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TCGA-AJ-A3I9-01A-PR Redacted

Non-Gyn Final Report

* Final Report *

Result Type: Non-Gyn Final Report
Result Date:
Result Status: Auth (Verified)
Result Title: Non-Gyn Final Report
Verified By:
Encounter info:

Diagnosis (Verified)
Non diagnostic for interpretation.
Acellular specimen.

ICD-O-3
adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1
JW 12/15/11

Signature Line
Cytotechnologist . on:

(Electronically signed by)
Verifed on:

Specimen Description (Verified)
Pelvic Washing for Cell Block
60 cc's of bloody fluid/material received in a cup.

Clinical Information (Verified)
endometriod adenocarcinoma of the uterus

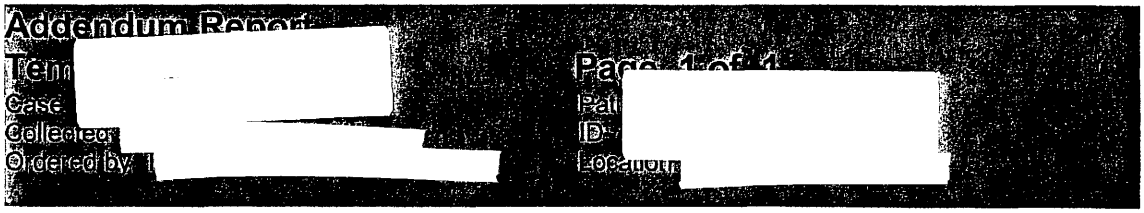
Completed Action List:
* Order by ,
* VERIFY by ,
* Order by ,

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials: Date Reviewed:		

KMM JW 12/15/11 12/14/11

Printed by:
Printed on:

(End of Report)



Addendum

MSI (microsatellite instability) Screening by Immunohistochemistry

to evaluate for MLH1, MSH2, MSH6, and PMS2 Protein Expression

Specimen: Endometrioid adenocarcinoma in the uterus, tissue block
Control: Internal control.
Method: Immunohistochemical staining (IHC) was used to determine the presence or absence of protein expression for MLH1, MSH2, MSH6, and PMS2. Lymphocytes exhibited nuclear staining and served as positive controls for staining of these proteins. (MSI panel performed by

Results: Normal MLH1, MSH2, MSH6, and PMS2 protein expression within the tumor was demonstrated by immunohistochemistry. No evidence of MSI (microsatellite instability) is identified by this technique. See Comment.

Comment: Immunoperoxidase studies for MLH1, MSH2, MSH6, and PMS2 were ordered on the uterine neoplasm to screen for MSI (microsatellite instability)/Lynch syndrome. The finding of MLH1, MSH2, MSH6, and PMS2 protein expression suggests the presence of normal DNA mismatch repair function within the tumor. Thus, the likelihood that this individual has an inherited cancer syndrome due to defective DNA mismatch repair (Lynch syndrome) is low. However, these results cannot rule out the possibility that this individual's tumor is due to an inherited defect in another gene not involved in mismatch repair. A significant fraction of Lynch cases do not have defective DNA mismatch repair as the underlying genetic basis of their disease.

If there is a strong personal or family history of HNPCC related cancers for this patient, consider microsatellite instability and IHC testing on a different tumor to further evaluate the possible role of defect DNA mismatch repair.

If clinically warranted, additional testing for other markers of MSI/HNPCC (specifically, PCR-based assay to test for tumor microsatellite instability with the use of tandem repeats) can be performed on the paraffin tissue block upon request as a send out test. The results of additional testing may take up to 6 weeks.

A genetic consultation may be of benefit.

Caution: Test results should be interpreted in context of clinical findings, family history, and other laboratory data.

(Electronically signed by)

Preliminary Report
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Case:
Collected:
Ordered by:
Pa
Pa
ID:
Location:

Preliminary Discussion

Uterine cervix, posterior margin, with frozen section:
Poorly differentiated carcinoma, approaching the inked margin.

Anterior cervical margin, with frozen section:
Poorly differentiated carcinoma, margin free of involvement.

Uterus, resection:
Poorly differentiated adenocarcinoma with areas of high-grade nuclear changes, pending immunoperoxidase stain for p53 and for estrogen and progesterone receptors.
The tumor extends throughout the thickness of the myometrium almost extending to the inked serosal margin.
Tumor also extends to the left and right parametria but not to the inked margin.
Definite angiolymphatic invasion is not seen.
Lymph node sampling: See below.
Left and adnexa with no tumor involvement, changes normal for age.

