SURGICAL PATHOLOGY:

MRN: [redacted] Rm # PHYSICIAN: [redacted]

PROCEDURE DATE: RECEIVED DATE: REPORT DATE:

COPY TO:

IO Consultation
TP DIAGNOSIS: "Adenocarcinoma (reported to Dr. [redacted] positive patient ID)" by Dr. [redacted]

Pre-Op Diagnosis
Endometrial cancer
Post-Op Diagnosis
Same
Clinical History
Nothing indicated on requisition
Gross Description:
Five parts

Container labeled "[redacted]1 - uterus, cervix, bilateral tubes and ovaries" has a previously partially laterally opened markedly distorted uterus with attached cervix and bilateral adnexa received after tissue harvest for genomic study. The uterus and cervix together weigh 318 grams and on reconstruction measure approximately 12.5 x 8.5 x 8.5 cm. The cervix has a wrinkled gray-tan to pink ectocervical mucosa. The os is patent. The uterine canal sounds to a depth of approximately 7.5 cm. The endocervical canal is lined by trabeculated tan-pink mucosa. The uterine serosa is smooth and tan-pink. The architecture is distorted by multiple subserosal and intramural well defined tan-white fibrous nodules with bulging whorled tan-white fibrotic cut surfaces. These measure up to 3.2 cm. The uninvolved myometrium measures up to 2.6 cm and is tan-pink and finely trabeculated. The endometrial canal is markedly distorted by the presence of the previously mentioned nodules and is occupied by a friable papilliferous tan-gray to pink lesion occupying an area of approximately 6.2 x 3.5 cm. In the posterior aspect in the fundus this grossly appears to focally extend into the underlying muscularis where in the area of the fundus this is seen within 1.0 cm of the serosa. A small amount of parametrial soft tissue on each side shows no nodularity or gross lesions. The left fallopian tube

UUID:73D1F890-5799-4166-9F9A-F9852979FD29
TCGA-AJ-A3QS-01A-PR Redacted

ICD-O-3
Carcinoma, Serous, NOS
8441/3
Site: endometrium
C54.1
330-12
RO

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: [redacted] Date Reviewed: 3/3/12

measures 3.6 x 0.5 x 0.5 cm. The right fallopian tube measures 2.9 x 0.5 x 0.5 cm. Each has a focally shaggy pink-red serosa. Each has an apparent area of discontinuity which may be consistent with previous ligation. On sectioning, each has a tan wall with a pinpoint lumen. The left ovary measures 2.0 x 1.2 x 1.0 cm and has a lobular tan outer surface with a mottled tan-gray fibrotic cut surface. The right ovary measures 2.1 x 1.2 x 0.7 cm and has a lobular tan outer surface with a mottled tan fibrotic cut surface. Also received in the same container are three tissue cassettes each labeled ' ' Representative sections are submitted labeled as follows: A - anterior cervix; B - posterior cervix; C - lower uterine segment shaved posterior serosa; D-E - nodules; F-G - full thickness anterior endomyometrium; H-J - anterior endomyometrium; K-L - full thickness posterior endomyometrium; M-P - posterior endomyometrium; Q-R - left lateral endomyometrium; S-T - right lateral endomyometrium; U-X - fundic endomyometrium; Y - left parametrium; Z - right parametrium; AA - left adnexa; BB - right adnexa.

Container labeled '[redacted]2 - right pelvic lymph node" has 4.0 x 3.0 x 1.0 cm of tan-yellow fibroadipose tissue which on palpation and sectioning reveals a previously bisected 3.0 cm partially fragmented apparent fleshy gray-tan to pink nodule. The specimen is received after operative consult and touch prep analysis which is reported as "adenocarcinoma (reported to Dr. positive patient ID)" by Dr.[redacted]. The nodule is sectioned and entirely submitted in two cassettes.

Container labeled '[redacted]3 - left aortic lymph node" has 3.6 x 3.0 x 1.0 cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveals a previously partially fragmented 1.1 cm tan-pink fleshy nodule. The nodule is entirely submitted in a single cassette.

Container labeled "[redacted]4 - right aortic lymph node" has a 2.0 x 1.2 x 0.3 cm portion of tan-yellow fibroadipose tissue which is entirely submitted in a single cassette.

Container labeled "[redacted]5 - omentum" has a 42.6 x 15.0 x up to 1.6 cm sheet of tan-yellow vascularized fibroadipose tissue grossly consistent with omentum. On palpation and sectioning there are several thin gray-pink to red fibrous adhesions but no discrete gross mass lesions. Representative sections submitted in 10 cassettes.

[redacted]

Microscopic Description:
Reviewed are slides labeled [redacted]

Final Diagnosis
Uterus, cervix, bilateral fallopian tubes and ovaries, hysterectomy with bilateral salpingo-oophorectomy:
Tumor characteristics:
Specimen integrity: Intact, received previously opened.
Histologic type: Papillary serous carcinoma.
Histologic grade: III (high grade).
Tumor site: Endometrial cavity.
Tumor size: 6.2 x 3.5 x 1.0cm.

Myometrial invasion: No unequivocal myometrial invasion identified in sections examined.
Involvement of cervix: Not identified.
Extent of involvement of other organs: Single microscopic focus of involvement of the left ovary (see comment).
Lymphovascular space invasion: Present.
Surgical margin status:
Surgical margins appear free of malignancy in sections examined.
Lymph node status:
See below.
Other:
Cervix: No significant histopathologic change.
Endometrium: Inactive pattern.
Myometrium: Leiomyomata; adenomyosis.
Fallopian tubes: No significant histopathologic change.
Ovary, right: No significant histopathologic change.
Stage: pT3a N1
Lymph node, right pelvic, excision:
Metastatic carcinoma involving one of one lymph node (1/1).
Tumor up to 2.0 cm in greatest dimension.
No extracapsular tumor extension identified in sections examined.
Lymph nodes, left aortic:
Six lymph nodes negative for metastatic carcinoma (0/6).
"Lymph node", right aortic:
Benign fibroadipose tissue; no lymph node identified.

Omentum, omentectomy:
Benign fibroadipose tissue consistent with omentum.
No histologic evidence of carcinoma identified in sections examined.

CPT:

Comments
Histologic sections demonstrate a poorly differentiated papillary serous carcinoma involving much of the endometrial cavity. While grossly suspicious for invasion, no definitive myometrial invasion is identified in the multiple sections examined. However, within the left ovary a single microscopic focus of tumor (less than 1 mm) with associated hemorrhage and necrosis is noted. Though microscopic, this is consistent with an area of adnexal involvement. Clinical correlation is recommended.

At the request of the undersigned pathologist, these slides have been additionally reviewed by Dr. [redacted] who concurs with the diagnosis.

This report has been finalized at the [redacted]

<Sign Out Dr. Signature>