

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted	<input checked="" type="checkbox"/>	
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 9/3/11	

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

SPECIMEN INFORMATION

Collected: Accession #:
Received: Acct / Reg #:
Reported:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

A. Right ovary and fallopian tube, salpingo-oophorectomy:
Ovary and fallopian tube without significant pathologic abnormality.

B. Left ovary and fallopian tube, salpingo-oophorectomy:
Ovarian tissue without significant pathologic abnormality.
Fallopian tube tissue not identified.

C. Uterus, hysterectomy:

Tumor Characteristics:

- Histologic type: Papillary serous carcinoma.
- Histologic grade: High grade.
- Tumor site: Endometrium.
- Tumor size: 3.2 x 2.7 cm.
- Myometrial invasion: Tumor extends 0.6 cm into a 1.4 cm thick myometrium, as measured microscopically (less than one-half).
- Involvement of cervix: Tumor focally present within endocervical mucosa, as well as within stromal tissue.
- Extent of involvement of other organs: Not identified.
- Lymphovascular space invasion: Not identified.

Surgical Margin Status:

- Margins uninvolved: Cervix, serosa, bilateral parametria.

Lymph Node Status:

- See below.
- Other:
- pTNM stage: pT2, N0 (FIGO: II).
- Right external iliac lymph nodes, excision:
Three lymph nodes, negative for metastatic disease.
- Right obturator lymph nodes, excision:
Eight lymph nodes, negative for metastatic disease.
- Right lower paraortic and common lymph nodes, excision:
Six lymph nodes, negative for metastatic disease.
- Left external iliac lymph nodes, excision:
Two lymph nodes, negative for metastatic disease.
- Left obturator lymph nodes, excision:
Seven lymph nodes, negative for metastatic disease.
- Left lower paraortic and common lymph nodes, excision:
Seven lymph nodes, negative for metastatic disease.
- Omentum, excision:
Negative for malignancy.

ICD-0-3

carcinoma (papillary) serous, NOS 8441/3
Site: Endometrium C54.1

hw
9/3/11

UUID: 282D10FF-370D-4252-81CB-3410A43C8F82
TCGA-AJ-A2QM-01A-PR

Redacted



CLINICAL INFORMATION

CLINICAL HISTORY:

Preoperative Diagnosis: Serous carcinoma of the endometrium

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Right ovary and tube
- B. Left ovary and tube
- C. Uterus and cervix
- D. Right external iliac
- E. Right obturator
- F. Right lower periaortic and common
- G. Left external iliac
- H. Left obturator
- I. Left lower periaortic and common
- J. Omentum

SPECIMEN DATA

GROSS DESCRIPTION:

- A. The specimen is received labeled _____ right ovary and tube. The specimen consists of an ovary with attached fallopian tube. The ovary measures 2.2 x 0.5 x 0.5 cm. The surface is yellow to gray-tan. On sectioning, the cut surface is yellow-gray and reveals corpus albicans measuring up to 0.5 cm identified. There are no lesions grossly identified. The attached fallopian tube measures 3.6 cm in length and 0.2 cm in diameter, and the surface is gray-tan. On sectioning, there is no material or lesions identified within the lumen. The fallopian tube appears grossly unremarkable. Representative sections are submitted in cassettes labeled _____ as follows: ovary in total - 1-2; representative fallopian tube - 3.
- B. The specimen is received labeled _____ left ovary and tube. The specimen consists of an ovary measuring 3.0 x 1.0 x 0.5 cm. The surface is gray-tan. On sectioning there is corpus albicans identified measuring up to 0.5 cm. There are no lesions grossly identified. The fallopian tube segment is not grossly identified. The ovary is entirely submitted in two cassettes labeled _____ B1-2
- C. The specimen is received labeled _____ uterus and cervix. The specimen consists of a previously bisected uterus with attached cervix. The uterus measures 4.5 x 4.5 x 3.2 cm and weighs 46 gm. The serosal surface of the uterus is gray to brown-tan. Sections from the parametrium have been taken. The cervix measures 3.5 cm in length and 2.5 cm in diameter. The exocervix is gray-tan to brown-tan with hemorrhage. The endocervical canal is light tan and reveals normal mucosal folds. There are no lesions identified grossly. The endometrial cavity measures 3.5 cm in length and 3.5 cm in diameter and reveals a gray-tan, lobular mass measuring 3.2 x 2.7 cm that is within 0.4 cm of the lower uterine segment. On sectioning, the mass extends into the underlying myometrium approximately 0.7 cm into a 1.4 cm thick myometrium. The myometrium is gray-tan and trabecular and there are no lesions grossly identified. Received with the specimen are three cassettes, one green, one yellow and one blue, labeled _____ with the yellow additionally labeled -16, the green additionally labeled -17, and the blue additionally labeled -18. Representative sections are submitted in cassettes labeled _____ as follows: anterior cervix - 1; posterior cervix - 2; full thickness sections from the lesion - 3-7; lower uterine segment - 8; left parametrium - 9; right parametrium - 10.
- D. The specimen is received labeled _____ it external iliac. The specimen consists of a portion of fibroadipose tissue measuring 7.5 x 4.0 x 1.0 cm. Sectioning reveals three probable lymph nodes that measure from 0.6 to 2.0 cm in greatest dimension. The lymph nodes are entirely submitted in cassettes _____ t, as follows: one probable node - 1; one probable bisected - 2-3; one probable node bisected - 4-5.
- E. The specimen is received labeled _____ right obturator. The specimen consists of a portion of fibroadipose tissue measuring 4.5 x 3.5 x 1.0 cm. Sectioning reveals eight probable lymph nodes that measure from 0.5 to 1.8 cm. The lymph nodes are entirely submitted in cassettes 39067E, _____ s follows: one probable node bisected - 1; three probable nodes - 2; one probable node bisected - 3; two probable nodes - 4; one probable node bisected - 5; one probable lymph node bisected - 6.
- F. The specimen is received labeled _____ ight lower periaortic and common. The specimen consists of portion of fibroadipose tissue, 3.5 x 2.0 x 0.6 cm. Sectioning reveals six probable lymph nodes that measure from 0.3 to 1.6 cm. The lymph nodes are entirely submitted in cassettes labeled _____ st, as follows: three probable nodes - 1; one probable lymph node, bisected - 2; one probable lymph node, bisected - 3; one probable lymph node, bisected - 4.
- G. The specimen is received labeled with the patient's name, _____ left external iliac. The specimen consists of a portion of fibroadipose tissue measuring 5.2 x 3.5 x 0.9 cm. Sectioning reveals two probable lymph nodes that measure 1.5 and 3.0 cm in greatest dimension. The lymph nodes are entirely submitted in cassettes labeled _____ llows: one probable node bisected - 1; one probable node trisected - 2-4.
- H. The specimen is received labeled _____ t obturator. The specimen consists of a portion of fibroadipose tissue measuring 5.2 x 4.5 x 1.5 cm. Sectioning reveals seven probable lymph nodes that measure from 0.7 to 1.8 cm. The lymph nodes are entirely submitted in cassette _____ t, as follows: one probable node, bisected - 1; three probable nodes - 2; one probable node, bisected - 3; one probable lymph, bisected - 4; one probable lymph node, bisected - 5-6.
- I. The specimen is received labeled _____ ft lower periaortic and common. The specimen consists of a portion of fibroadipose tissue measuring 3.5 x 3.0 x 0.5 cm. Sectioning reveals seven possible lymph nodes that measure from 0.5 to 1.5 cm. The lymph nodes are entirely submitted in _____

cassettes labeled [redacted] is follows: two probable nodes bisected -- 1; one probable lymph node, bisected -- 2; two probable nodes -- 3; two probable nodes -- 4.

3. The specimen is received labeled [redacted] ntum. The specimen consists of a piece of yellow-tan lobular fibroadipose omentum tissue that measures 52.0 x 12.0 x 1.5 cm. On sectioning, there are no nodules grossly identified. Representative sections are submitted in four cassettes labeled [redacted]