Right external iliac:
Two (2) negative lymph nodes. 2-

Right common iliac:
Two (2) negative lymph nodes. 2-

Left external iliac:
One (1) negative lymph node. 1-

Left obturator lymph node:
Four (4) negative lymph nodes. 4-

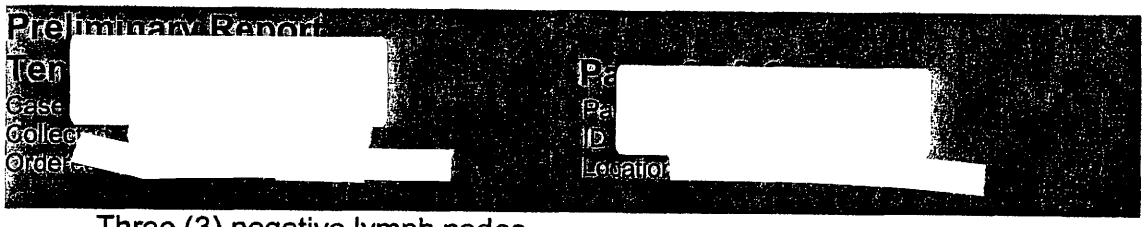
Left common iliac:
Two (2) negative lymph nodes. 2-

Posterior aspect of vagina, stitch proximal:
Vaginal tissue with no tumor involvement.

Left periaortic nodes:
Four (4) negative lymph nodes. 4-

Right periaortic node:
3-

18- L/N



Three (3) negative lymph nodes.

AJCC pathologic stage: T2,N0.

Comment: The final report will follow after examination of the immunoperoxidase stains for p53 and estrogen and progesterone receptors.

An addendum report on the MLH MSH status has been issued.

(Electronically signed by)
Verified on:

Surg Path Final Report

* Final Report *

Result Type:	Surg Path Final Report
Result Date:	
Result Status:	Auth (Verified)
Result Title:	Surgical Pathology Final Report
Verified By:	
Encounter info:	

Final Diagnosis (Verified)

Uterine cervix, posterior margin, with frozen section:
Poorly differentiated endometrioid adenocarcinoma, approaching the inked margin.

Anterior cervical margin, with frozen section:
Poorly differentiated endometrioid adenocarcinoma, margin free of involvement.

Uterus, resection:
Poorly differentiated endometrioid adenocarcinoma with focal areas of staining for p53 (please see comment).
Immunoperoxidase stain for estrogen and progesterone receptors are positive.
The tumor extends throughout the thickness of the myometrium almost extending to the inked serosal margin.
Tumor also extends to the left and right parametria but not to the inked margin.
Definite angiolymphatic invasion is not seen.
Lymph node sampling: See below.
Left and adnexa with no tumor involvement, changes normal for age.

Right external iliac:
Two (2) negative lymph nodes.

Right common iliac:
Two (2) negative lymph nodes.

Left external iliac:
One (1) negative lymph node.

Left obturator lymph node:
Four (4) negative lymph nodes.

Left common iliac:
Two (2) negative lymph nodes.

Posterior aspect of vagina, stitch proximal:
Vaginal tissue with no tumor involvement.

Left periaortic nodes:
Four (4) negative lymph nodes.

Right periaortic node:
Three (3) negative lymph nodes.

AJCC pathologic stage: T2,N0.

Comment: The exact significance of p53 is difficult to assess. It is focal, and in most areas, the nuclei do not look high-grade

An addendum report on the MLH MSH status has been issued.

GENERAL COMMENT REGARDING : "Performance characteristics for some analytes have been determined by . They have not been cleared or approved by the U.S Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. T for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing."

Signature Line

(Electronically signed by)
Verified on:

Surg Path Final Report

* Final Report *

Frozen Section Diagnosis (Verified)
Uterus with cervix and bilateral T&O.
Peritoneal and vaginal margins inked.
Tissue for (taken. Tissue for

FSA1 (posterior) margin free, close.

FSA2 (anterior) margin free.

Clinical Information (Verified)
Grade 3 endometrial adenocarcinoma.

Gross Description (Verified)
The specimen is received in 8 parts. Part A received fresh for intraoperative frozen section consultation labeled with the patient's name and "cervix, uterus, left and right tubes and ovaries" is a uterus with attached cervix and bilateral adnexa. The cervix measures 2 x 2 x 1.5 cm, and the uterus measures 6 cm superior to inferior, 5 cm medial to lateral and 3 cm anterior to posterior. The uterus has been previously opened by the pathologist at the frozen section lab and sectioned. The posterior cervical margin was frozen and resection is entirely submitted in cassettes "FSA1," 1 piece. Another section was taken from the anterior cervical margin and frozen. This section is submitted in cassette FSA2," 1 piece.

