Sex: Female D.O.B.: MRN #: Ref Phy.... SPECIMEN INFORMATION Collected: Accession Received: Acct / Reg # Reported: SURGICAL PATHOLOGY REPORT **DIAGNOSIS:** A. Omentum, biopsy: Tumor not identified. Diagnosis Discrepancy
Primary Tumor Site Discrepancy B. Left paraeortic lymph nodes, excision: HIPAA Discrepancy Two lymph nodes, negative for metastatic disease. Prior Malignancy History Dual/Synchronous Primary Hoted Frozen section diagnosis confirmed. Case is (circle): QUALIFIED C. Left paraaortic lymph nodes, excision: Three lymph nodes, negative for metastatic disease. D. Right paraaortic lymph nodes, excision: Three lymph nodes, negative for metastatic disease. E. Left pelvic lymph nodes, excision: 1CD-0-3 Ten lymph nodes, negative for metastatic disease. adino carcinoma, pidomitrioid, NOS 8380/3 Siti: endomitrium C54.1 hu F. Right pelvic lymph nodes, excision: Eight lymph nodes, negative for metastatic disease. G. Uterus, bilateral adnexa, hysterectomy with bilateral salpingoophorectomy: **Tumor Characteristics:** 1. Histologic type: Endometrioid adenocarcinoma. 2. Histologic grade: 3. 3. Tumor site: Endometrium. Tumor size: 5.0 x 2.7 cm. 5. Myometrial invasion: Tumor extends 0.7 cm into a 2.8 cm thick myometrium. 6. Involvement of cervix: Not seen. Extent of involvement of other organs: Not identified. 8. Lymphovascular space invasion: Focally present. Surgical Margin Status: 1. Margins uninvolved: Cervix, serosa, parametria. 2. Margins involved: None. Lymph Node Status: Number of lymph nodes received: See above. Other: 1. Other significant findings: a. Myometrium leiomyomata. b. Attached ovary with focus of stromal hyperthecosis. c. Separate ovary and bilateral fallopian tubes without evidence of malignancy. 2. pTNM stage: pT1aN0 (FIGO IA). Electronic Signature: COMMENTS: Appropriately controlled immunochemical stains performed on blocks G3 show the following results: P53 - Focally positive in lesional cells. WT-1 - Negative in lesional cells. Cytokeratin 7 - Positive in lesional cells. UUID:01A114A2-098F-4AAD-9010-54910FB89B4A Cytokeratin 20 - Negative in lesional cells. Redacted TCGA-AJ-A2QK-01A-PR GDX2 - Negative in lesional cells. Inhibin - Negative in lesional cells.

Additional controlled immunostains were performed on block G16 with the following results:

Cytokeratin 7 - Negative in cellular proliferation.
Cytokeratin 20 - Negative in cellular proliferation.
CDX2 - Negative in cellular proliferation.
P53 - Negative in cellular proliferation.
WT-1 - Negative in cellular proliferation.
Inhibin - Positive in cellular proliferation.

Findings consistent with stromal hyperthecosis.

CLINICAL INFORMATION.

CLINICAL HISTORY: Preoperative Diagnosis: Postoperative Diagnosis: Symptoms/Radiologic Findings:

SPECIMENS:

- A. Omentum biopsy
- B. Left parazortic lymph nodes
- C. Left paraaortic lymph nodes
- D. Right parasortic lymph nodes
- E. Left pelvic lymph nodes
- F. Right pelvic lymph nodes
- G. Uterus, cervix, bilateral tubes and ovaries

SPECIMEN DATA

GROSS DESCRIPTION:

