

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HPAA Discrepancy		<input checked="" type="checkbox"/>
Print Malignancy History		<input checked="" type="checkbox"/>
Local/Synchronous Primary Malignancy		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials: <i>ES</i>	Date Reviewed: <i>6/9/11</i>	

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UID:DBC5CE66-38C0-4A86-A53C-06DEF90A752B

TCGA-AX-A2HK-01A-PR

Redacted



RUN DATE:
RUN TIME:
BY:

PATIENT:

ACCT #:

LOC:

U#:

REG DR:

AGE/SX:

/P

RM/BED:

REG:

STATUS:

TLOC:

DIS:

SPEC #:

STATUS:

Obtained:

Received:

Subm Dr:

CLINICAL HISTORY:

ENDOMETRIAL ADENO CA

ICD - 0-3

SPECIMEN/PROCEDURE:

1. UTERUS - WITH CERVIX, TUBES, & OVARIES
2. LYMPH NODE - L. PARA-AORTIC
3. LYMPH NODE - R. PARA-AORTIC
4. LYMPH NODE - R COMMON ILIAC
5. LYMPH NODE - R EXTERNAL ILIAC
6. LYMPH NODE - R OBTURATOR
7. LYMPH NODE - L COMMON ILIAC
8. LYMPH NODE - L PELVIC LYMPH NODE
9. LYMPH NODE - L OBTURATOR
10. LIVER - BX
11. LYMPH NODE - LYMPH NODE

adenocarcinoma, endometrioid, nos 8380/3

Site: endometrium C54.1 lw 6/19/11

IMPRESSION:

- 1) UTERUS, BILATERAL FALLOPIAN TUBES AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
 - ENDOMETRIUM:
 - Endometrial adenocarcinoma, endometrioid type.
 - FIGO grade III, nuclear grade 2.
 - MYOMETRIUM:
 - Myometrial invasion, more than 50% (10 mm of 12 mm, 84%).
 - Lymphovascular space invasion, present.
 - Leiomyomas, including adenomyoma.
 - CERVIX:
 - Cervical mucosa and stroma involvement, present. See comment.
 - UTERINE SEROSA:
 - Negative for endometrial adenocarcinoma.
 - BILATERAL OVARIES:
 - Atrophic, negative for endometrial adenocarcinoma.
 - BILATERAL FALLOPIAN TUBES:
 - Negative for endometrial adenocarcinoma.
- 2) LYMPH NODE, LEFT PARA-AORTIC, DISSECTION:
 - One of two lymph nodes, positive for endometrial adenocarcinoma (1/2).
- 3) LYMPH NODE, RIGHT PARA-AORTIC, DISSECTION:
 - One of four lymph nodes, positive for endometrial adenocarcinoma (1/4).
- 4) LYMPH NODE, RIGHT COMMON ILIAC, DISSECTION:

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IMPRESSION: (continued)

- . Two lymph nodes, negative for endometrial adenocarcinoma (0/2).
- 5) **LYMPH NODE, RIGHT EXTERNAL ILIAC, DISSECTION:**
 - . One of five lymph nodes, positive for endometrial adenocarcinoma (1/5).
- 6) **LYMPH NODE, RIGHT OBTURATOR, DISSECTION:**
 - . Four lymph nodes, negative for endometrial adenocarcinoma (0/4).
- 7) **LYMPH NODE, LEFT COMMON ILIAC, DISSECTION:**
 - . One of two lymph nodes, positive for endometrial adenocarcinoma (1/2).
- 8) **LYMPH NODE, LEFT PELVIC, DISSECTION:**
 - . One of four lymph nodes, positive for endometrial adenocarcinoma (1/4).
- 9) **LYMPH NODE, LEFT OBTURATOR, DISSECTION:**
 - . Eight lymph nodes, negative for endometrial adenocarcinoma (0/8).
- 10) **LIVER, CORE BIOPSY:**
 - . Hepatoparenchyma with mild steatosis, minimal active inflammation and marked fibrosis. See comment.
 - . Negative for endometrial adenocarcinoma.
- 11) **LYMPH NODE, SITE NOT SPECIFIED, DISSECTION:**
 - . Two lymph nodes, negative for endometrial adenocarcinoma (0/2).

ENDOMETRIAL CARCINOMA CHECKLIST:**MACROSCOPIC****SPECIMEN TYPE**

Radical hysterectomy

TUMOR SITE

Specify location(s): Anterior and posterior

TUMOR SIZE

Greatest dimension: 4.0 cm

Additional dimensions: 3.0 x 1.0 cm

OTHER ORGANS PRESENT

Right ovary

Left ovary

Right fallopian tube

Left fallopian tube

Other: Liver

MICROSCOPIC

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IMPRESSION: (continued)**HISTOLOGIC TYPE**

