

Patient Name:

Med Rec

Requested By:

Ordered By:

Report Name:

ICD O.3
Carcinoma, papillary serous
8461/3
Site Endometrium
C54.1
W 3/31/14

Surg Path Case - STATUS: Final

**SEE NOTE

Collect/Perform:

Ordered By:

Ordered Date

Facility:

Department:

UUID:F2869E10-B5EB-4AB7-9CC9-A7B2E5DD8B7C
TCGA-PG-A915-01A-PR

Redacted



Physician Who Performed Procedure:

Requesting Physician:

Attending Pathologist

DIAGNOSIS:

1 and 2. Uterus and cervix, total abdominal hysterectomy:

- Endometrial serous carcinoma.
- Tumor largely involves the endometrium (about 80% of the endometrial surface).
- Tumor invades about 40% of myometrial thickness.
- Cervix, negative for tumor.
- Background atrophic endometrium.
- Pathologic stage: pT1a, NO, M (n/a).

3. LEFT external iliac lymph nodes, excision:

- Five lymph nodes negative for tumor (0/5).

4. Hypogastric lymph node, LEFT, excision:

- One lymph node negative for tumor (0/1).

5. LEFT common iliac lymph node, excision:

- One lymph node negative for tumor (0/1).

6. LEFT para-aortic lymph node, excision:

- One lymph node negative for tumor (0/1).

7. RIGHT external iliac lymph nodes, excision:

- Three lymph nodes negative for tumor (0/3).

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8. RIGHT round ligament lymph nodes, excision:

- Two lymph nodes negative for tumor (0/2).

9. RIGHT hypogastric lymph node, excision:

- One lymph nodes negative for tumor (0/1).

10. RIGHT para-aortic lymph nodes, excision:

- Two lymph nodes negative for tumor (0/2).

11. RIGHT tube and ovary, excision:

- Ovary with benign serous cystadenoma (3.0 cm), negative for malignancy.
- No residual fallopian tube identified grossly or microscopically.

12. LEFT ovary and tube and cyst, excision:

- Hemorrhagic ovary with serous cystadenoma (2.3 cm), negative for malignancy.
- No residual fallopian tube identified grossly or microscopically.

13. Omentum, biopsy:

- Adipose tissue with hemorrhage, negative for tumor.

Synoptic Report:

Uterus, cervix simple hysterectomy:

- Histologic Type: Serous carcinoma
- Histologic Grade: High grade
- Nuclear grade: High grade
- Tumor Size:
 - Greatest dimension: 8 cm; other two dimensions: 4 x 1.6 cm
- Specimen Integrity: Intact
- Tumor Site: Anterior and posterior endometrium
- Myometrial Invasion: ~40% (less than 50% myometrial invasion)
 - Depth of invasion: 0.6 cm
 - Myometrial thickness: 1.7 cm
- Cervical Stromal Invasion: Absent
- Lymph-vascular Invasion: Absent

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- Paracervical Soft Tissue Margin: Negative for invasive carcinoma
 - Other Tissues/Organs Involved: Bilateral ovaries negative for tumor
 - Peritoneal Ascitic Fluid: Negative for tumor
 - Regional Lymph Node Metastasis: 0/16
 - Pelvic nodes: 0/9
 - Round ligament nodes: 0/2
 - Hypogastric nodes: 0/2
 - Para-aortic nodes: 0/3
 - Distant Metastasis: Cannot be determined
 - Additional Pathologic Findings: Background of atrophic endometrium
 - Ancillary Studies:
 - ER: Not applicable
 - PR: Not applicable
 - Other: Immunostain for HER-2/neu is equivocal (score 1-2+); FISH pending.
 - AJCC Pathologic Staging: pT1a NX M (Not applicable); FIGO: IA

COMMENT: None

CLINICAL INFORMATION:
Endometrial cancer.

GROSS DESCRIPTION:

1. The specimen is received fresh for intraoperative consultation and labeled part of uterus. It consists of a supracervical uterus, weighing 97 g and with following measurements: 6.0 cm from the fundus to surgical margin; 5.0 cm from the cornu to cornu and 4.4 cm from anterior to posterior. The serosal surface is tan-red, smooth and glistening. The specimen is open to review, the endometrial cavity measures 5.0 cm in length and 3.8 cm from the cornu to cornu. There is a tan white soft tumor occupied approximately 80% of the cavity wall, measuring up to 8.0 x 4.0 x 1.6 cm. On sectioning, the tumor infiltrates into the myometrium up to 20% of myometrium. The myometrium measures up to 1.8 cm in average thickness. Representative sections are submitted as follows:

AFSC: Frozen section from tumor with deepest invasion

BFSC: Frozen section from tumor

C-D: Tumor with depth invasion

E-F: Tumor

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G: Section from lower uterus