- A. The first container A is labeled omentum biopsy. The specimen consists of a piece of yellow tan fibroadipose tissue measuring 1.5 x 1.0 x 0.5 cm. The specimen is bisected. There are no nodules grossly identified. The specimen is entirely submitted in a single cassette
- B. The second container B is labeled ..., left parasortic lymph nodes #2. The specimen consists of two probable lymph nodes measuring 1.0 x 1.0 x 0.5 cm and 1.5 x 1.2 x 0.5 cm. The smaller piece has been inked. Each of the lymph nodes have been bisected. The lymph nodes are entirely submitted in cassette
- C. The third container C is labeled left paragortic lymph node. The specimen consists of a portion of fibroadipose tissue measuring 6.0 x 3.5 x 1.0 cm. Sectioning reveals three probable lymph nodes measuring from 0.5 to 1.8 cm. The lymph nodes are entirely submitted in cassettes as follows; one probable node bisected—1; one probable node bisected—2; one probable node—3.
- D. The fourth container D is labeled right parasortic. The specimen consists of a portion of fibroadipose tissue measuring 5.0 x 4.0 x 1.5 cm. Sectioning reveals three probable lymph nodes measuring from 0.7 to 3.0 cm in greatest dimension. The lymph nodes are entirely submitted in cassettes 3 follows: two probable nodes—1; one probable node sectioned—2 to 5.
- E. The fifth container E is labeled left pelvic lymph nodes. The specimen consists of a portion of fibroadipose tissue measuring 11.0 x 7.0 x 3.0 cm. Sectioning reveals eleven probable lymph nodes measuring from 0.7 up to 2.5 cm. The lymph nodes are entirely submitted in cassettes as follows: one probable node bisected—1; two probable nodes—2; one probable node bisected—3 and 4; one probable lymph node bisected—9; one probable lymph node bisected—10; one probable lymph node bisected—11 and 12; one probable lymph node bisected—13 and 14.
- F. The sixth container F is labeled right pelvic lymph nodes. The specimen consists of a portion of fibroadipose tissue measuring 10.0 x 7.5 x 4.0 cm. Sectioning reveals seven procable rymph nodes measuring from 0.9 up to 4.2 cm. The lymph nodes are entirely submitted, with the exception of the largest lymph node, in cassettes as follows: one probable lymph node bisected—1; one probable lymph node bisected—3; two procause symph nodes—4; one probable lymph node—5; one probable lymph node sectioned—6 to 9; representative sections from the largest lymph node—10 to 13.
- G. The seventh container G is labeled uterus, cervix, bilateral tubes and ovaries. The specimen consists of a previously bisected uterus with attached cervix, attached left adnexa and separately submitted right adnexa. The serosal surface of the uterus is gray to brown tan with slight hemorrhage and adhesions. The serosa has been inked. Sections from the parametrium have been taken. The cervix measures 4.5 cm in length and 3.5 cm in diameter. The ectocervix is gray to brown tan with hemorrhage. The endocervical canal is light tan and reveals normal mucosal folds. There are no masses identified. The endometrial cavity measures 6.0 cm in length and 4.0 cm in diameter. The arm is gray to brown tan and

hemorrhagic revealing a brown tan shaggy polypoid mass measuring 5.0 x 2.7 cm that is within 2.1 cm of the lower uterine segment. On sectioning the mass extends into the underlying myometrium approximately 0.7 cm into a 2.8 cm myometrium. The myometrium is gray tan trabecular. There are white tan whorled intramural masses identified measuring up to 0.9 cm. On sectioning there is no evidence of hemorrhage or necrosis. The attached ovary measures 3.0 x 2.0 x 1.0 cm. The surface is gray tan cribriform. On sectioning the cut surface is yellow to gray tan displaying corpus albicans measuring up to 0.5 cm. The corresponding fallopian tube measures 3.0 cm in length and 0.3 cm in diameter. The surface is gray to brown tan. On sectioning the fallopian tube appears grossly unmarkable. The separately submitted ovary measures 4.0 x 1.5 x 0.5 cm. The surface is gray tan cribriform. On sectioning the cut surface is yellow to gray tan. There are corpus albicans measuring up to 0.5 cm identified. The corresponding fallopian tube measures 8.0 cm in length and 1.0 cm in diameter. The surface is gray to brown tan. On sectioning the lumen is dilated measuring up to 0.7 cm containing serosanguineous fluid. No other lesions are identified. Received with the specimen are three cassettes, one green, one blue, one The yellow one is additional labeled 16. green one additionally labeled 17, and the blue one additionally labeled 18. yellow, labeled as follows: anterior cervix-1; posterior cervix-2; full thickness sections from the Representative sections are submitted in cassettes. mass bisected as follows: one cross section-3 and 4; one cross section-5 and 6; one cross section-7 and 8; one cross section-9 and 10; polypoid portion of the mass-11; lower uterine segment-12; left parametrium-13; right parametrium-14; sections from the myometrial masses-15; attached ovary-16; corresponding tube-17; separately submitted ovary-18; corresponding tube-19.