

SURGICAL PATHOLOGY

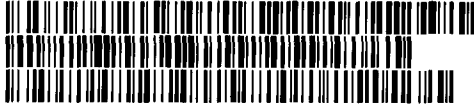
1CB-0-3
adenocarcinoma endometrioid, NOS 8380/3
Site: Endometrium C54.1

Case Number :

1/31/11 lw

UUID: 2803014E-7E68-463F-BF3C-C5E4DF9FA421
TCGA-EY-A1G7-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History	X	
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer initials	km	lw
Date Reviewed:		1/31/11

Diagnosis:

Uterus and cervix, robotic assisted hysterectomy:

LOCATION OF TUMOR: The bulk of invasive tumor is based in the high endocervical canal, with extension of invasive tumor to the lower uterine segment. Adenocarcinoma replaces much of the mucosal surface of the upper endometrial cavity, without myometrial invasion.

HISTOLOGIC TYPE: Moderately differentiated endometrioid adenocarcinoma (see comment)

HISTOLOGIC GRADE (FIGO): FIGO grade 2 (architecture grade 2, nuclear grade 2).

EXTENT OF INVASION: The greatest depth of invasion is at the anterior endocervix, where adenocarcinoma invades 1.1cm and approaches to a distance of less than 0.5mm from the paracervical soft tissue margin (96% wall invasion).

SEROSAL INVOLVEMENT: Not identified

LOWER UTERINE SEGMENT INVOLVEMENT: Present in the posterior wall, with depth of invasion 0.5cm where wall thickness is 1.8cm (27%).

CERVICAL INVOLVEMENT: Present, with extensive stromal invasion (see above).

ADNEXAL INVOLVEMENT (SEE BELOW): Not identified.

CERVICAL/VAGINAL MARGIN AND DISTANCE: Negative; invasive carcinoma approaches to a distance of 0.2cm from the anterior ectocervical mucosal margin.

LYMPHOVASCULAR SPACE INVASION: Present.

HORMONE RECEPTORS: Tumor is estrogen receptor negative (0) and progesterone receptor negative (0).

REGIONAL LYMPH NODES (SEE OTHER SPECIMENS): No lymph nodes identified

TOTAL NUMBER INVOLVED: 0

TOTAL NUMBER EXAMINED: 0

AJCC PATHOLOGIC STAGE (classified as a primary uterine carcinoma): pT2b pNx pMx

FIGO STAGE GROUPING: IIB

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 significant pathologic abnormality, negative for malignancy.

Ovary, left, oophorectomy:

- No significant pathologic abnormality, negative for malignancy.

Fallopian tube, right, salpingectomy:

- No significant pathologic abnormality, negative for malignancy.

Fallopian tube, left, salpingectomy:

- No significant pathologic abnormality, negative for malignancy.

Comment:

The specimen shows moderately differentiated adenocarcinoma with characteristic squamous morular growth pattern, suggestive of an endometrioid type histology. The tumor is negative for estrogen receptor and progesterone receptor. The tumor is positive for p16, but given the endometrioid histology the significance of this is unclear. The bulk of invasive tumor is present in the high endocervical canal. According to clinical notes, the patient had a diagnostic endometrial biopsy in [redacted] with endometrioid adenocarcinoma (FIGO 2). External beam radiation therapy followed. Endometrial biopsy in [redacted] returned endometrioid adenocarcinoma (FIGO 3). It is possible that while much of the upper corpus tumor responded to therapy, residual adenocarcinoma in the LUS/endocervical canal region has selectively recurred. Alternatively, the endocervical tumor location and lack of upper corpus myometrial invasion raises the possibility of an endocervical primary tumor. Clinical correlation is advised.

Clinical History:

The patient is with endometrial carcinoma.

Gross Description:

Received is one appropriately labeled container, additionally labeled "cervix, uterus, both ovary and tube."

Adnexa: The right fallopian tube and ovary are received attached to the uterine fundus. The left fallopian tube and ovary are separate in the container.

Weight: 140 grams

Shape: vaguely pear-shaped; The uterus is received with a full thickness defect in the anterior lower uterine segment/endocervical canal. The tissue at the site of separation is inked yellow.

Dimensions:

height: 11.7 cm

anterior to posterior width: 3.0 cm

breadth at fundus: 5.0 cm

Serosa: pink/tan, and smooth with one area of disruption superiorly which is likely surgical in nature

Cervix: The tumor is visible at the os.

length of endocervical canal: approximately 5 cm (difficult to assess secondary to extensive involvement by tumor) and inability to definitively distinguish endocervical mucosa

ectocervix: pink/tan, with a palpable irregularity measuring 0.5 x 0.4 cm which is tan/brown in color and slightly raised at approximately 4 o' clock; the ectocervix measures 3.0 x 2.9 cm

endocervix: There is no grossly identifiable normal endocervical mucosa secondary to extensive involvement by friable tumor. The anterior endocervix is disrupted as previously described.

Endomyometrium:

length of endometrial cavity: approximately 5 cm

width of endometrial cavity at fundus: 3.1 cm

myometrial thickness: up to 0.4 cm

tumor findings: The endometrial surface along the anterior aspect is pink/tan with minimal nodularity. The posterior aspect of the endometrium is variegated, pink/tan and friable. No normal endometrium is identified along the posterior surface. The abnormal process extends down the lower uterine segment of the posterior aspect into the endometrial canal along both the anterior and posterior surfaces.

myometrial invasion:

no apparent invasion

Thickness of myometrial wall at deepest gross invasion: 1.2 cm

other findings or comments: The specimen is inked as follows:

anterior/blue, posterior/black, site of disruption/yellow

Adnexa:

Right ovary:

dimensions: 1.2 x 0.5 x 0.4 cm

external surface: white/tan with a mildly lobulated appearance

cut surface: white/tan with one corpora albicans identified grossly

Right fallopian tube:

dimensions: 4.9 cm in length and 0.6 cm in diameter

other findings: There is a 1.1 cm segment of fallopian tube absent consistent with previous tubal ligation. The fimbria have no visible or palpable nodularity.

Left ovary:

dimensions: 1.1 x 0.4 x 0.2 cm

external surface: white/tan, and lobular

cut surface: yellow/tan with no grossly identified abnormalities

Left fallopian tube: One segment of fallopian tube is identified in the container and measures 2.0 cm in length and 0.5 cm in diameter.

other findings: The fimbriated end contains no visible or palpable nodularity

Lymph nodes: no lymph nodes are identified in the specimen

Other comments: A representative sample of normal tissue and tumor is provided to Tissue procurement.

Digital photograph taken: no

Block Summary:

A1 - anterior cervix including yellow-inked full thickness disruption

A2,A3 - perpendicular section from yellow inked area of disruption to the anterior lower uterine segment, bisected,

- A2=inferior, A4-A6 – perpendicular section of posterior cervix to lower uterine segment, inferior to superior
A7 - anterior lower uterine segment
A8 - anterior mid corpus
A9 - anterior upper corpus/fundus
A10 - posterior lower uterine segment
A11 - posterior mid corpus
A12 - posterior upper corpus/fundus
A13 - right ovary and fallopian tube including portion of fimbriated end
A14 - left ovary and fallopian tube including fimbriated end

Grossing Pathologist:

Light Microscopy:

Light microscopic examination performed by Dr.

Signature

Resident Physician:

Attending Pathologist: I have personally conducted the evaluation of the above specimens and have rendered the above diagnosis(es).