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TCGA-A5-A2K3-01A-PR Redacted

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SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. RIGHT PELVIC LYMPH NODES, EXCISION:
- **No tumor identified in two lymph nodes (0/2)**

B. LEFT COMMON ILIAC AND PRECAVAL LYMPH NODE, EXCISION:
- **No tumor identified in seven lymph nodes (0/7)**

C. LEFT PELVIC LYMPH NODE, EXCISION:
- **No tumor identified in seven lymph nodes (0/7)**

D. LEFT COMMON ILIAC LYMPH NODE, EXCISION:
- **No tumor identified in one lymph node (0/1)**

E. CERVIX, UTERUS, TUBES AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:
- **Endometrial adenocarcinoma, high-grade, see note**
- **Grade III of III**
- **Tumor size: Microscopic foci of residual endometrial adenocarcinoma**
- **No myometrial invasion is identified**
- **Extensive lymphovascular space invasion is identified**
- **All inked surgical margins are free of tumor**
- **Parametrium is free of tumor**
- **Pathologic stage: pT1a N0 Mx FIGO IA**
- **Chronic cervicitis**
- **Adenomyosis**
- **Leiomyomas (5, 0.3 to 1.7 cm with foci of hyalinization)**
- **Bilateral ovaries and fallopian tube without malignancy**
- **See note**

ICD-O-3
adenocarcinoma, serous, NOS 8441/3
Site: endometrium C54.1
jw 7/27/11

NOTE: The adenocarcinoma is high-grade and does not fit the typical histologic features of an endometrioid adenocarcinoma or a serous carcinoma. However given the high nuclear grade and extensive lymphovascular space invasion a component of high-grade serous adenocarcinoma is favored.

Intradepartmental consultation obtained.

HISTORY: Uterine cancer

MICROSCOPIC:

Patient Case(s):

PATIENT NOTIFIED OF RESULTS
DR: NURSE: DATE:

PATIENT:

See diagnosis.

GROSS:
A. RIGHT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "right pelvic lymph node", and received in formalin is a 2.2 x 2.0 x 0.7 cm aggregate of soft yellow adipose tissue. One lymph node is identified, measuring 0.4 x 0.2 x 0.2 cm. Entirely submitted.
A1. Multiple

B. LEFT COMMON ILIAC AND PRECAVAL LYMPH NODES
Labeled with the patient's name, labeled "left common iliac and precaval lymph nodes", and received in formalin is a 3.1 x 2.6 x 0.5 cm aggregate of soft yellow adipose tissue. Two definitive lymph nodes are identified, measuring 1.1 x 0.5 x 0.4 cm and 0.5 x 0.4 x 0.3 cm. Entirely submitted.
B1. Two lymph nodes - 2
B2. Additional adipose tissue - multiple

C. LEFT PELVIC LYMPH NODE
Labeled with the patient's name, labeled "left pelvic lymph node", and received in formalin is a 3.0 x 1.5 x 0.6 cm aggregate of soft yellow adipose tissue. Three lymph nodes are identified, ranging from 0.5 to 1.1 cm. Entirely submitted.
C1. Three lymph nodes - 3
C2. Additional adipose tissue - multiple

D. LEFT COMMON ILIAC LYMPH NODE
Labeled with the patient's name, labeled "left common iliac lymph node", and received in formalin is a 2.5 x 1.1 x 0.4 cm aggregate of soft yellow adipose tissue. One lymph node is identified, measuring 0.5 x 0.4 x 0.2 cm. The lymph node and adipose tissue are entirely submitted.
D1. Multiple

E. CERVIX UTERUS TUBES AND OVARIES
Labeled with the patient's name, labeled "cervix uterus tubes and ovaries", and received fresh in the Operating Room for intraoperative consultation and subsequently fixed in formalin is a 75 gram specimen consisting of a previous incised uterus with attached bilateral fallopian tubes and ovaries. The uterus measures 9.7 cm from fundus to ectocervical margin, 4.8 cm from cornu to cornu and a maximum of 3.8 cm from anterior to posterior. The ectocervix measures 3.5 cm and has a diameter of 2.8 cm. The external os measures 0.7 cm. The left ovary measures 1.8 x 1.1 x 0.6 cm. The left, fimbriated fallopian tube is 4.0 cm long, 0.5 cm in diameter and has a patent lumen up to 0.1 cm in diameter. The right ovary measures 2.5 x 0.8 x 0.6 cm. The right, fimbriated fallopian tube is 4.5 cm long has a diameter of 0.5 cm and a patent lumen up to 0.1 cm in diameter. The endometrial cavity measures 3.9 cm in length and a maximum of 2.5 cm in width. The myometrium has a thickness of 1.8 cm.

The endometrial cavity shows to focal areas of thickening, one on the anterior surface measuring 0.4 x 0.3 x 0.1 cm and one on the posterior surface measuring 0.3 x 0.2 x 0.1 cm. Sectioning of these lesions reveals them to be confined to the endometrial cavity with no obvious invasion. Also noted are approximately 5.0 leiomyomata located intramurally, submucosally, and subserosally. Sectioning of all nodules reveals a firm white whorled appearance with no areas of hemorrhage or necrosis. They range in size from 0.3 to 1.7 cm in greatest dimension.

The exocervix, the external os and endocervical canal are grossly unremarkable. The uninvolved portion of endometrial cavity is covered by tan-pink hemorrhagic mucosal surface without additional gross lesions. The serosa shows no gross abnormalities. The bilateral ovaries and fallopian tube are grossly unremarkable.

Ink key:
Anterior cervix - blue
Posterior cervix - black

PATIENT:

Slide key:
E1. Left ovary - 2
E2. Left fallopian tube - 3
E3. Right ovary and fallopian tube - 4
E4. Anterior cervix - 1
E5. Posterior cervix - 1
E6. Anterior lower uterine segment - 1
E7. Anterior uterine fundus - 1
E8, E9. Anterior uterine corpus with polypoid lesion - 1 each
E10. Posterior lower uterine segment - 1
E11. Posterior uterine fundus - 1
E12-E14. Posterior uterine corpus with polypoid lesion - 1 each
E15. Leiomyomas - 2

Gross dictated by , M.D

OPERATIVE CALL
OPERATIVE CONSULT (GROSS):

E. CERVIX, UTERUS, TUBES AND OVARIES, GROSS ONLY:
- Focal endometrial thickening with some myometrial invasion (demarcation between endometrium and myometrium is inapparent)
- Fibroids and right hydrosalpinx
- Cervix and bilateral ovaries show no apparent focal lesions
- Tissue procured for research

M.D.)

If this report includes immunohistochemical test results, please note the following:
Numerous immunohistochemical tests were developed and their performance characteristics determined by . Those immunohistochemical tests have not been cleared or approved by the U.S. Food and Drug Administration (FDA), and FDA approval is not required.

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.

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: 7/27/11	