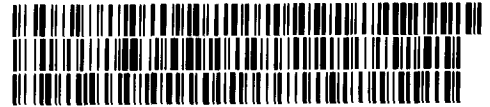


Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer initials	BB	
Date Reviewed:	6/9/11	

lw 6/14/11

UUID:18DF6880-A5E1-4DD8-A7E5-1E9188CF8F60
TCGA-A2H2-01A-PR Redacted



Final Diagnosis

1. UTERUS, CERVIX, RIGHT AND LEFT OVARIES AND FALLOPIAN TUBES; TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMIES

- Endometrial adenocarcinoma, serous papillary type, FIGO grade 3, involving entire endometrial surface and endocervix
- Tumor invades 1.3 cm into the myometrium (1.5 cm thickness)
- Cervix with Nabothian cyst
- Benign fallopian tube
- Bilateral ovaries with serous cysts
- pT2a,N0,MX
- (See comment)

ICB-0-3

adenocarcinoma, serous, NOS

8441/3

Site: Endometrium C54.1

lw 6/14/11

2. OMENTUM; OMENTECTOMY (

- Fibroadipose tissue, negative for malignancy

3. LYMPH NODES, RIGHT PELVIC; DISSECTION

- Lymph nodes, three, negative for malignancy

4. LYMPH NODES, LEFT PELVIC; DISSECTION

- Lymph nodes, two, negative for malignancy

ENDOMETRIUM CANCER STAGING SUMMARY

Specimen type..... Radical hysterectomy
Tumor site..... Entire endometrial surface
Tumor size..... Entire endometrial surface
Other organs present Right & left ovary & fallopian tube
Histologic type..... Serous papillary adenocarcinoma
Histologic grade..... 3: More than 50% nonsquamous solid growth

Myometrial invasion:

Depth of invasion..... 1.3 cm

Myometrial thickness... 1.5 cm

Endocervical involvement..... Limited to glandular epithelium

Margins..... Uninvolved by invasive carcinoma

Lymphatic/Vascular invasion.. (I/V). Present

Additional pathologic findings..... None identified

Regional lymph nodes:

Number examined:.. 5

Number involved:.. 0

pTNM..... pT2a,N0,MX

Completed By:

(Electronically Signed)

Comment

Multiple levels are examined of block 1G. Lymphovascular invasion is identified deep in the myometrium (1.3 cm of 1.5 cm myometrial thickness).

concur.

Clinical Information

Specimen(s): 1. Uterus, Cervix, Bilateral Tubes and Ovaries
2. Omentum
3. Right Pelvic Lymph Node
4. Left Pelvic Lymph Node

Clinical diagnosis: Endometrial cancer

Operation: TAH, BSO with bilateral pelvic lymph node dissection

Clinical history: history of endometrial cancer

Intraoperative Consultation

1FSA. UTERUS, CERVIX, BILATERAL TUBES, BILATERAL OVARIES;

INTRAOPERATIVE CONSULTATION:

- Gross evaluation shows invasion to <1/2 of myometrium

Accessioned: p.m.

Reported: p.m.

Gross Description

Specimen 1, received fresh labeled with the patient's name and "uterus, cervix, bilateral tubes, bilateral ovaries," is a 109 gram, 12.4 x 9.5 x 4.8 cm specimen including a uterus that was opened for frozen section measuring 5.2 x 5.0 x 4.8 cm, right fallopian tube measuring 7.2 x 0.8 cm in diameter, right ovary measuring 2.0 x 0.9 x 0.9 cm, left fallopian tube measuring 6.5 x 0.6 cm and left ovary measuring 2.2 x 1.4 x 0.8 cm. The exocervix (3.6 x 2.2 cm) is covered by a smooth, glistening, white mucosa. The endocervical canal (3.5 cm in length) has a tan mucosa with multiple (less than 0.1 cm) white, firm nodules. The endometrial cavity (5.4 cm from cornu-to-cornu, 4.7 cm in length) is carpeted with a mass of pink-gray tissue on both the anterior and posterior walls, the mass measures up to 1 cm in thickness. It appears to invade the underlying myometrium to a depth of approximately 0.4 cm. The mass appears to extend to the lower uterine segment. The myometrium measures 1.5 cm in maximum thickness. The serosa is shiny and glistening without adhesions. The fallopian tubes are patent and have fimbriated ends. Both tubes appear to have multiple small, firm cystic structures adhered to them. Both ovaries have a smooth, white outer surface and multiple corpora albicantia. The specimen is inked as follows: Black = posterior, blue = anterior. Representative sections are taken and submitted as follows:

- | | |
|----|---------------------------------|
| 1A | - cervix, anterior from 12 to 3 |
| 1B | - cervix, anterior from 9 to 12 |
| 1C | - posterior cervix, 3 to 6 |
| 1D | - posterior cervix, 6 to 9 |



- 1E - anterior lower uterine segment with tumor
- 1F - posterior lower uterine segment with tumor
- 1G - mass, anterior
- 1H & 1I - mass, anterior, inferior
- 1J & 1K - mass, posterior wall
- 1L & 1M - posterior mass
- 1N - right fallopian tube
- 1O - left fallopian tube
- 1P - right ovary
- 1Q - left ovary

Specimen 2, received fresh and labeled "omentum," consists of a 12.4 x 9.1 x 1.1 cm segment of yellow-pink, fibroadipose tissue. Sectioning reveals unremarkable yellow adipose tissue. Representative sections are submitted in four cassettes, labeled 2A - 2D.

Specimen 3, received fresh and labeled "right pelvic lymph node," are multiple yellow tissue fragments measuring in aggregate 3.4 x 2.1 x 0.5 cm. Three possible lymph nodes are identified and submitted as follows:

- 3A - one lymph node, bisected
- 3B - two lymph nodes

Specimen 4, received fresh and labeled "left pelvic lymph node," is two pieces of yellow-pink tissue measuring in aggregate 2.6 x 1.9 x 0.6 cm. The entire specimen is submitted as follows:

- 4A - one lymph node, bisected
- 4B - remaining soft tissue

Resident:

Microscopic Exam

All sections are examined. Histologic findings are summarized in Pathologic Diagnosis.

The attending pathologist whose signature appears on this report has reviewed the diagnostic slides and has edited the gross and/or microscopic portion of the report in rendering the final microscopic diagnosis. The pathologist has reviewed the diagnostic slides for quality purposes. These slides meet the required laboratory standards for rendering the final microscopic diagnosis.

This service has been performed in part by a resident/fellow under the direction of a teaching physician.