

UUID:146E0540-B6F0-495F-ADD5-90F7564C14CA
TCGA-AJ-ABCW-01A-PR

Redacted



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

SPECIMEN INFORMATION

Collected:
Received:
Reported:

Accession #:
Acct / Reg #

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

A. Right ovary and fallopian tube, excision:
Corpora albicantia.
Small benign cysts.
Definitive fallopian tube not identified.

B. Left ovary and fallopian tube, excision:
Corpora albicantia.
Small benign cysts.
Definitive fallopian tube not identified.

C. Uterus, hysterectomy:

Tumor Characteristics:

1. Histologic type: Endometrioid adenocarcinoma.
2. Histologic grade: 2 (greater than 5% solid component).
3. Tumor site: Endometrium.
4. Tumor size: 5.5 x 5.0 x 4.5 cm.
5. Myometrial invasion: Tumor focally extends 0.2 cm into a 3.5 cm thick myometrium (majority of tumor is exophytic, as assessed microscopically).
6. Involvement of cervix: No.
7. Extent of involvement of other organs: None present.
8. Lymphovascular space invasion: Not identified.

Surgical Margin Status:

1. Margins uninvolved: Bilateral parametria, uterine serosa, cervix.
3. Margins involved: None.

Lymph Node Status:

1. See parts D through H.
- Other:
 1. Other significant findings: Leiomyomata.
 2. Frozen section diagnosis confirmed.
 2. pTNM stage: pT1a N0 (FIGO IA).

D. Right paraaortic lymph nodes, excision:
One lymph node, negative for metastatic disease.

E. Right external iliac lymph nodes, excision:
Eleven lymph nodes, negative for metastatic disease.

F. Right obturator lymph nodes, excision:
Four lymph nodes, negative for metastatic disease.

G. Left external iliac lymph nodes, excision:
Nine lymph nodes, negative for metastatic disease.

H. Left obturator lymph nodes, excision:
Four lymph nodes, negative for metastatic disease.

I. Omentum, excision:
Negative for tumor.

ICD-O-3

Adenocarcinoma, endometrioid NOS
8380/3

Site Endometrium C54.1

QJ 4/17/14

CLINICAL INFORMATION

CLINICAL HISTORY:

Preoperative Diagnosis: Complex hyperplasia with atypia

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Right ovary/tube
- B. Left tube and ovary
- C. Uterus and cervix FS
- D. Right paraaortic
- E. Right external iliac
- F. Right obturator
- G. Left external iliac
- H. Left obturator
- I. Omentum

SPECIMEN DATA

GROSS DESCRIPTION:

The specimen is received in nine containers labeled with the patient's name

Container A is additionally labeled "#1", and contains a 2.4 x 2.3 x 0.7 cm yellow-tan lobulated ovary received with attache paraovarian soft tissue. Sections through the paraovarian soft tissue reveal a fibrovascular cut surface. Discrete segment of fallopian tube is not identified. The ovary is sectioned to reveal a yellow-gray firm fibrous cut surface. The specimen is entirely submitted in cassettes A1-A4 labeled _____ designated as follows: A1: Paraovarian soft tissue for possible fallopian tube capture; A2-A4: Entire ovary.

Container B is additionally labeled "left tube and ovary", and contains a 3.0 x 2.0 x 0.7 cm yellow-tan lobulated ovary received with attached paraovarian soft tissue. Sectioning reveals a yellow-tan fibrovascular cut surface. A discrete segment of fallopian tube is not identified. Representative sections are submitted in cassettes B1-B4 labeled _____, designated as follows: B1-B2: Paraovarian soft tissue for possible fallopian tube capture; B3-B4: Ovary, entirely.

