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TCGA-2E-A9G8-01A-PR Redacted

SURGICAL PATHOLOGY REPORT

NAME:		SURG PATH #:	
MR #:		SPECIMEN CLASS:	
BILLING #:		ALT ID #:	
LOCATION:		DATE OF PROCEDURE:	
AGE:	SEX: F	DATE RECEIVED:	
DOB:		TIME RECEIVED:	
PHYSICIAN:		DATE OF REPORT:	
COPY TO:		DATE OF PRINTING:	

Procedures/Addenda

Addendum

Date Ordered: **Status:** Signed Out
Date Complete:
By:
Date Reported:

Addendum Comment
Prognostic markers are now available for review on

PhD, Attending Physician

ICD-O-3
Adenocarcinoma, endometrioid NOS 8380/3
Site: Fundus uteri C54.3
Endometrium C54.1
6/18/14

Material Received:
A: uterus, cervix, bilateral tubes and ovaries
B: left pelvic lymph node
C: right pelvic lymph nodes
D: left para aortic, common lymph node
E: right para aortic lymph node

History:
year-old female with a clinical history of endometrial adenocarcinoma.

Final Diagnosis:

A. Uterus, cervix, bilateral tubes and ovaries, hysterectomy and bilateral salpingo-oophorectomy:
Cervix: Nabothian cysts.
Endometrium: Invasive endometrial carcinoma, endometrioid type, FIGO grade 3, nuclear grade 3. See comment.
Myometrium: Leiomyoma.
Ovary: Corpora albicantia.
Fallopian tube: No diagnostic abnormalities.

B. Lymph nodes (5), "left pelvic lymph node," regional dissection:
There is no evidence of malignancy in five of five lymph nodes (0/5).

C. Lymph nodes (14), "right pelvic lymph nodes," regional dissection:
There is no evidence of malignancy in fourteen of fourteen lymph nodes (0/14).

D. Lymph nodes (4), "left para aortic, common lymph node," regional dissection:
There is no evidence of malignancy in four of four lymph nodes (0/4).

E. Lymph nodes (5), "right para aortic lymph node," regional dissection:
There is no evidence of malignancy in five of five lymph nodes (0/5).

Comment:
ENDOMETRIUM:
Specimen: Uterus, cervix, left fallopian tube and ovary
Procedure: Simple hysterectomy
Specimen Integrity: Intact hysterectomy specimen
Tumor Site: Endometrium, predominantly posterior
Tumor Size:
Greatest dimension: 5.2 cm
Additional dimensions: 5.1 x 5.0 cm
Histologic Type: Endometrioid adenocarcinoma, not otherwise characterized
Histologic Grade:
International Federation of Gynecology and Obstetrics (FIGO) Grading System (applies to endometrioid and mucinous adenocarcinomas only):
FIGO grade 3 (More than 50% nonsquamous solid growth)
Nuclear grade: 3
Myometrial Invasion:
Depth of invasion: 0.5 cm
Myometrial thickness: 1.4 cm
Endocervical involvement: Not identified.
Extent of Involvement of Other Organs: None.
Peritoneal Ascitic Fluid: Not available.
Margins:
Uninvolved by invasive carcinoma
Distance of invasive carcinoma from closest margin: 0.8 cm
Specify margin: Serosal
Lymph-Vascular Invasion: Not identified
Lymph Nodes: (0/28)
Pelvic lymph nodes and para-aortic lymph nodes
Number Examined: 28
Number Involved: 0
Prognostic Markers: Ordered. See for addendum Image Analysis report

Pathologic Staging (pTNM): pT1a, N0, M(not applicable).

TNM Descriptors (required only if applicable) (select all that apply)

Primary Tumor (pT)
pT1a: Tumor limited to endometrium or invades less than one-half of the myometrium

Regional Lymph Nodes (pN)
pN0: No regional lymph node metastasis

Distant Metastasis (pM)
Not applicable

The pathologic stage assigned here should be regarded as provisional, as it reflects only current pathologic data and does not incorporate full knowledge of the patient's clinical status and/or prior pathology.

By this signature, I attest that I have personally formulated the final interpretation expressed in this report and that the above diagnosis is based upon my examination of the slides and/or other material indicated in this report.

