

Criteria	Yes	No
Diagnosis Discrepancy		1
Primary Tumor Site Discrepancy		1
HIPAA Discrepancy		1
Prior Malignancy History		1
Dual/Synchronous Primary Noted		1
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials: RB	Date Reviewed: 5/11/11	

1CD-0-3  
adenocarcinoma, endometrioid, NOS 8380/3  
Site: endometrium c54-1 w 5/1/11

## Surgical Pathology Report

\*\*\* Amended \*\*\*

Patient Name: [REDACTED]

Med Rec No: [REDACTED]

DOB: [REDACTED]

Gender: F

Physician(s): [REDACTED]

cc:

Client: [REDACTED]

Location: [REDACTED]

Pt. Phone no

UUID: 97354B28-9E9A-4DBD-B0C7-79C1165AD1CA  
TCGA-B5-A0UM-01A-PR

Redacted



History/Clinical Dx: Endometrial cancer

Postoperative Dx: Same, pending pathology examination

### Specimen(s) Received:

- A: Right ovary and tube
- B: Uterus, left ovary and fallopian tube
- C: Left periaortic lymph node
- D: Left pelvic lymph node
- E: Right periaortic lymph node
- F: Right pelvic lymph node

### DIAGNOSIS:

A. Right ovary and tube:

Mature cystic teratoma

B. Uterus, left ovary and fallopian tube:

ENDOMETRIAL ADENOCARCINOMA

### Tumor Information:

Operative procedure:

Hysterectomy with bilateral salphingo-oophorectomy and pelvic lymph node dissection

Histologic type:

Endometrioid

Histologic grade(FIGO):

Grade I

Nuclear grade:

Grade I-2

Tumor size:

5.0 x 4.5 cm in area, 2.5 cm in thickness

Myometrial invasion:

0.4 cm (less than 1/2 of the myometrial thickness)

Lympho/vascular invasion:

Absent

Serosa:

Uninvolved

Parametrium:

Uninvolved

Cervical involvement:

Absent

Right adnexa:

Benign

Left adnexa:

Benign

Other findings:

Intramural leiomyomas, one with symplastic changes, benign stromal nodule, and adenomyosis. Uninvolved endometrium is atrophic.

Staging information:

T1b, N0, MX; stage IB if M0

C. Left periaortic lymph node:

2 of 2 lymph nodes negative for metastasis

### Provisional Statement

This following statement may be applicable to some of the reagents and/or procedures used in developing this report: This test was developed and its performance characteristics determined by the manufacturer and approved by the U.S. Food and Drug Administration. The FDA has determined that such claims are not necessary. This test is used for clinical purposes. It should not be requested for investigational or research purposes. The laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

## Surgical Pathology Report

- D. Left pelvic lymph node: 2 of 2 lymph nodes negative for metastasis
- E. Right periaortic lymph node: 2 of 2 lymph nodes negative for metastasis
- F. Right pelvic lymph node: 3 of 3 lymph nodes negative for metastasis

### Comments:

\_\_\_\_\_ has reviewed this case and concurs. A benign stromal nodule is identified within the myometrium (part B). It stains positively for CD10 and smooth muscle actin, is well-circumscribed, and contains no cytologic atypia or mitotic figures.

### Amendments:

Amended: \_\_\_\_\_

Reason: Additional review

Previous Signout Date:

### Intraoperative Consultation:

- A. Frozen Section Interpretation: Benign, favor dermoid cyst
- B. Frozen Section Interpretation: Endometrial carcinoma; possible myometrial invasion, up to approximately 2mm (less than one-half of myometrial thickness).

### Gross Description

- A. Received fresh labeled "right ovary and right fallopian tube" consists of right ovary and fallopian tube which was received opened, weighing 24 grams in aggregate. The ovary measures 6.0 x 4.0 x 2.0 cm. The ovary is cystically dilated. The external surface is tan and smooth. Within the ovary is yellow tan mucoid, thick material. No distinct hair is identified. A bony focus is palpated. Serial sectioning reveals smaller cystic structures within the cyst wall. A portion of the ovary is submitted for frozen section. An attached fallopian tube measures approximately 5.0 cm in length and 0.4 cm in diameter. Sections are submitted as follows:

#### KEY TO CASSETTES:

- A1 - Frozen section residual
- A2-A4 - Representative sections

- B. Received fresh labeled "uterus, left ovary and tube" consists of a previously opened uterus with attached left ovary and tube weighing 188 grams. The serosal surface is tan and smooth with subserosal bulging noted. The left ovary measures 2.0 cm in greatest dimension. A small piece has been removed. Cut section is unremarkable. The left fallopian tube measures 4.5 cm in length and approximately 0.3 cm in diameter. On the anterior surface of the endometrium is a shaggy, polypoid mass measuring approximately 5.0 x 4.5 cm in area. It does not appear to extend to the lower uterine segment or endocervix. There appears to be myometrial invasion grossly, extending to < 1/2 of the myometrial thickness. The myometrial thickness is 1.8 cm. The tumor thickness measures up to 2.5 cm. The myometrium is serially sectioned to reveal several white tan well circumscribed masses with a whorled cut surface measuring up to 3.0 cm in greatest dimension.

#### KEY TO CASSETTES:

- B1 - Frozen section residual
- B2 - Cervix
- B3 - Lower uterine segment, anterior
- B4 - Lower uterine segment, posterior
- B5-B6 - Full thickness section at point of apparent deepest myometrial invasion
- B7-B10 - Tumor
- B11 - Grossly uninvolved endometrium
- B12 - Fibroids
- B13 - Parametrial tissue
- B14 - Left ovary and fallopian tube

**Surgical Pathology Report**

- C. Received in formalin labeled "left periaortic node" consists of multiple yellow tan fragments of fibrofatty tissue measuring in aggregate 3.0 cm and weighing 2 grams. Two lymph nodes are palpated and are submitted in C1. Remainder is submitted in C2.
- D. Received in formalin labeled "left pelvic node" consists of three portions of yellow fibrofatty tissue weighing in aggregate 6 grams and measuring in aggregate up to 5.0 cm. Two lymph nodes are palpated. The entire specimen is submitted as follows:

**KEY TO CASSETTES:**

D1 - One lymph node bisected  
D2 - One lymph node bisected  
D3-D4 - Remainder

- E. Received in formalin labeled "periaortic node" consists of multiple yellow tan fragments of fibrofatty tissue weighing 1 gram in aggregate and measuring in aggregate 1.5 grams. The entire specimen is submitted in cassette E.
- F. Received in formalin labeled "right pelvic node" consists of two yellow tan fragments of fibrofatty tissue weighing in aggregate 2 grams and measuring in aggregate 3.0 cm. A lymph node is palpated. The entire specimen is submitted as follows:

**KEY TO CASSETTES:**

F1 - Lymph node  
F2 - Remainder

**Microscopic Description**

A-F. The microscopic findings support the above diagnoses.