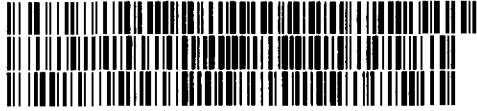


Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Nodules		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	214	4/18/12

Anatomical Pathology

UUID:FF834E31-78F7-4A56-8EC0-E026BE940FD4
TCGA-KP-A3VZ-01A-PR

Redacted



Case:

MRN:

PHN:

Ordering Physician:

Final Diagnosis:

- A. Right pelvic lymph nodes, lymphadenectomy: Four benign lymph nodes with one showing focal hyalinized change, negative for malignancy.
- B. Left pelvic lymph nodes, lymphadenectomy: Three benign lymph nodes, negative for malignancy.
- C. Uterus, cervix, bilateral fallopian tubes and ovaries, total hysterectomy and bilateral salpingo-oophorectomy:
 1. Endometrial high-grade serous carcinoma (please see comment)
 2. Tumor diffusely involves the endometrial cavity, and arises in association with adjacent intraepithelial carcinoma
 3. Tumor invades into the outer half of the myometrium
 4. Tumor involves the parenchyma and surface of both right and left ovaries
 5. Tumor extensively involves the mucosa of the distal right fallopian tube (please see comment)
 6. Tumor involves the adventitia of both right and left fallopian tubes
 7. Multifocal microscopic tumor deposits present on the anterior uterine serosa
 8. No evidence of cervical glandular or stromal involvement
 9. Positive for focal lymphovascular invasion
 10. Para-cervical resection margin is negative for tumor
 11. Uninvolved endometrial cavity shows atrophic endometrium
 12. Endometriosis of the uterine serosa
 13. Benign cervix
 14. Paratubal cysts of the right fallopian tube
- D. Omentum, omentectomy: Positive for multifocal deposits of metastatic high-grade serous carcinoma.

1CD-0-3

Carcinoma, serous, NOS
8441/3

Site: endometrium CS4.1

Final Diagnosis Comment:

The endometrial cavity is diffusely involved by high-grade serous carcinoma with focal intraepithelial carcinoma present at the surface of residual uninvolved atrophic endometrium. The tumor at the uterine cavity represents the largest tumor bulk and it invades into the outer half of the anterior myometrium but does not directly extend to the uterine serosa; there is concurrent multifocal microscopic serosal tumor deposits present on the anterior serosal surface (not in contiguity with the intrauterine tumor). There is focal tumor involvement of the ovarian surface with associated parenchymal tumor nodules in both ovaries. The lumen of the right distal fallopian tube and fimbria is extensively involved and extended by multinodular tumor deposit.

While it is possible that the high-grade serous may have originated from the right distal fallopian tube or alternatively that the tumors in the uterus and the right fallopian tube represent synchronous primaries, the distribution of the disease is most in keeping with a uterine primary that subsequently metastasized to the different extra-uterine sites. This is also supported by the immunostaining findings that both

4-25-12
20

the uterine tumor and the right tubal tumor show only weak focal nuclear WT1 immunoreactivity, in contrast to the usually strong and diffuse WT1 immunoreactivity observed in the great majority of primary ovarian/tubal serous carcinomas.

Clinical History as Provided by Submitting Physician:

High-grade endometrial Ca on biopsy

Gross Description:

Received are four containers, each labelled with the patient's name, XXXXXXXXXXXX and demographics.

Container A is labelled RIGHT PELVIC LYMPH NODES and consists of multiple pieces of fibrofatty tissue aggregating to 7 x 2.5 x 0.5 cm. Two lymph nodes are identified within the fibrofatty tissue measuring 2 x 1.3 x 0.5 cm and 2 x 0.7 x 0.2 cm, respectively and are submitted in toto in cassettes A1 and A2. The remainder of the fibrofatty tissue is submitted in cassettes A3 and A4.

Container B is labelled LEFT PELVIC LYMPH NODE and consists of multiple pieces of fibrofatty tissue aggregating to 4.5 x 3 x 1 cm. Two lymph nodes are identified within, one measuring 2 x 1 x 0.4 cm and the other measuring 1.9 x 0.8 x 0.4 cm. They are sectioned and submitted in B1 and B2, respectively. The remainder of the fibrofatty tissue is submitted in B3 and B4.

Container C is labelled UTERUS, CERVIX BILATERAL TUBES, AND OVARIES and consists of a total hysterectomy and bilateral salpingo-oophorectomy specimen. The uterus measures 4.4 x 3.6 x 2.5 cm, left fallopian tube measures 5.6 x 0.5 cm, left ovary measures 2 x 1 x 1.3 cm, right fallopian tube measuring 6 x 0.5 cm at its attachment site to the uterus, dilating up to 1.5 cm at its fimbriated end, right ovary measuring 2 x 1 x 0.5 cm.

The serosal surface is tan-brown, smooth, shiny, and free of any adhesions. The ectocervix measures 1.8 x 2.4 cm and it is covered by a glistening white mucosa. The external os is slit-like and measures 0.7 cm. The endocervical canal measures 2.1 cm and involved by a friable tumor in the proximal region. The same friable white exophytic tumor is present, diffusely involving the endometrial cavity. On cut sections, the tumor invades into the out half of the anterior myometrium (to within 0.3 cm of the serosal surface) but does not extend to the serosa.

Left fallopian tube is unremarkable. The left ovary is multinodular and cystic and there are several golden areas which grossly resemble the appearance of corpora lutea. The right fallopian tube has multiple nodules towards its fimbriated end, the largest of which measures 1 cm in diameter. Cut sections through the nodules show a white, soft mass with a central area of hemorrhage. These nodules appear to be mostly contained within the lumen of the fallopian tube. There are also several cystic spaces near the fimbriated end, the largest measuring 0.7 cm in diameter, filled with a mucinous-like material. The right ovary is multinodular and golden in appearance, and otherwise unremarkable. Representative sections are submitted as follows:

C1-C2 -representative sections of left ovary
C3-C4 -representative sections of left fallopian tube
C5-C6 -right ovary submitted in toto
C7-C10 -Right fallopian tube mass, submitted in toto
C11,C12-Remainder of right fallopian tube
C13 -posterior cervix
C14 -anterior cervix
C15 -posterior cul-de-sac
C16-C26-posterior endomyometrium (transverse sections from inferior to superior), submitted in toto
C27-C39-anterior endomyometrium (transverse sections from inferior to superior), submitted in toto

Container D is labelled OMENTUM and consists of a single piece of fibrofatty tissue measuring 10 x 5 x 0.8 cm. Grossly, the tissue is tan-yellow with strands of fibrous tissue within it. At one edge, there is a slightly firmer piece of adipose tissue measuring 2 x 1 x 0.7 cm. Representative sections are submitted as follows:

D1-D2 -firmer area of omentum submitted in toto
D3-D6 -representative sections of fibrofatty tissue

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