

Sex: Female
D.O.B.:
MRN #:
Ref Phys:

SPECIMEN INFORMATION

Collected:
Received:
Reported:

Accession #:
Acct / Reg :

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

A. Omentum, excision:

Malignancy not identified.

B. Uterus, bilateral adnexa, hysterectomy with bilateral salpingo-oophorectomy:

Tumor Characteristics:

1. Histologic type: Papillary serous carcinoma.
2. Histologic grade: High-grade.
3. Tumor site: Endometrium.
4. Tumor size: 4.5 x 2.0 x 2.0 cm.
5. Myometrial invasion: Tumor focally extends throughout the entire myometrial wall focally coming within 0.1 cm of the serosal surface, but not definitively extending to it. The average thickness measures approximately 1.4 cm.
6. Involvement of cervix: Tumor focally present within endocervical glands as well as cervical stroma.
7. Extent of involvement of other organs: Small focus of tumor is present in one ovary measuring approximately 0.1 cm in maximal dimension.
8. Lymphovascular space invasion: Not definitively seen.

Surgical Margin Status:

1. Margins uninvolved: bilateral parametria, cervix, uterine serosa.
2. Margins involved: no definitive margins are involved.

Lymph Node Status:

See below.

Other:

1. Other significant findings: Bilateral adnexal structures without other significant pathologic abnormality except for the isolated tumor focus stated above.
2. pTNM stage: pT3aN2 (FIGO: IIIC2).

C. Left pelvic lymph nodes, excision:

One of nine lymph nodes positive for metastatic carcinoma.

D. Left periaortic/common lymph nodes, excision:

One of eight lymph nodes positive for metastatic carcinoma.

E. Right periaortic lymph node, excision:

One of one lymph node positive for metastatic carcinoma.

F. Right pelvic lymph nodes, excision:

Two of eight lymph nodes positive for metastatic carcinoma.

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

QUALIFIED / DISQUALIFIED
10/25/11

Electronic Signature:

COMMENTS:

Appropriately controlled immunohistochemical stains for p53 and WT-1 performed on block B10 show positivity for p53 and negativity for WT-1, consistent with serous carcinoma of endometrial origin.

UUID:8B7CB7C6-8685-41EA-A6CB-FC496C311888
TCGA-AJ-A3BD-01A-PR

Redacted



CLINICAL INFORMATION

CLINICAL HISTORY:

Preoperative Diagnosis: year old female endometrial biopsy with papillary serous cancer.

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Omentum
- B. Uterus, cervix, BSO
- C. Left pelvic lymph node
- D. Left periaortic/common lymph node
- E. Right periaortic lymph node
- F. Right pelvic lymph node

SPECIMEN DATA

GROSS DESCRIPTION:

The specimen is received in six formalin filled containers labeled with the patient's name

A. Container A is additionally labeled '1' and contains a 28.5 x 18.5 x 1.5 cm yellow-tan finely lobulated fibrofatty soft tissue. The specimen is most consistent with omentum. On section and palpation, no discrete lesions are identified. Representative sections are submitted in cassettes A1 through 4 labeled

B. Container B is additionally labeled '2' and contains a 55.5 g uterus with attached cervix received with detached bilateral adnexa. The 4.5 cm in length x 4.5 x 3.0 cm uterine corpus is surfaced by pink-tan serosa. The 3.7 cm in length x 3.5 x 3.5 cm uterine cervix is partially surfaced by pink-tan glistening ectocervical mucosa and features a central 0.9 cm patent os. The parametrial soft tissues are inked and taken en face. The endocervical canal is yellow-tan, focally cystic and mucoid with the usual folds. The triangular endometrium is remarkable for a 4.5 x 2.0 x 2.0 cm pink-tan granular lesion that involves the entire endometrium. Normal appearing endometrium is not identified. On section, this lesion invades 0.5 cm into a 1.2 cm thick pink-tan focally cystic and fibrous myometrium. No additional myometrial nodules or lesions are identified.

The first fimbriated fallopian tube is received in two pieces and when reconstructed is approximately 3.5 cm in length and ranges from 0.4 to 0.6 cm in diameter. The attached yellow-tan lobulated ovary is 2.4 x 2.0 x 0.5 cm. The specimen is bivalved to reveal a yellow-tan fibrous cut surface with no discrete lesions.

The second fimbriated fallopian tube is received in two pieces that when reconstructed is approximately 4.5 cm in length and ranges from 0.4 to 0.6 cm in diameter. The attached 2.0 x 1.4 x 0.7 cm yellow-tan lobulated ovary is bivalved to reveal a yellow-tan fibrous cut surface with numerous gray-white corpora albicantia. Representative sections are submitted in cassettes B1 through 14 labeled designated as follows: 1) right parametrium, en face; 2) left parametrium, en face; 3) anterior endocervix; 4) posterior endocervix; 5) anterior lower uterine segment; 6) posterior lower uterine segment; 7 and 8) full thickness anterior endomyometrium; 11) first fallopian tube; 12) first ovary; 13) second fallopian tube; 14) second ovary.

Additionally, a yellow, green, and blue cassette are submitted for genomics research each labeled:

C. Container C is additionally labeled 'left pelvic lymph node' and contains a 6.5 x 4.5 x 2.5 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, multiple firm, fatty possible lymph nodes are identified ranging from 0.5 up to 3.0 cm in greatest dimension. They are entirely submitted in cassettes C1 through 7 labeled designated as follows: C1 and 2) three whole possible lymph nodes in each cassette. C3) one whole possible bisected lymph node; C4 and 5) one whole possible bisected lymph node; C6 and 7) one whole possible bisected lymph node.

D. Container D is additionally labeled 'left periaortic and common' and contains a 5.0 x 4.3 x 1.5 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, multiple firm fatty possible lymph nodes are identified ranging from 0.5 up to 3.0 cm in greatest dimension. They are entirely submitted in cassettes D1 through 4 labeled designated as follows: D1) three whole possible lymph nodes; D2) four whole possible lymph nodes; D3 and 4) one whole possible bisected lymph node.

E. Container E is additionally labeled 'right periaortic lymph node' and contains a 4.0 x 3.0 x 1.5 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, a 3.0 cm yellow-tan firm fatty nodule is identified consistent with possible lymph node. It is trisected and entirely submitted in cassettes E1 through 3 labeled

F. Container F is additionally labeled 'right pelvic lymph node' and contains an 8.0 x 4.8 x 2.5 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, multiple firm fatty possible lymph nodes are identified ranging from 0.6 up to 3.2 cm in greatest dimension. They are entirely submitted in cassettes F1 through 5 labeled designated as follows: F1) three whole possible lymph nodes; F2) two whole possible lymph nodes; F3) two whole possible bisected lymph node (one inked); F4 and 5) one whole possible bisected lymph node.