right ovary

D12 - right fallopian tube

D13 - representative section of cyst within right mesosalpinx

D14 - left ovary

D15 - left fimbria, longitudinally sectioned to include adherent
cyst

D16 - cross sections of left fallopian tube

D17 - sections of cyst within left mesosalpinx

Tissue remains in formalin.

Container E is additionally labeled "left pelvic lymph node." It holds a 7.0 x 3.5 x 1.5 cm aggregate of yellow fibrofatty tissue. Within the tissue there are multiple lymph node candidates, the largest is roughly 2.5 cm.

Block summary:

E1-E2 - multiple lymph node candidates
E3 - multiple lymph node candidates
E4 - one lymph node, bisected
E5 - one lymph node, bisected
E6-E8 - one lymph node, trisected
E9-E12 - remaining fat,

For cases in which immunostains are performed, the following applies:

Appropriate internal and/or external positive and negative controls have been evaluated. 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 Anatomic Pathology Department. 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.

Procedures/Addenda:
Addendum

Addendum

The endometrial adenocarcinoma shows patchy weak positivity for P53, heterogeneous positivity for P16, strong diffuse positivity for estrogen receptor (3+, 90%) and strong diffuse positivity for progesterone receptor (3+, 90%). This immunophenotype further supports histologic classification as endometrioid adenocarcinoma with no evidence of serous differentiation.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History	X	
Dual/Synchronous Primary Noted		
Case (circle):	QUALIFIED	DISQUALIFIED
Reviewed Initials	Ant	
Date Reviewed	11/26/12	