Endometrial adenocarcinoma, not otherwise characterized

HISTOLOGIC GRADE

G3: More than 50% nonsquamous solid growth

MYOMETRIAL INVASION

Invasion present

Maximal depth of myometrial invasion: 10 mm

Thickness of myometrium in area of maximal tumor invasion: 12 mm

The % of myometrial involvement: 83%

EXTENT OF INVASION**PRIMARY TUMOR (pT)**

pT2b (IIB): Cervical stromal invasion

REGIONAL LYMPH NODES (pN)

pN1 (IIIC): Regional lymph node metastasis

Number examined: 33

Number involved: 5

DISTANT METASTASIS (pM)

pMX: Cannot be assessed

MARGINS

Uninvolved by invasive carcinoma

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)

Present

Pathologic TNM: pT2b (IIB) N1 MX

Dictated by:

Entered:

COMMENT:

The uterus is received previously opened with defect in posterior lower uterine segment. The sections from lower uterine segment show deep myometrial invasion of endometrial adenocarcinoma. However, uterine serosa involvement is not identified.

Sections of tumor show adenocarcinoma with endometrioid features. Poorly differentiated areas display sheets of tumor cells, which still have epithelioid features. The differential diagnosis includes carcinosarcoma. There is no heterologous component identified. Immunohistochemical stains of pancytokeratin is strong positive for tumor cells in gland and in the nongland forming areas. The vimentin is positive for nongland forming tumor cells. The diagnosis of high grade endometrioid adenocarcinoma is favored. Representative sections are reviewed with Dr. _____ and Dr. _____ who concur with the interpretation.

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COMMENT: (continued)

The liver biopsy shows benign hepatoparenchyma with mild steatosis. Active interface inflammation is observed. There is no evidence of hepatocytes damage. Marked fibrosis is consistent with cirrhosis. Sparse stainable iron is seen. However, the etiology of these changes could not be determined on morphology. There is no tumor observed in the liver biopsy. This biopsy is reviewed with Dr. _____ and Dr. _____, who concur.

Entered:

SPECIAL STAINS/PROCEDURES:

Immunohistochemical stains of pancytokeratin, vimentin are performed with appropriate controls on part 1. Mucicarmine stain is performed on part 1 also.

Special stains of trichrome, reticulin and iron are performed on part 10.

Dictated by:

GROSS DESCRIPTION:

- 1) Received fresh, labeled "uterus, cervix, tubes and ovaries", is a 153 gram specimen consisting of a uterus received opened (11.0 x 6.5 x 4.5 cm), right ovary (3.0 x 1.5 x 0.9 cm), right fallopian tube (6.0 cm long x 0.8 cm in diameter), left ovary (2.0 x 1.5 x 1.0 cm) and left fallopian tube (4.0 cm long x 0.7 cm in diameter). The ectocervix is distorted, irregular (3.8 x 2.0 cm) with a brown-gray dull mucosa. The external os is slit-like, 2.0 cm in diameter. The endocervical canal is 3.0 cm long and is covered by a shaggy mucosal surface. The endometrial cavity, 2.5 cm from cornu to cornu, 4.5 cm long contains a 4.0 x 3.0 x 1.0 cm heaped friable tan polypoid tumor mass arising from the anterior endomyometrium and appears to extend into the lower uterine segment. There is a 1.8 x 1.2 x 0.7 cm tan, well-circumscribed nodule on the serosal surface on the posterior aspect. The myometrium is 2.0 cm in maximum thickness. There are multiple well-circumscribed nodules with tan-white whorled cut surfaces in the anterior myometrium ranging from 0.5 to 0.6 cm in diameter.

CASSETTE SUMMARY:

Cassette 1A:	Anterior cervix.
Cassette 1B:	Anterior lower uterine segment.
Cassette 1C:	Posterior cervix.
Cassette 1D:	Cervix at 3 o'clock.
Cassette 1E:	Cervix at 9 o'clock.
Cassette 1G, 1H:	Additional anterior lower uterine segment.
Cassette 1J:	Posterior endomyometrium.
Cassette 1K-1M:	Anterior endomyometrium with tumor.
Cassette 1N, 1P:	Anterior endomyometrium with 1N tumor half and 1P serosal half.
Cassette 1Q-1U:	Tumor and anterior endomyometrium.
Cassette 1V, 1W:	Additional lower uterine segment.
Cassette 1X:	Subserosal nodule.
Cassette 1Y:	Right ovary and fallopian tube.
Cassette 1Z:	Left ovary and fallopian tube.
Cassette 1AA-1DD:	Right ovary, submitted entirely.
Cassette 1EE, 1GG:	Right fallopian tube, submitted entirely.

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GROSS DESCRIPTION: (continued)

Cassette 1HH-1KK: Left ovary, submitted entirely.
Cassette 1LL,1MM: Left fallopian tube, submitted entirely.

- 2) Received in formalin labeled "left para-aortic lymph node" and with the patient's name is an aggregate of irregular portions of yellow tan lobulated adipose tissue, 2 x 1.3 x 1.3 cm. Specimen is dissected for lymph nodes. There are two tan ovoid lymph nodes identified, 0.8 x 0.5 x 0.3 cm and 1.5 x 0.7 x 0.7 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 2A: One lymph node bivalve.
Cassette 2B: One lymph node bivalve.

