Sex: Female D.O.B. MRN# Ref Phy:

SPECIMENTO

Collected Received:

Reported:

SURGICAL PATHOLOGY REPORT DIAGNOSIS

DIAGNOSIS:

A. Uterine contents, removal:

High-grade adenocarcinoma with extensive necrosis - see comment.

B. Left ovary and fallopian tube, salpingo-oophorectomy:

Left ovary

Benign ovary with serosal fibrous adhesions.

No neoplastic process is identified.

Left fallopian tube -

Benign fallopian tube with no neoplasm identified.

C. Right ovary and fallopian tube, salpingo-cophorectomy:

Right ovary

Benign ovary with serosal fibrous adhesions.

No neoplasm identified.

Right fallopian tube

Acute salpingitis

D. Uterus, hysterectomy:

High-grade endometrial adenocarcinoma

Histologic type: mixed endometrioid adenocarcinoma and papillary serous carcinoma - see comment.

Histologic grade: Grade 3 (high grade).

Size: At least 8 cm in greatest dimension with additional material in specimens A and F.

Myometrial invasion: Tumor invades less than one-half the thickness of the myometrium.

Greatest depth of invasion is 3 mm into an area of myometrium that is 9 mm thick.

Foci of lymphovascular space invasion present.

Surgical margin: Lesion not identified at lower uterine segment margin.

AJCC cancer staging of the endometrium: pT1aN0

E. Cervix, excision:

Ulceration with marked acute and chronic inflammation.

No neoplasm identified.

F. Uterine contents, removal:

High-grade adenocarcinoma with extensive necrosis.

G. Lymph nodes, left common lower aortic, excision: No neoplasm identified in two lymph nodes.

H. Lymph nodes, left external iliac, excision: No neoplasm identified in two lymph nodes.

I. Lymph nodes, left obturator, excision: No neoplasm identified in two lymph nodes.

 Lymph nodes, right lower aortic, excision: No neoplasm identified in two lymph nodes.

K. Lymph nodes, right external iliac, excision: No neoplasm identified in three lymph nodes.

L Lymph nodes, right external iliac, excision: No neoplasm identified in two lymph nodes.

M. Lymph nodes, right obturator, excision: No neoplasm identified in four lymph nodes. adenocarcerona, indometriorial and peperllary scrows &460/3 - Code to highest 8464/3

Site: Endometrium C54.1 hw 10/2011

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	Yes	No,
Criteria		X
Diagnosis Discrepancy		1
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		-
Prior Malignancy History		
Dual/Synchronous Primary Noted	/ DISQUALIFIED	
Core is (circle): QUALIFIED \		777
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No 10		1

UUID: 3D42566F-92B2-4530-BF6A-624DA6E979B9 TCGA-AJ-A3BG-01A-PR Re Redacted N. Omentum, omentectomy: No neoplasm identified.

Electronic Signature:

COMMENTS:

There is a high grade adenocarcinoma involving the uterus which has predominantly and endometrioid pattern. There are areas that have an appearance of papillary carcinoma, and these foci stain positively for p53. There also are solid sheets of highly atypical neoplastic cells. There is an area lymph vascular space invasion.

Selected slides reviewed by CLINICALINEORINEORINEORINES.

CLINICAL HISTORY:

Preoperative Diagnosis: Pelvic mass.

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Uterine contents FS.
- B. Left tube and ovary.
- C. Right tube and ovary.
- D. Uterus.
- E. Cervix.
- F. Uterine contents.
- G. Left common lower aortic.
- H. Left external iliac.
- Left obturator
- J. Right lower agric and common lymph node.
- K. Right external iliac suspicious node.
- L. Right external illac.
- M. Right obturator.
- N. Omentum.

SPECIMEN DATAL

GROSS DESCRIPTION:

#1. The specimen consists of an aggregate of yellow-gray shaggy tissue A. First container A is labeled with the patient's name fragments measuring in aggregate by 16.5 x 15.4 cm. weighing 422 grams. A representative section from the specimen was examined at the time of surgery. Received with the specimen is a single yellow cassette labeled. Representative sections are submitted in cassettes follows: FS in block 1, additional sections from the specimen in blocks 2-9.