The opened uterus reveals a tumor occupying most of the endometrial cavity and extending into the cervix approximately measuring 5 x 4 x 3.5 cm. The tumor appears to grossly involve almost the entire thickness of the myometrial wall but does not reach the serosal surface. The parametrial margins and the non-peritonealized surface of the uterus is marked with black ink. The left fallopian tube measures 4 x 0.5 x 0.5 cm, and the left ovary measures 2 x 1 x 0.4 cm. They are grossly unremarkable. The right fallopian tube measures 5 x 0.5 x 0.3 cm, and the right ovary measures 3.5 x 1 x 0.5 cm. They are grossly unremarkable. Summary of sections: "A1," additional posterior cervical margin, 1 piece; "A2," additional anterior cervical margin, 1 piece; "A3," left parametrial margin, 2 pieces; "A4," right parametrial margin, 2 pieces; "A5," posterior non-peritonealized surface of uterus, 1 piece; "A6," anterior non-peritonealized surface of uterus, 1 piece; "A7," full-thickness section of the tumor closest to serosal surface, 1 piece; "A8," tumor with relationship to myometrium at fundus, 1 piece; "A9," tumor with adjacent endometrium, 1 piece; "A10," left ovary and fallopian tube, 3 pieces; "A11," right ovary and fallopian tube, 3 pieces.

Part B received in formalin fixative and labeled "right obturator" is one piece of fibrofatty tissue measuring 3 x 1.5 x 0.5 cm. On sectioning, a lymph node is present measuring 1 x 0.5 x 0.4 cm. The specimen is entirely submitted in cassettes "B1-B2," 1 piece each.

Part C labeled "right external iliac" is composed of 2 pieces of fatty tissue measuring in aggregate 4 x 2.5 x 0.5 cm. Upon sectioning, 2 lymph nodes are present. The specimen is entirely submitted in cassettes "C1-C3." "C1," first lymph node; "C2-C3," second lymph node.

Part D labeled "right common iliac" is composed of 2 pieces of fibrofatty tissue measuring in aggregate 2.2 x 2.3 x 0.5 cm. On sectioning, 2 lymph nodes are present. The specimen is entirely submitted in cassettes "D1-D2." Each cassette contains one lymph node, 2 pieces each.

Part E labeled "left external iliac" is composed of a lymph node measuring 3.5 x 1 x 0.5 cm. The specimen is entirely submitted in cassettes "E1-E2," one piece each.

Cassette F labeled "left obturator" is composed of a lymph node with attached fat measuring 3 x 1 x 0.5 cm. The specimen is entirely submitted in cassettes "F1-F2," 2 pieces in "F1" and one piece in "F2."

Surg Path Final Report

* Final Report *

Part G labeled "left common iliac" is composed of a lymph node with attached fat measuring 2.5 x 1 x 0.5 cm. The specimen is entirely submitted in cassettes "G1-G2," 3 pieces in "G1" and 2 pieces in "G2."

Part H labeled "posterior aspect of vagina, stitch proximal" is one piece of firm tissue measuring 3 x 0.6 x 0.5 cm. One surface is covered by tan-gray, smooth mucosa. A stitch is previously place by the surgeon indicating the proximal half of the specimen. The proximal half of the deep margin is marked with black ink, and the distal half is marked with blue ink. The specimen is serially sectioned and entirely submitted from proximal to distal in cassettes "H1-H3," "H1," 4 pieces; "H2," 3 pieces, and "H3," 3 pieces.

Part I labeled "left periaortic nodes" is composed of 2 pieces of fibrofatty tissue measuring in aggregate 4 x 3 x 1 cm. The specimen is entirely submitted in cassettes "I1-I3." "I1-I2," one lymph node, one piece in "I1" and 2 pieces in "I2,"; "H3," fibrofatty tissue, 1 piece.

Part J labeled "right periaortic" is composed of one piece of fibrofatty tissue measuring 3 x 1.2 x 0.4 cm. The specimen is entirely submitted in cassette "J1," 1 piece.

Signature Line

Completed Action List:

* Order by [redacted] MD on
* VERIFY by [redacted] on
* Order by [redacted] MD on

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