Site indometrium es4.1

1CD-0-3 Admocuranoms, Endometriorid, NOS 8380/3 12/1/16

RESULTS FOR SELECTED GRID CELL, SUMMARY Printed

UUID:6FE81DF0-D9DF-420F-8A91-40421175A12F
TCGA-A5-A0VQ-01A-PR
Redacted

Criteria Yes No Diagnosis Discrepancy Primary Tumor Site Discrepancy HiPAA Discrepancy History Dual/Synchronous Primary Nated Cave is (circle): QUALIFIED / DisDUALIFIED Reviewer Initials Date Reviewed: V

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#### SURGICAL PATHOLOGY

Modifiers:

SURGICAL PATHOLOGY:

CoPath Specimen

#### Source:

A: Uterus, cervix and bilateral tubes/ovaries, (Frozen Section)

B: Right pelvic Lymph Node, excision

C: Right periaortic Lymph Node, excision

D: Left pelvic Lymph Node, excision

E: Left periaortic Lymph Node, excision

Addenda/Procedures

Addendum Date Ordered:

Date Complete: Date Reported:

Addendum Final Diagnosis

There is a typographical error on final diagnosis of specimen A. It should be corrected to read:

"Extension of myometrial invasion as 0.8cm in depth"

\*\*\*Electronically Signed Out

Addendum Date Ordered:

Date Complete: Date Reported:

Addendum Final Diagnosis

Specimen E:

There is a typographical area on Final Diagnosis of Specimen E. It should be corrected to read:
- No tumor identified in 7 lymph nodes examined (0/7).

\*\*\*Electronically Signed Out

RESULTS FOR SELECTED GR. CORRESPONDENCE Printed

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#### Final Diagnosis

A. Uterus, cervix, bilateral ovaries and fallopian tubes (total laparoscopic hysterectomy, bilateral salpingo-oophorectomy):

- Endometrial adenocarcinoma, endometrioid type, FIGO grade 3.
- Tumor dimensions: 4 X 4 X 1.5 cm.
- Location: entire endometrial cavity, extending into the lower uterine segment.
- Extent of myometrial invasion: 0.8 mm in depth (myometrial thickness 2.2 cm), 36% of myometrial wall thickness.
- Lymphovascular space involvement identified.
- Lower uterine segment positive for tumor.
- Endocervix mucosa positive for tumor.
- Uterine serosa negative for tumor.
- Right and left parametrium negative for tumor.
- Right ovary and fallopian tube negative for tumor.
- Left ovary and fallopian tube negative for tumor.
- Inclusion cyst of the left ovary.
- See comment.

Comment: Immunohistochemical stains, synaptophysin and chromogranin performed on

Block All show rare cells positive for chromogranin and negative for synaptophysin.

Cytokeratin AE1/AE3 performed on block A7 (left parametrial tissue) negative for tumor.

These findings support the above diagnosis.

- B. Right pelvic lymph node (lymph node dissection):
- No tumor identified in 5 lymph nodes examined (0/5).
- C. Right periaortic lymph node (lymph node dissection):
- No tumor identified in 6 lymph nodes examined (0/6).
- D. Left pelvic lymph node (lymph node dissection):
- No tumor identified in 7 lymph nodes examined (0/7).
- E. Left periaortic lymph node (lymph node dissection):
- No tumor identified in 7 lymph nodes examined (0/6).
- See comment.

Comment: The previous case this case.

The previous case was also reviewed with

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\*\*\*Electronically Signed Out M.D. '

Comment(s)

Note: The immunoperoxidase stain report above was developed and its performance characteristics determined by

medicine. It has not

been cleared or approved by the U.S. Food and Drug Administration, although such approval is not required for analyte-specific reagents of this type. Appropriate positive and negative controls are included for each case.

When ER/PR is performed the antibody clones used area as follows: ER: 1D5; PR 636 with LSAB method on paraffin embedded, formalin fixed tissue.

Clinical History

year-old with history of EMCA with history of postmenopausal bleeding.

Pre Operative Diagnosis Vaginal bleeding; endometrial cancer.

Operation Performed EUA, laparoscopy.

Operative Findings Normal uterus/tubes/ovaries.

Intraoperative Diagnosis Frozen Section:

Uterus, cervix, bilateral ovaries and tubes:
- Endometrial adenocarcinoma, FIGO grade 2; 25% - 30% myometrial invasion.

