

Patient Name: [REDACTED]
DOB: [REDACTED]

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: [REDACTED]	Date Reviewed: 10/30/11	

UUID: S7181EC2-3698-4FF2-89DD-7C5A8A048660
TCGA-AX-A055-01A-PR

Redacted



Surgical Pathology Report

Final

100-0-3

adenocarcinoma, endometrioid, NOS 8380/3
Site: Endometrium C54.1 lw 10/30/11

SURGICAL PATHOLOGY REPORT

FINAL

Patient Name: [REDACTED]

Address: [REDACTED]

Gender: [REDACTED]

DOB: [REDACTED]

Service: [REDACTED]

Location: [REDACTED]

MRN: [REDACTED]

Hospital #: [REDACTED]

Patient Type: [REDACTED]

Accession #

Taken:

Received:

Accessioned:

Reported:

Physician(s):

DIAGNOSIS:

UTERUS, ENDOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- POORLY DIFFERENTIATED ADENOCARCINOMA, ENDOMETRIOID TYPE WITH FOCAL SQUAMOUS DIFFERENTIATION (FIGO GRADE 3)
- ADENOCARCINOMA INVADERS TO A DEPTH OF 20.9 MM WITH A TOTAL WALL THICKNESS MEASURES 21 MM
- LYMPH VASCULAR SPACE INVASION IS IDENTIFIED
- ADENOCARCINOMA INVOLVES THE LOWER UTERINE SEGMENT

UTERUS, MILDLY TRIMMED, TOTAL ABDOMINAL HYSTERECTOMY

- ADENOCARCINOMA BY DIRECT EXTENSION
- LEIOMYOMA, 2.5 CM

UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY

- CHRONIC INFLAMMATION
- FOCAL PARAKERATOSIS

OVARY, LEFT, SALPINGO-OOPHORECTOMY

- EXTENSIVE PARAOVARIAN ADHESIONS
- MULTIPLE EPITHELIAL INCLUSION GLANDS

FALLOPIAN TUBE, LEFT, SALPINGO-OOPHORECTOMY

- MILD HYDROSALPINX

OVARY, RIGHT, SALPINGO-OOPHORECTOMY

- MULTIPLE EPITHELIAL INCLUSION GLANDS

FALLOPIAN TUBE, RIGHT, SALPINGO-OOPHORECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

LYMPH NODE, LEFT PELVIC, EXCISION

- NO CARCINOMA IDENTIFIED IN 4 OF 4 LYMPH NODES (0/4)

LYMPH NODE, LEFT OBTURATOR, EXCISION

- METASTATIC ADENOCARCINOMA PRESENT IN 4 OF 6 LYMPH NODES (4/6)

LYMPH NODE, RIGHT PELVIC, EXCISION

- NO CARCINOMA IDENTIFIED IN 7 LYMPH NODES (0/7)

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- LYMPH NODE, RIGHT OBTURATOR, EXCISION
- METASTATIC ADENOCARCINOMA IN 1 OF 1 LYMPH NODE (1/1)
- LYMPH NODE, RIGHT COMMON PERIAORTIC, EXCISION
- NO CARCINOMA IDENTIFIED IN 2 LYMPH NODES (0/2)
- LYMPH NODE, LEFT COMMON PERIAORTIC, EXCISION
- NO CARCINOMA IDENTIFIED IN 2 LYMPH NODES (0/2)
- OMENTUM, OMENTECTOMY
- NO CARCINOMA IDENTIFIED

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material indicated in the diagnosis).

***Report Electronically Reviewed and Signed Out By

Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick a 'cervix, uterus, bilateral tubes and ovaries' consists of a uterus and cervix that measures 9 cm from superior to inferior, 6.5 cm from cornu-to-cornu and 4.2 cm from anterior to posterior with attached unremarkable bilateral adnexa. The specimen weighs 221 grams. The anterior and posterior serosa show areas of firmness and yellow-tan discoloration (12 x 1 cm anterior serosa); 2.5 x 2 cm on the posterior serosa, consistent with involvement by malignancy. The light purple-tan ectocervix measures 4.5 x 3 cm opened to show a 3 cm endocervical canal and endometrial (5 x 2.5 cm) completely filled by red-tan friable tumor. Sectioned to show a putative invasion through the entire myometrium on both anterior and posterior wall. Tumor, unremarkable cervix taken for Rest for permanents."