Container C is additionally labeled "#3", and contains a 501.1 gm uterus with attached cervix. The 11.0 cm in length by 11.0 by 9.0 cm distorted uterine corpus is surfaced by a pink-tan serosal. The 4.0 cm in length by 4.5 by 4.5 cm uterine cervix is partially surfaced by a pink-tan glistening ectocervical mucosa and features a central 1.4 cm patent os. The right and left parametrial soft tissues are inked and taken en face. The endocervical canal is yellow-tan focally cystic and mucoid. A 1.8 x 1.0 x 0.5 cm pink-tan polypoid lesion is located within the endocervical canal. On section, no areas of invasion are identified. The endometrium is lined by a yellow-tan fungating friable mass, 5.5 x 5.0 x 4.5 cm. No normal-appearing endometrium is identified. On section, this mass extends 1.5 cm into a 3.5 cm thick pink-tan fibrous myometrium. Within the myometrium are multiple well-circumscribed firm rubbery nodules ranging from 1.0 up to 4.5 cm in greatest dimension. They feature gray-white whorled and bulging cut surfaces with no evidence of hemorrhage or necrosis. Two nodules are focally calcified. No additional myometrial nodules or lesions are identified. A section is submitted for frozen section with the residual entirely resubmitted for permanent section in cassette C1 labeled _____. Additional representative sections are submitted in cassettes C2-C18 designated as follows: C2: Right parametrium, en face; C3: Left parametrium, en face; C4: Anterior endo/ectocervix; C5: Posterior endo/ectocervix; C6: Endocervical polyp; C7: Anterior lower uterine segment; C8: Posterior lower uterine segment; C9-C10: Full-thickness anterior endo/myometrium to include mass, bisected (notch thins the join); C11-C12: Full-thickness anterior endo/myometrium to include mass bisected (notch thins the join); C13-C14: Full-thickness posterior endo/myometrium to include mass, bisected (notch thins the join); C15-C16: Full-thickness posterior endo/myometrium to include mass, bisected (notch thins the join); C17-C18: Whorled nodules. Additionally, a yellow, green and blue cassette for genomics research, each labeled _____

Container D is additionally labeled "right paraaortic", and contains a 1.5 x 1.5 x 0.4 cm yellow-tan fibrofatty soft tissue. On palpation, a possible 0.6 cm firm fatty lymph nodes is identified. The specimen is entirely submitted in cassette D labeled _____

Container E is additionally labeled "right external iliac and common", and contains a 7.8 x 7.5 x 2.5 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, multiple firm fatty possible lymph nodes are identified ranging from 0.3 up to 2.6 cm in greatest dimension. They are entirely submitted in cassettes E1-E7 labeled _____. Designated as follows: E1: Three whole possible lymph nodes; E2-E4: Two whole possible bisected lymph nodes in each cassette; E5: One whole possible lymph node; E6-E7: One whole possible trisected lymph node.

Container F is additionally labeled "right obturator", and contains a 5.6 x 4.0 x 2.4 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, four firm fatty possible lymph nodes are identified ranging from 0.2 up to 4.0 cm in greatest dimension. The largest nodule is sectioned to reveal a red hemorrhagic cut surface with multiple gray-white nodules possibly consistent with tumor. All possible lymph nodes are submitted in cassettes F1-F8 labeled _____. Designated as follows: F1: Two whole possible lymph nodes; F2: One whole possible bisected lymph node; F3-F8: Largest, possibly involved lymph node, serially sectioned.

Container G is additionally labeled "left external iliac", and contains a 6.4 x 4.7 x 2.0 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, multiple firm fatty possible lymph nodes are identified ranging from 0.2 up to 2.0 cm in greatest dimension. They are entirely submitted in cassettes G1-G4 labeled _____. Designated as follows: G1: Six whole possible lymph nodes; G2-G4: One whole possible bisected lymph node in each cassette.

Container H is additionally labeled "left obturator", and contains a 4.0 x 3.0 x 1.8 cm yellow-tan fibrofatty soft tissue. On palpation, four firm fatty possible lymph nodes are identified ranging from 1.3 up to 2.8 cm in greatest dimension. They are entirely submitted in cassettes H1-H3 labeled as follows: H1: Two whole possible bisected lymph nodes (one inked); H2-H3: One whole possible bisected lymph node in each cassette.

Container I is additionally labeled "#9", and contains a 15.0 x 10.5 x 4.0 cm yellow-tan finely lobulated fibrofatty soft tissue. On section and palpation, the cut surface is comprised of yellow-tan greasy fibroadipose tissue. No nodules or lesions are identified. Representative sections are submitted in cassettes I1-I4 labeled ".

INTRA-OPERATIVE CONSULTATION:

C. FROZEN SECTION DIAGNOSIS: "Endometrioid carcinoma, at least FIGO II, with superficial invasion (<50%)", communicated b

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Distal/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
reviewer Initial	W	
Date Reviewed	11/13/13	