

100-0-3
adenocarcinoma, endometrioid, NOS 8380/3

Site: endometrium CS4.1

5/3/11

UUID: 42DBC6F7-E413-41A6-99AE-1391099818A0
TCGA-BG-A0M8-01A-PR

Redacted

FINAL DIAGNOSIS:

PART 1: ABDOMINAL TISSUE, ABDOMINOPLASTY (668 GRAMS) -

UNREMARKABLE SKIN AND FIBROADIPOSE TISSUE (gross diagnosis only.)

PART 2: LEFT ADNEXA, SALPINGO-OOPHORECTOMY -

A. OVARY WITH PHYSIOLOGIC CHANGES, NEGATIVE FOR TUMOR.

B. FALLOPIAN TUBE WITH ENDOMETRIOSIS, NEGATIVE FOR TUMOR.

PART 3: RIGHT ADNEXA, SALPINGO-OOPHORECTOMY -

A. OVARY WITH PHYSIOLOGIC CHANGES, NEGATIVE FOR TUMOR.

B. FALLOPIAN TUBE, NEGATIVE FOR TUMOR.

PART 4: UTERUS WITH CERVIX, TOTAL ABDOMINAL HYSTERECTOMY (256 GRAMS) -

A. ENDOMETRIOID ENDOMETRIAL ADENOCARCINOMA, FIGO GRADE 3 (see comment).

B. TUMOR MEASURES 5.5 CM IN GREATEST DIMENSION.

C. TUMOR INVADES LESS THAN 50% INTO THE MYOMETRIAL THICKNESS (VARIABLE MYOMETRIAL THICKNESS (see comment).

D. LYMPHOVASCULAR INVASION IS NOT IDENTIFIED.

E. UNINVOLVED ENDOMETRIAL TISSUE WITH PSEUDO-DECIDUALIZED STROMA AND SIMPLE GLANDS (EXOGENOUS HORMONE EFFECT).

F. CERVIX, NEGATIVE FOR NEOPLASM.

G. LEIOMYOMA (2.5 CM).

H. PARAMETRIAL ENDOMETRIOSIS.

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

5/3/11

Prior
malign. up to
indicated on
Enrollment form
Case will be
"Notified"

COMMENT:

Myometrial invasion is present but is superficial (less than 50% for staging purposes). Myometrial thickness ranged from 1.1 to 3.0 cm. Although the gross impression was that the thinnest myometrial area represented deep invasion, the presence of both tumor and uninvolved endometrium in that area better supports that there is minimal invasion there. LW. 5/3/11

Patient's history of BRCA1 mutation is noted; the remainder of the adnexa (Parts 2 and 3) were totally submitted for histological evaluation. Please cross refer the pelvic wash specimen [REDACTED], which was negative for malignant cells. Patient's previous diagnosis of endometrioid adenocarcinoma is noted [REDACTED].

CASE SYNOPSIS:

SYNOPTIC - PRIMARY UTERINE ENDOMETRIAL TUMORS: HYSTERECTOMY SPECIMENS

TUMOR TYPE:

Endometrioid adenocarcinoma, NOS

HISTOLOGIC GRADE (epithelial neoplasm) [combined architectural and nuclear]:

Poorly differentiated (FIGO 3)

ARCHITECTURAL GRADE:

Poorly differentiated

NUCLEAR GRADE:

Grade 3

TUMOR SIZE:

Maximum dimension: 5.5 cm

PERCENT OF ENDOMETRIAL SURFACE INVOLVEMENT:

Anterior endomyometrium: 100 %, Posterior endomyometrium: 100 %

DEPTH OF INVASION**:

Less than 1/2 thickness of myometrium

MARGINS OF RESECTION:

Vaginal margin is negative for tumor, Parametrium margin is negative for tumor

ANGIOLYMPHATIC INVASION:

No

OTHER:

(epithelial, smooth muscle, others), Leiomyoma, Others endometriosis

LYMPH NODES EXAMINED:

Total number of lymph nodes examined: 0

T STAGE, PATHOLOGIC:

pT1b

N STAGE, PATHOLOGIC:

pNX

M STAGE, PATHOLOGIC:

pMX

FIGO STAGE:

IB

Comment:

Grossly the tumor was felt to involve the entire endometrial surface--microscopically, uninvolved endometrium is present in areas involved by tumor.

Immunostains were used in the interpretation of Part 4 (see microscopic description).

The specimen (Part 1) labeled as "pannus tissue" has been subjected to a gross examination only. If it is desired that this specimen be processed for additional studies, particularly microscopic examination, it is suggested that the case pathologist be notified within two weeks of the sign-out date of this report. This is particularly important as specimens are routinely discarded after a prescribed period of time.