

Patient Name: UID:2E996CFE-9F6E-432F-9B09-6FBC2A920B24  
TCGA-PG-A7D5-01A-PR Redacted

Requested By:  
Ordered By:

Report Name:

Surg Path Case - STATUS: Final

\*\*SEE NOTE

Collect/Perform:

Ordered By:

Ordered Date:

Facility:

Department:

Physician Who Performed Procedure:

Requesting Physician:

SURGICAL PATHOLOGY,

CASE#:

Attending Pathologist

DIAGNOSIS:

1. Uterus, bilateral ovaries, and fallopian tubes, total hysterectomy,  
bilateral salpingo-oophorectomy:

- Papillary serous adenocarcinoma with less than 50% myometrial invasion.
- Multiple leiomyomas; one of them adjacent to the LEFT ovary.
- Ovaries, fallopian tubes, and cervix negative for adenocarcinoma.
- Lymphovascular invasion is seen.

- Please see below for Synoptic Report.

2. Para-aortic lymph node, RIGHT, excision:

- Thirteen lymph nodes, negative for carcinoma (0/13).

3. Para-aortic lymph node, LEFT, excision:

- Four lymph nodes, negative for carcinoma (0/4).

4. Pelvic lymph node, RIGHT, excision:

- Nine lymph nodes, negative for carcinoma (0/9).

5. External iliac lymph node, LEFT, excision:

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

6. Omentum, biopsy:

- Fibroadipose tissue with one lymph node, negative for carcinoma (0/1).

ICD O-3  
Adenocarcinoma,  
serous NOS 8441/3

path  
Adenocarcinoma serous  
papillary 8460/3

Site C4E  
Endometrium C54.1

path  
Overlapping lesion of  
corpus uteri (endometrium & fundus)  
C54.8

JW 9/3/13

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Synoptic report:

Uterus, cervix, bilateral ovaries, and fallopian tubes, hysterectomy, and salpingo-oophorectomy and lymph node dissection:

- Histologic Type: Papillary serous adenocarcinoma
- Histologic Grade: High grade
- Nuclear grade: High grade
- Tumor Size:
  - Greatest dimension: Cannot be determined.
- Specimen Integrity:
- Tumor Site: Anterior and posterior endometrium, and fundus
- Myometrial Invasion: Less than 50% myometrial invasion (47%)
  - Depth of invasion: 10 mm
  - Myometrial thickness: 21mm
- Cervical Stromal Invasion: Not identified
- Lymph-vascular Invasion: Present
- Paracervical Soft Tissue Margin: not applicable
- Other Tissues/Organs Involved: None
- Peritoneal Ascitic Fluid (from cytology report): Atypical (please see
- Regional Lymph Node Metastasis:
  - Pelvic nodes (number of positive/number examined): 0/14
  - Para-aortic nodes (number of positive/number examined): 0/17
- Distant Metastasis (including abdominal lymph nodes): Cannot be determined
- Additional Pathologic Findings: Leiomyomas, paratubal cyst in left Fallopian tube, and Chronic cervicitis.
- Ancillary Studies:
  - ER (immunohistochemical stain): 0 % of cells with nuclear staining
  - PR (immunohistochemical stain): less than 5% of cells with nuclear staining
  - Other: Immunohistochemical stains for P53 is positive in the neoplastic cells
- AJCC Pathologic Staging: pT1A; N 0; M: not applicable

Comment: Multiple levels examined in pertinent tissue sections.  
Representative sections of the case were reviewed with a second pathologist within the Surgical Pathology Department.

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CLINICAL INFORMATION:

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Requested By: [REDACTED]

Ordered By: [REDACTED]

Report Name: [REDACTED]

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Endometrial carcinoma. Laparoscopy robotic assisted total hysterectomy, bilateral salpingo-oophorectomy, bilateral paraaortic nodes and pelvic lymph nodes, left iliac lymph nodes and omentum biopsy.

GROSS DESCRIPTION:

1. The specimen is received fresh for intraoperative consultation and labeled cervix, uterus, tubes and ovaries. It consists of a uterus, cervix with attached bilateral tubes and ovaries. The specimen weighs 276 g with following measurements: 11.5cm from the fundus to ectocervix; 13cm from the cornu to cornu and 4.4 cm from anterior to posterior. The right ovary and fallopian tube measure 2.0 x 1.2 x 0.8cm and 6.0 x 0.6 x 0.5cm respectively. The left ovary and fallopian tube measure 2.1 x 1.3 x 0.8cm and 7.0 x 0.6 x 0.5cm respectively. The serosal surface is tan-red, smooth and glistening. The cervical canal measures 3.0cm in length and 1.0cm in diameter. It has tan smooth mucosa. The endometrium cavity measures 5.0cm in length and 2.8cm from the cornu to cornu. There are three focally tan-red masses located on the fundus, right posterior wall and anterior wall. The tumors measure from 1.2 x 1.0cm up to 2.0 x 1.5cm. The tumor is 2.0cm from the endocervical os, grossly. On sectioning, the tumor shows approximately 30% myometrium invasion, grossly. There are multiple subserosal and intramural leiomyoma measuring from 0.8cm up to 4.3cm in greatest dimension. The masses are tan-white, rubbery and well circumscribed. No degeneration identified grossly. Both fallopian tubes have tan red surfaces and with grossly identified pinpoint lumen. Both ovaries have tan-white surface with grossly unremarkable cutting surface. There is a 3.2 x 2.0 x 1.4cm of tan-white, rubbery and well-circumscribed mass located next to left ovary. Frozen sections were performed. Representative sections are submitted as follows:

AFSC: Frozen section from the right posterior endometrium tumor  
BFSC: Frozen section from anterior cervix  
CFSC: Frozen section from the mass next to the left ovary  
DFSC: Frozen section from posterior cervix  
E: Tumor with deepest invasion from the right posterior wall  
F: Tumor from right posterior wall  
G: Tumor from right posterior wall (the tumor is entirely submitted)  
H: Tumor with deepest invasion from anterior wall  
I: Tumor from anterior wall  
J: Tumor from anterior wall (the tumor is entirely submitted)  
K: Tumor from the fundus  
L: Tumor from the fundus (tumor is entirely submitted)  
M: Lower segment endometrium from anterior wall

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N: Lower segment endometrium from posterior wall

O: Mass next to left ovary

P: Entire right ovary

Q: Entire right ovary

R: Entire right fallopian tube

S: Entire right fallopian tube

T: Entire right fallopian tube

U: Entire left ovary

V: Entire left ovary

W: Entire left fallopian tube

X: Entire left fallopian tube

Y: Entire left fallopian tube

Z-AA: Leiomyomata

AB-AD: entire anterior cervix

AE-AG: entire posterior cervix

INTRAOPERATIVE CONSULT: Uterus:-high grade adenocarcinoma with approximately 50% myometrium invasion.

- Adnexal spindle cell mass, consistent with leiomyoma.
- Cervix with Nabothian cyst and detached tumor fragment favor carry over.

2. The specimen is received fresh and labeled right paraaortic lymph node. It consists of a 4.1 x 3.1 x 0.6cm aggregate of fibrofatty tissue fragments with multiple lymph nodes, up to 3.3 x 0.7 x 0.3cm. The specimen is entirely submitted as follows:

A: Two intact lymph nodes

B-D: Remainder of the specimen (with intact possible lymph nodes)

3. The specimen is received fresh and labeled left paraaortic lymph node. It consists of a 2.5 x 1.8 x 0.7cm piece of fatty tissue with multiple lymph nodes, up to 1.4 x 1.4 x 0.4cm. The specimen is entirely submitted as follows:

A: Two intact lymph nodes

B: Remainder of the specimen (with intact possible lymph nodes)

4. The specimen is received fresh and labeled right pelvic lymph node. It consists of a 4.8 x 4.8 x 1.3cm aggregate of fibrofatty tissue fragments with multiple lymph nodes, up to 4.0 x 1.2 x 0.3cm. The specimen is entirely submitted as follows:

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- A: One intact lymph node
  - B: Two lymph nodes (the larger one is inked black and bisected and the other one is not inked and intact)
  - C: Two lymph nodes (the larger one is inked black and bisected and the other one is not inked and intact)
  - D: Three intact lymph nodes
  - E-J: Remainder of the specimen (with intact possible lymph nodes)

5. The specimen is received fresh and labeled left external iliac. It consists of a 4.9 x 4.9 x 1.2cm aggregate of fibrofatty tissue fragments with multiple lymph nodes, up to 4.2 x 1.5 x 0.7cm. The specimen is entirely submitted as follows:

- A-B: One sectioned lymph node
- C: One bisected lymph node
- D: One bisected lymph node
- E-G: Remainder of the specimen (with intact possible lymph nodes)

6. The specimen is received fresh and labeled omentum biopsy. It consists of a 5.8 x 4.2 x 1.0cm piece of omentum. Sectioning reveals lobulated adipose tissue and fibrovascular tissue. No masses are identified. Representative sections are 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:

1xER (FOR DIAGNOSIS), 1xPR (FOR DIAGNOSIS), 1xP53

\*\* 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

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developed and the performance characteristics determined by the

These tests

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	8/23/13	8/23/13