

Recent Developments in Surgical Pathology of the Uterine Corpus

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• There have been several updates recently on the classification of uterine tumors. Endometrial carcinomas have traditionally been divided into 2 types, but some are difficult to classify and do not fit readily into either of the currently recognized categories. The Cancer Genome Atlas Research Network has recently defined 4 new categories of endometrial cancer on the basis of mutational spectra, copy number alteration, and microsatellite instability, which might provide independent prognostic information beyond established risk factors. The Society of Gynecologic Oncology, moreover, now recommends systematic screening of every patient with endometrial cancer for Lynch syndrome. The new definition of high-grade endometrial stromal sarcoma disregards the number of mitotic figures as a primary diagnostic criterion and instead specifies moderate atypia still resembling stromal origin but lacking the pleomorphism of undifferentiated uterine sarcoma; these tumors also harbor a *JAZF1-SUZ12* gene rearrangement. Mitotic count, atypia, and coagulative necrosis are the main histologic criteria that define leiomyosarcoma. Determining the type of necrosis can be very challenging in patients receiving various treatment modalities for symptomatic fibroids before myomectomy, since key histologic features of ischemic-type necrosis are often absent. Ancillary stains including p16, p53, MIB-1, trichrome, and reticulin may be helpful in tumors harboring necrosis that is difficult to classify. Minimally invasive gynecologic surgeries have introduced histologic artifacts that complicate the diagnosis. It is essential to recognize these as procedure-related artifacts to avoid upstaging tumors and triggering unnecessary adjuvant treatment.

(*Arch Pathol Lab Med*. 2017;141:528–541; doi: 10.5858/arpa.2016-0284-SA)

Over the past few years, numerous significant developments have taken place regarding the classification, terminology, and daily surgical pathology practice of tumors of uterine corpus. The morphology-based classification of endometrial carcinomas (ECs) by the 2014 World Health Organization (WHO) was further refined by the inclusion of

new immunohistochemical markers, which also further highlighted ambiguous categories. In the meantime, the association of EC with Lynch syndrome (LS) was further elucidated, and microsatellite instability (MSI) testing is now recommended by the Society of Gynecologic Oncology on all patients with ECs.

The classification of endometrial stromal tumors (ESTs) has also undergone several revisions. Based on the 2014 WHO classification, endometrial stromal sarcomas (ESSs) are subclassified into low-grade ESSs, high-grade ESSs, and undifferentiated uterine sarcomas. Most ESSs can be classified by the presence of distinctive histologic features, but it is now known that 65% of ESTs harbor a characteristic translocation $t(7;17)(p15;q21)$ and high-grade ESS is associated with translocation $t(10;17)(q22;p13)$. Therefore, molecular testing of ESTs has become increasingly popular, especially when differentiating them from mimickers such as cellular leiomyomas or the sarcomatoid component of a carcinosarcoma.

Uterine smooth muscle tumors (USMTs) that cannot be categorized confidently as benign or malignant continue to be common diagnostic dilemmas in everyday practice. Recently, more refined criteria have been proposed in this challenging differential diagnosis. Medical treatment recently devised for the management of USMTs, including hormonal and nonhormonal drug regimens as well as uterine artery embolization, can alter the histologic appearance of these tumors by inducing necrosis, mitosis, and atypia, further complicating the accurate diagnosis of USMTs.

Another important development pertinent to surgical pathologists is the wider application of minimally invasive surgical procedures. There is increasing evidence that these procedures are associated with various histologic artifacts (ie, lymphovascular pseudoinvasion, tubal contamination, and positive peritoneal washings) that may confound the diagnosis. Recognizing these artifacts will avoid upstaging and unnecessary adjuvant treatment.

In the ensuing review, we will discuss these recent developments that are impacting the daily practice of surgical pathology of uterine corpus, with emphasis on (1) endometrial carcinomas, (2) endometrial stromal tumors, (3) uterine smooth muscle tumors, and (4) histologic artifacts associated with minimally invasive gynecologic surgery.

ADVANCEMENTS IN CLASSIFICATION OF ENDOMETRIAL CARCINOMAS

Endometrial carcinomas are heterogeneous in morphology, clinical outcome, endocrinology features, and genetics. Endometrial carcinomas are the fourth most common cancers in women, overall, and are the most common gynecologic malignancy in the developed world.^{1,2} Until recently, the 2-tiered classification model of Bokhman,

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Surgical Research Recent Developments

Michael Brown



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