- 3) Received in formalin labeled "right para-aortic lymph node" and with the patient's name is an aggregate of irregular portions of yellow tan lobulated adipose tissue, 3 x 2.5 x 2 cm. Specimen is dissected for possible lymph nodes. There are three tan ovoid lymph nodes identified, ranging from 0.8 x 0.4 x 0.3 cm to 2.3 x 1 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 3A: Two lymph nodes.
Cassette 3B,3C: One large lymph node bivalve.

- 4) Received in formalin labeled "right common iliac lymph node" and with the patient's name is one irregular portion of yellow tan lobulated adipose tissue, 2.5 x 1.5 x 1 cm. Specimen is dissected for lymph nodes. There are two tan to yellow tan ovoid lymph nodes identified, 1.2 x 0.5 x 0.5 cm and 1.5 x 0.5 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 4A: One lymph node bivalve.
Cassette 4B: One lymph node bivalve.

- 5) Received in formalin labeled "right external iliac lymph node" and with the patient's name, is an irregular portion of yellow tan lobulated adipose tissue, 4.5 x 3 x 1.5 cm. Specimen is dissected for lymph nodes. There are four yellow tan to tan ovoid lymph nodes identified, ranging from 1 x 0.6 x 0.3 cm to 2.4 x 1 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 5A: One lymph node.
Cassette 5B: One lymph node bivalve.
Cassette 5C: One lymph node bivalve.
cassette 5D: One lymph node bivalve.

- 6) Received in formalin labeled "right obturator lymph node" and with the patient's name is an aggregate of irregular portion of yellow tan lobulated adipose tissue, 3.5 x 2.5 x 1.5 cm. Specimen is dissected for lymph nodes. There are four tan to brown ovoid lymph nodes identified, ranging from 0.8 x 0.7 x 0.4 cm to 3 x 1.2 x 0.4 cm. All

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GROSS DESCRIPTION: (continued)

lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 6A: One lymph node.
Cassette 6B: One lymph node bivalve.
Cassette 6C: One lymph node bivalve.
Cassette 6D: One lymph node bivalve.

- 7) Received in formalin labeled "left common iliac lymph node" and with the patient's name are two irregular portions of yellow tan lobulated adipose tissue, 1.5 x 0.8 x 0.5 cm and 2.5 x 1.2 x 1 cm. Specimen is dissected for lymph nodes. There are two tan pale tan ovoid lymph nodes identified, 0.8 x 0.7 x 0.3 cm and 1.2 x 0.7 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 7A: One lymph node.
Cassette 7B: One lymph node bivalve.

- 8) Received in formalin labeled "left pelvic lymph node" and with the patient's name is an irregular portion of yellow tan lobulated adipose tissue, 3.5 x 2.5 x 1.5 cm. Specimen is dissected for lymph nodes. There are four lymph nodes identified, ranging from 0.8 x 0.5 x 0.3 cm to 2 x 1 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 8A: Two lymph nodes.
Cassette 8B: One lymph node bivalve.
Cassette 8C: One lymph node bivalve.

- 9) Received in formalin labeled "left obturator" and with the patient's name is an aggregate of irregular portions of yellow tan lobulated adipose tissue, 4 x 2.5 x 1.7 cm. Specimen is dissected for lymph nodes. There are eight pale tan ovoid lymph nodes identified, ranging from 0.4 x 0.3 x 0.2 cm to 1.3 x 1.2 x 0.5 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 9A: Four lymph nodes.
Cassette 9B: Two lymph nodes bivalve, one inked blue.
Cassette 9C: Two lymph nodes bivalve, one inked blue.

- 10) Received in formalin labeled "liver biopsy" and with the patient's name are two cylindrical portions of tissue, 1.1 x 0.1 x 0.1 cm and 1.9 x 0.1 x 0.1 cm. Specimen is entirely submitted in one cassette.
- 11) Received in formalin labeled "lymph node" and with the patient's name is one irregular portion of yellow tan lobulated adipose tissue, 2.5 x 1 x 0.9 cm. Specimen is dissected for lymph nodes. There are two lymph nodes identified, 0.4 x 0.3 x 0.3 cm and 1 x 0.4 x 0.3 cm. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

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SPEC #:

PATIENT:

Page: 2
(Continued)

GROSS DESCRIPTION: (continued)

Cassette 11:

Two lymph nodes.

Dictated by:

Entered:

COPIES TO:

No PCP/Family Physician

CPT Codes:

IRON-1

VIMENTIN-

LYMPH NODES BX

IHC KERATIN COCKTAIL

MUCICARMINE

LIVER NEEDLE/WEDGE BX

UTERUS W/WO ADNEXAE, TUMOR-

TRICHROME-

, RETIC-

ICD9 Codes:

Electronically Signed by: _____

*** END OF REPORT ***