Electronically Signed Out By

Interpreted by: Attending Physician
, Resident

Gross Description:

A. Received fresh labeled with the patient's name and "uterus, cervix, bilateral tubes and ovaries" is a 154 gram hysterectomy specimen, measuring 10.5 x 6.2 x 4.2 cm. The specimen is opened to reveal a 4.5 x 3.2 cm fungating mass located predominantly in the posterior endometrium. Within the anterior and posterior myometrium is a 5.2 x 5.1 x 5.0 cm circumscribed tan-white whorled nodule, grossly consistent with a leiomyoma. This leiomyoma is compressing up against and displacing the majority of the endometrium. The endometrial cavity measures 3.5 x 2.5 cm and the endocervical cavity measures 3.2 x 0.9 cm. The uterus is serially sectioned to reveal an average endometrial thickness of 0.1 cm and an average myometrial thickness of 1.4 cm. Grossly, the mass is invading 0.3 cm into the myometrium. Representative sections of the uterus are submitted as follows:

A1 12:00 cervix.
A2 6:00 cervix.
A3 Anterior lower uterine segment.
A4 Posterior lower uterine segment
A5 Full thickness anterior wall.
A6 One full thickness section from the mass in the posterior wall.
A7-A8 One full thickness section of the mass from the posterior wall (bisected).
A9 One additional representative section of the mass from the posterior wall.
A10 A representative section from the leiomyoma.

Attached to the uterus is a 4.5 cm in length by 0.6 cm in diameter tan-pink fallopian tube that is serially sectioned to reveal an unremarkable pinpoint lumen. Proximately there is 0.6 x 0.6 x 0.5 cm circular piece of plastic. Representative sections from the right fallopian tube are submitted in cassette A11. Adjacent to the fallopian tube is a 2.6 x 2.1 x 1.2 cm smooth, tan-white ovary that is bivalved to reveal a variegated tan-white cut surface. One-half of the ovary is submitted in cassette A12.

Also attached to the uterus is a 4.2 cm in length by 0.6 cm in diameter fimbriated left fallopian tube. The external surface is smooth, tan-pink and unremarkable. The tube is serially sectioned to reveal an unremarkable pinpoint lumen. Representative sections from the left fallopian tube are submitted in cassette A13. Adjacent to the left fallopian tube is a 2.1 x 1.8 x 0.6 cm tan-white ovary that is bivalved to reveal a variegated tan-white cut surface. One-half is submitted in cassette A14.

B. Received in formalin labeled with the patient's name and "left pelvic lymph node" is a 4.7 x 1.8 x 0.8 cm aggregate of yellow-tan adipose tissue. The specimen is palpated to reveal seven possible lymph nodes ranging in size from 0.6 x 0.4 x 0.2 cm to 1.5 x 1.2 x 0.5 cm. The lymph nodes are submitted as follows:

B1 Four possible lymph nodes.
B2 Two possible lymph nodes.
B3 One possible lymph node.

C. Received in formalin labeled with the patient's name and "right pelvic lymph nodes" is a 3.2 x 2.5 x 0.5 cm aggregate of yellow-tan adipose tissue. The tissue is palpated to reveal 12 possible lymp nodes ranging in size from 0.4 x 0.4 x 0.2 cm to 1.8 x 0.5 x 0.4 cm. The lymph nodes are submitted as follows:

C1 Four possible lymph nodes.
C2 Four possible lymph nodes.
C3 Three possible lymph nodes.
C4 Two possible lymph nodes.

D. Received in formalin labeled with the patient's name and "left para-aortic, common lymph node" is a 1.9 x 0.6 x 0.3 cm aggregate of yellow-tan adipose tissue. The specimen is entirely submitted in cassette D1.

E. Received in formalin labeled with the patient's name and "right para-aortic lymph node" are four tan-pink, firm lymph nodes ranging in size from 1.0 x 0.7 x 0.4 cm to 1.7 x 0.6 x 0.4 cm. These lymph nodes are submitted as follows:

E1 Two lymph nodes.
E2 Two lymph nodes.

Resident

If immunohistochemical stains and/or in situ hybridization are cited in this report, the performance characteristics were determined by the in compliance with CLIA'88 regulations. Some of these tests rely on the use of "analyte specific reagents" and are subject to specific labeling requirements by the FDA. Known positive and negative control tissues demonstrate appropriate staining. This testing was developed by the It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.

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: 11/25/13		

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