- 2/2/ovary. The specimen consists of an ovary with an attached fallopian tube. The ovary measures 3.5 B. Second container B labeled x 0.5 x 0.5 cm. The surface is yellow to gray-tan. The cut surface is gray-tan and reveals a corpus albican up to 0.6 cm. There is no lesions grossly identified. The attached fallopian tube is 5.5 cm. in length and 0.5 cm. in diameter. The surface is gray to brown-tan. Sectioning there is no mature lesions identified. The fallopian tube appears grossly unremarkable. Representative sections are submitted in cassette labeled follows: ovary in total in blocks 1 and 2; representative fallopian tube in block 3.
- right tube/ovary and consists of an ovary with attached fallopian tube. The C. Third container C is labeled with the patient's name ovary measures 2.2 x 1.5 x 0.5 cm. The surface is yellow to gray-tan. Sectioning there is corpus albicans identified measuring up to 0.5 cm. There is lesions grossly identified. The fallopian tube measures 6 cm. in length and 0.5 cm. in diameter. The surface is gray to brown-tan. On sectioning there is no mature lesions identified within the lumen. The fallopian tube appears grossly unremarkable. Representative sections are submitted in cassettes as follows: ovary in total in blocks 1-2; representative fallopian tube in block 3.
- uterus. The specimen consists of a partially bisected supracervical hysterectomy D. Fourth container D is labeled with the patient's specimen measuring 13 x 7 x 5.5 cm. and weighs 193 grams. The serosal surface of the uterus is gray to brown-tan with slight hemorrhage and adhesions. The serosal surface has been inked. Endometrial cavity measures 10 x 6.5 cm. and is lined by a brown-tan shaggy friable mass involving the entire uterine cavity that measures 8 x 5.5 cm. and comes within 2 cm. of the resected margin at the lower uterine segment. The mass extends into the underlying myometrium approximately 0.4 cm. into a 0.8 cm. myometrium. The myometrium is gray-tan trabecular. There is no lesions grossly identified. Received with the specimen are two cassettes, one green, one yellow labeled with the green additionally labeled - 17 and the blue additionally black 18. Representative sections are submitted in cassettes labeled is follows: full thickness sections from the mass in blocks 1 through 6; resected margin at the area of the lower uterine segment bin clock 7; lett parametrium in block 8; right parametrium in block 9.
- E. The fifth container E is labeled the patient's name
- . The specimen consists of cervical tissue that measures 2.2 cm. in length

and 3 cm. in diameter and has a 2 cm. round patent os. The ectocervical mucosa is gray-tan to brown-tan with hemorrhage.	Sectioning there is no
lesions grossly identified. Representative sections are submitted in four cassettes labeled	

- F. The sixth container F is labeled the patient's name uterine contents. The specimen consists of an aggregate of gray to red-tan shaggy soft tissue fragments measuring in aggregate 15 x 2 x 4.5 cm. and weighs 312 grams. Representative sections are submitted in two cassettes labeled
- G. The seventh container G is labeled the patient's name ; left common aortic. The specimen consists of a portion of fibroadipose tissue measuring 3 x 2 x 1 cm. Sectioning reveals three probable lymph nodes that measure from 0.2 to 0.6 cm. The lymph nodes are entirely submitted in cassettes labeled as follows: two probable nodes in block 1; one probable node in block 2.
- H. The eighth container H is labeled the patient's name v, left external iliac. The specimen consists of a portion of fibroadipose tissue measuring 5 x 4.5 x 1.2 cm. Sectioning reveals two probable lymph nodes that measure from 0.6 to 0.9 cm. The lymph nodes are entirely submitted in cassettes labeled as follows: one probable node block 1; one probable node bisected in block 2.
- 1. The ninth container I is labeled with the patient's name , left obturator. The specimen consists of a portion of fibroadipose tissue 4.5 x 4 x 1 cm. Sectioning reveals two probable lymph nodes that measure 1.1 and 1.5 cm. in greatest dimension. The lymph nodes are entirely submitted in cassettes labeled as follows: one probable node bisected in block 1; one probable node bisected in block 2.
- J. The tenth container J is labeled he specimen consists of a portion of fibroadlpose tissue measuring 4.5 x 1.5 x 1 cm. Sectioning reveals two probable lymph nodes that measures 0.9 and 1.5 cm. in greatest dimension. The lymph nodes are entirely submitted in three cassettes labeled as follows: one probable node bisected in block 1; one probable node bisected in blocks 2-3.
- K. The eleventh container K is labeled with the patient's name #11. The specimen consists of a portion of fibroadipose tissue measuring 3 x 2.5 x 0.5 cm. Sectioning reveals three probable lymph nodes that measure from 0.5 to 1.5 cm. The lymph nodes are entirely submitted in cassettes labeled as as follows: one probable node bisected in block 1; two probable nodes in block 2.
- L. The twelfth container L is labeled #12 and consists of a portion of fibroadipose tissue, 5 x 3 c 0.5 cm. Sectioning reveals two probable lymph nodes that measure 0.7 and 1.8 cm. in greatest dimension. The lymph nodes are entirely submitted in cassettes labeled as follows: one probable lymph node bisected in block 1; one probable lymph node bisected in blocks 2 and 3.
- M. The thirteenth container M is labeled and consists of a portion of fibroadipose tissue measuring 6 x 4 x 1 cm. Sectioning reveals four probable lymph nodes that measure from 0.5 to 1.5 cm. The lymph nodes are entirely submitted in cassettes as follows: two probable nodes in block 1; one probable node bisected in blocks 2 and 3; one probable lymph node bisected in block 4.
- N. The fourteenth container N is labeled The specimen consists of a portion of yellow-tan lobular fibroadipose omentum tissue measuring 34 x 5 x 2 cm. On sectioning there no nodules grossly identified. Representative sections are submitted in four cassettes labeled

INTRA-OPERATIVE CONSULTATION:

A. FROZEN SECTION DIAGNOSIS: Adenocarcinoma, favor high-grade per D