H: Section from lower uterus

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INTRAOPERATIVE CONSULT: Serous carcinoma invading into the myometrium
(~20%). Reported to

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2. The specimen is received fresh for intraoperative consultation and
labeled cervix. It consists of a cervix, measuring 4.0 x 3.0 x 2.6 cm.
The ectocervical mucosa is tan-white smooth. The specimen is opened to
reveal the cervical canal measures 3.8 cm in length and 1.3 cm in diameter.
It has tan-brown, smooth mucosa. No gross tumor identified. A frozen
section was performed. Representative sections are submitted as follows:

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A: Frozen section

B-C: Representative sections

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INTRAOPERATIVE CONSULT: Benign cervix, no tumor seen. Reported to
by

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3. The specimen is received fresh and labeled LEFT external iliac lymph
node. It consists of a piece of tan-red soft tissue, measuring 4.0 x 3.0 x
1.0 cm. The specimen is serially sectioned. There is a tan-red fatty node
identified, measuring 3.0 x 1.0 x 0.4 cm. The specimen is entirely
submitted as follows:

.
A-B: one bisected lymph node

C-D: rest of the adipose tissue

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4. The specimen is received fresh and labeled hypogastric lymph nodes,
LEFT. It consists of a tan-red node, measuring 3.0 x 1.5 x 0.3 cm.
Entirely, submitted in one cassette labeled 4.

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5. The specimen is received fresh and labeled LEFT common iliac. It
consists of a tan-red node, measuring 4.0 x 1.0 x 0.3 cm. Entirely,
submitted in one cassette labeled 5.

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6. The specimen is received fresh and labeled LEFT periaortic lymph node
and it consists of two pieces of tan-red soft tissue compound measuring 3.0
x 2.0 x 0.3 cm in aggregate. Entirely, submitted in one cassette labeled
6.

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7. The specimen is received fresh and labeled RIGHT external iliac lymph
node. It consists of a piece of tan-red soft tissue, measuring 5.0 x 4.0 x
1.1 cm. The specimen is serially sectioned and three tan-red, possible

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lymph nodes identified, measuring from 1.1 cm up to 1.7 cm in greatest dimension. The specimen is entirely submitted as follows:

A-B: three possible lymph nodes

C-H: entire rest of the tissue

8. The specimen is received fresh and labeled RIGHT round ligament lymph node. It consists of a piece of tan-red soft tissue, measuring 3.0 x 2.0 x 0.5 cm. Entirely, submitted in two cassettes labeled a, b.

9. The specimen is received fresh and labeled RIGHT hypogastric node. It consists of a piece of tan-red soft tissue, measuring 3.2 x 1.2 x 0.4 cm. Entirely, submitted in one cassette labeled 9.

10. The specimen is received fresh and labeled RIGHT periaortic lymph node. It consists of a tan-red node, measuring 2.6 x 1.1 x 0.3 cm. Entirely, submitted in one cassette labeled 10.

11. The specimen is received fresh and labeled RIGHT tube and ovary. It consists of a cystic structure with attached irregular pieces hemorrhagic soft tissue. The specimen measures 4.0 x 3.6 x 1.5 cm. The specimen is serially sectioned and there is a 3.0 cm unilocular cyst contains clear fluid with smooth lining. There is no residual ovary and fallopian tissue identified, grossly. The specimen is entirely submitted in six cassettes labeled A-F.

12. The specimen is received fresh and labeled LEFT ovary and tube and cyst. It consists of a cystic structure with attached irregular pieces of hemorrhagic soft tissue. The specimen measures 4.7 x 4.0 x 2.5 cm. The specimen is serially sectioned and there is a 2.3 cm unilocular cyst contains clear fluid with a smooth lining. There is no residual ovary and fallopian tube identified, grossly. The specimen is entirely submitted in 12 cassettes labeled A-L.

13. The specimen is received fresh and labeled omentum biopsy. It consists of a piece of tan-red, focally hemorrhagic adipose soft tissue, measuring 4.0 x 3.0 x 1.2 cm. There is no gross lesion identified. Entirely, submitted in four cassettes labeled A-D.

The following special studies were performed on this case and the interpretation is incorporated in the diagnostic report above:

1xHER-2-NEU POLY, HERCEPT

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** Electronic Signature **

**Electronically Signed Out by

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the final diagnosis(es).

Note: The histology, immunochemistry and in situ hybridization components for this case were performed at

The Attending Pathologist reviewed this case and made the diagnosis.

Where applicable, immunohistochemistry and in situ hybridization tests were developed and the performance characteristics determined by the

have not been cleared or approved by the US Food and Drug Administration and the results should be correlated with other clinical and laboratory data. Appropriate controls were performed for all immunohistochemistry, in situ hybridization and histochemical tests.

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	Date Reviewed: 12/17/2013	