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Gross Description

The specimen is received in 5 parts, labeled with the patient's name

Specimen A is labeled as "uterus and cervix, bilateral ovaries and tubes" and is received fresh from the OR. It consists of a uterus, cervix, bilateral ovaries and tubes and it weighs 115 The uterus measures 8.5 X 7.5 X 4 cm. The cervix measures 2.5 X 2.5 cm. The right fallopian tube measures 6 cm in length and 0.5 cm in diameter and right ovary measures 3 X 1 X 0.5 cm. The left fallopian tube measures 6 cm in length and 0.5 cm in diameter and left ovary measures 3 X 2 X 1 cm. It has a cyst measuring 1 cm in greatest dimension and is filled with clear fluid. Sectioning through the bilateral fallopian tubes is unremarkable. Sectioning through the right ovary is unremarkable. The cervix is lined by pale pink-tan epithelium and there is a firm area at the cervical canal, which measures 1.5 X 1 X 0.5 cm. endometrial cavity measures 4 X 4 cm and the entire cavity is occupied by tumor mass, which measures 4 cm in greatest dimension. Sectioning through the myometrium reveals the tumor invades the myometrium approximately 0.5 cm on gross examination. The average myometrial thickness is 2.2 cm. Sectioning through the myometrium reveals a small myoma, measuring 0.5 cm in greatest dimension. Representative sections are submitted as follows:

#### Cassette Summary:

Al from the frozen section,

A2 anterior cervix,

A3 posterior cervix,

A4 anterior lower uterine segment,

A5 posterior lower uterine segment,

A6 right parametrial tissue,

A7 left parametrial tissue,

A8 right ovary and fallopian tube,

A9 left fallopian tube and ovary,

AlO to Al5 tumor (Al3 and Al4 endomyometrium to serosa, one section).

Specimen B is labeled as "right pelvic lymph node" and it consists of multiple fragments of fibrofatty tissue, measuring 4 X 2 X 0.5 cm. The largest node measures 2.5 cm in greatest dimension. The specimen is entirely submitted as follows:

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Cassette Summary: B1 and B2 bisected one node, B3 remaining tissue.

Specimen C is labeled as "right periaortic lymph node" and it consists of fibrofatty nodular tissue, measuring 4 X 2 X 0.5 cm. The specimen is entirely submitted in cassettes; C1 and C2; C1 = bisected one node.

Specimen D is labeled as "left pelvic lymph node" and it consists of multiple fragments of yellow-tan nodular tissue, measuring 5 X 4 X 0.5 cm. Palpation of the fatty tissue reveals the largest node, which measures 3 cm in greatest dimension. The specimen is entirely submitted in cassettes D1 thru D3; D1= bisected one node.

Specimen E is labeled as "left periaortic lymph node" and it consists of yellow-tan fatty tissue, measuring 3 X 2 X 0.5 cm. The largest node measures 2.5 cm in greatest dimension. The specimen is entirely submitted in cassettes E1 and E2, E1=largest node.

Microscopic Description
Microscopic Examination was performed.

## RESULTS FOR SELECTED GR Printed -

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# SURGICAL PATHOLOGY Modifiers:

SURGICAL PATHOLOGY:

CoPath Specimen

Source:

Endometrium, biopsy

Final Diagnosis

Endometrium (biopsy):

- Endometrioid adenocarcinoma, FIGO Grade I-II with focal squamous differentiation.
- Background of complex atypical hyperplasia

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Clinical History
year-old female with PMP vaginal bleeding.

Pre Operative Diagnosis Vaginal bleeding PMP.

Post Operative Diagnosis Same.

Gross Description

The specimen is submitted in one part, labeled with the patient's last name the patient. The specimen is further labeled as "EMB" and is received in formalin fixative. The specimen consists of fragments of hemorrhagic tissue, measuring 2.4 X 1.4 X 0.4 cm in aggregate. The specimen is entirely submitted in one cassette.

Microscopic Description Performed.

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# SURGICAL PATHOLOGY Modifiers:

(1 of 1)

SURGICAL PATHOLOGY:

CoPath Specimen {

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\*\*\*Electronically Signed Out , M.D.

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Specimen E:

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- No tumor identified in 7 lymph nodes examined (0/7).

\*\*\*Electronically Signed Out . . . M.D.