

Carcinoma, Endometrium, NOS 8380/3

Site: Endometrium c54.1

2/25/11 hr

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	Date Reviewed: 2/25/11	

UID: 40813C61-4878-4677-89A4-489488613F57
TCGA-B5-A11H-01A-PR

Redacted

Surg Path

CLINICAL HISTORY:

Endometrial cancer, malignant neoplasm, corpus uteri.

GROSS EXAMINATION:

A. "Uterus and cervix (AF1)", unfixed, transferred to formalin. A 59.0 gram, 10.0 x 5.0 x 3.0 cm uterine fundus and cervix. The uterine serosa is smooth and glistening with a moderate amount of adhesions. The ectocervix measures 3.4 cm in diameter with a cervical os of 1.4 cm. The exocervix is smooth and glistening, is pearly white and is mildly hemorrhagic. The endocervical measures 2.7 cm and is composed of a tan, velvety trabecular mucosa. The uterine fundus measures 4.5 cm and 4.5 cm from cornu to cornu. The overlying endometrial mucosa is tan and velvety. A 3.0 x 2.7 cm exophytic tan mass lies on the anterior half of the uterine cavity, eccentrically towards the right cornu. The full thickness of the uterine wall extends 1.4 cm with the endometrium accounting for 0.1 cm. The thickness of the mass is 1.0 cm, which arises above the endometrial surface 0.5 cm. Representative samples of this exophytic mass are in blocks A1-A2. Representative samples of uninvolved endocervical canal and uterine fundus, anteriorly are submitted in blocks A3-A4. Representative samples of endocervical canal and wall of uterine fundus, posteriorly are submitted in blocks A5-A6. AF1 remnants are placed in block A7.

B. "Umbilical hernia sac with omentum", unfixed, transferred to formalin. A composite of fibrofatty tissue and hernia sac, which in aggregate measures 10.4 x 9.0 x 3.7 cm. The largest fragment contains a smooth, glistening, 5.5 x 4.3 x 3.7 cm hernia sac containing fibrofatty tissue. Representative samples of hernia sac and fibrofatty tissue are submitted in blocks B1-B2.

C. "Left tube and ovary", unfixed, transferred to formalin. A 1.7 x 1.2 x 0.9 cm ovary attached to a 7.6 cm length fallopian tube via meso-ovarian, meso-salpinx. A 2.0 x 1.1 cm piece of fibrofatty tissue is attached. The overall specimen weighs 7.7 grams. The ovary is mildly nodular and tan-yellow with no gross lesions evident. The cut surface of the ovary is grossly unremarkable. Representative samples of ovary and fallopian tube are submitted in block .

D. "Right tube and ovary", unfixed, transferred to formalin. An 8.8 gram specimen that measures 3.9 x 3.7 x 1.0 cm and contains ovary, attached fallopian tube and scant amount of fibrofatty tissue. The ovary measures 2.5 x 1.2 x 0.7 cm, is mildly granular and tan-yellow. The fallopian tube measures 7.0 cm and 0.7 cm in diameter, negative for dilation. On cut sections, the ovary appears grossly unremarkable. On cut sections, the fallopian tube also appears grossly unremarkable. Representative samples of ovary and fallopian tube are submitted in block .

E. "External iliac node right", unfixed, transferred to formalin. A 8.0 cm x 7.0 cm specimen of fibrofatty tissue. Multiple apparent lymph nodes are identified, the largest of which are placed in blocks . and were bisected. Four apparent lymph nodes are placed in block E3. Five additional lymph node candidates are placed in block E4.

F. "Right obturator", unfixed, transferred to formalin. A 3.0 x 5.0 cm piece of fibrofatty tissue. Multiple apparent lymph nodes are identified in fibrofatty tissue. A 3.9 x 2.4 cm apparent lymph node is identified and was bisected and submitted in blocks .

The second collection of lymph node matted together and measures 2.5 cm in length, are submitted in block . and is bisected. Additional lymph node

candidates are placed in blocks [REDACTED]

G. "Left external iliac", unfixed, transferred to formalin. A 4.0 x 3.5 cm aggregate of fibrofatty tissue is identified. Multiple apparent lymph nodes are identified within the fibrofatty tissue. The largest of which extends 2.4 cm and was placed in blocks G1-G2. This appears to represent of mass of lymph nodes. Additional apparent lymph nodes are placed in blocks G3-G4.

H. "Left obturator", unfixed, transferred to formalin. A 3.0 x 1.7 cm specimen of fibrofatty tissue. A mass of lymph nodes composing approximately 95% of the tissue submitted was identified. This was bisected and placed in block H1. Two apparent lymph nodes are placed in block H2.

[REDACTED]

INTRA OPERATIVE CONSULTATION:

A. "Uterus and cervix" (AF1, representative endometrium): adenocarcinoma. No invasion. Gross exam no invasion of endocervix

MICROSCOPIC EXAMINATION:

Microscopic examination is performed.

DIAGNOSIS:

A. "UTERUS AND CERVIX" (HYSTERECTOMY):

CARCINOMA OF ENDOMETRIUM:

Histologic type:	<u>ENDOMETRIOID</u>
Histologic (FIGO) grade:	<u>MODERATELY DIFFERENTIATED (GRADE 2)</u> ✓

Extent of invasion

- Myometrial invasion:	NEGATIVE
- Endocervical involvement	
- Surface extension:	NEGATIVE
- Stromal invasion:	NEGATIVE
- Uterine serosa:	NEGATIVE

Margins	NEGATIVE
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Vascular invasion:	EQUIVOCAL
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Regional lymph nodes:	LYMPH NODES REPORTED SEPARATELY
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Non-cancer related findings

- Cervix uteri:	NO PATHOLOGIC DIAGNOSIS
- Myometrium:	ADENOMYOSIS

B. "UMBILICAL HERNIA SAC WITH OMENTUM" (EXCISION):

FIBROADIPOSE TISSUE, CONSISTENT WITH HERNIA SAC.

C. "LEFT TUBE AND OVARY" (EXCISION):

OVARY AND FALLOPIAN TUBE, NO PATHOLOGIC DIAGNOSIS.

D. "RIGHT TUBE AND OVARY" (EXCISION):

OVARY AND FALLOPIAN TUBE, NO PATHOLOGIC DIAGNOSIS.

[REDACTED]

E. "EXTERNAL ILIAC NODE RIGHT" (BIOPSY):

FOUR LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/4).

F. "RIGHT OBTURATOR" (BIOPSY):

FOUR LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/4).

G. "LEFT EXTERNAL ILIAC" (BIOPSY):

THREE LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/3).

H. "LEFT OBTURATOR" (BIOPSY):

FOUR LYMPH NODES, NEGATIVE FOR MALIGNANCY (0/4).

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

CI ADDENDUM 1:

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

1