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis. Additional deeper levels and a cytokeratin stain have been examined on the right common periaortic lymph node. No carcinoma is identified.

History:

The patient is an [REDACTED] year old woman with endometrioid adenocarcinoma. Operative procedure:
Examination under anesthesia, total abdominal hysterectomy, bilateral salpingo-oophorectomy and staging.

Specimen(s) Received:

- A: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES
- B: LYMPH NODE, LEFT PELVIC
- C: LYMPH NODE, LEFT OBTURATOR
- D: LYMPH NODE, RIGHT PELVIC
- E: LYMPH NODE, RIGHT OBTURATOR
- F: LYMPH NODE, RIGHT COMMON PERIAORTIC
- G: LYMPH NODE, LEFT COMMON PERIAORTIC
- H: OMENTUM

Gross Description:

Patient Name:
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SURGICAL PATHOLOGY REPORT

The specimen is received in eight formalin-filled containers each labeled "The first container is labeled 'cervix, uterus, bilateral fallopian tube and ovaries.'" It holds a 221 gram uterus with attached cervix and attached bilateral adnexa that measures 9 cm from superior to inferior, 6.5 cm from cornu to cornu and 4.2 cm from anterior to posterior. The serosal surface is glistening and shiny with a firm area of serosal discoloration both anteriorly and as posteriorly. The 5 x 4.5 x 4 cm cervix has a 5 x 4 cm beige, glistening shiny ectocervix and a 0.8 cm external os. The 4 x 1 cm endocervical canal is pink-tan. The 5 x 4.2 cm endometrial cavity is completely filled by a tan-yellow, necrotic tumor. There is no endometrial lining grossly identified. The mass appears to invade the entire myometrium anteriorly as well as the posteriorly. The mass appears to invade the lower uterine segment. The maximal myometrial thickness is 2 cm. Sectioning shows a putative leiomyoma that measures 2.5 x 2 x 1.5 cm. The 2 x 1.2 x 1 cm pink-tan left ovary has a normal outer surface. Cut sections show ovarian parenchyma. The attached fallopian tube with fimbrial end measures 5 x 0.5 x 0.4 cm. Cut sections shows a pinpoint lumen. The 1.5 x 1.2 x 1 cm pink-tan right ovary has a normal outer surface. Section shows a putative pink-tan ovarian parenchyma. The 5 x 0.6 x 0.5 cm fallopian tube with fimbrial end has a normal outer surface. Cut sections show a pinpoint lumen.

Sections are submitted as follows: A1 and A2 - anterior posterior cervix; A3 and A4 - anterior posterior lower uterine segment; A5 to A7 - anterior endomyometrium which was replaced by a tan-yellow necrotic tumor; A8 to A10 - posterior endomyometrium with tumor which completely replaced the endomyometrium; A11 - putative leiomyoma, A12 and A13 - left adnexa; A14 and A15 - right adnexa. Jar 2.

The second container is labeled "left pelvic lymph nodes." It holds multiple fragments of adipose tissue that measure 4.5 x 4 x 0.3 cm in aggregate from which multiple putative lymph nodes, the largest measuring 0.8 x 0.5 x 0.3 cm and the smallest one measuring 0.2 x 0.2 x 0.2 cm, are dissected. Labeled B1 to B3. Jar 0.

The third container is labeled "left obturator lymph node." It holds multiple fragments of adipose tissue that measure 3 x 3 x 0.5 cm in aggregate from which multiple putative lymph nodes are dissected. The largest one measures 2 x 1 x 0.4 cm, the smallest one measures 0.2 x 0.2 x 0.2 cm. Labeled C1 to C2. Jar 0.

The fourth container is labeled "right pelvic lymph nodes." It holds multiple fragments of adipose tissue that measure 6 x 5 x 0.3 cm in aggregate from which multiple putative lymph nodes are dissected. The largest one measures 2 x 1 x 0.3 cm, the smallest one measures 0.3 x 0.3 x 0.2 cm. Labeled D1 to D3. Jar 0.

The fifth container is labeled "right obturator lymph node." It holds a single putative lymph node that measures 2.5 x 2 x 1 cm. Bisected and labeled E1 through E2 (one lymph node). Jar 0.

The sixth container is labeled "right common periaortic." It holds multiple fragments of adipose tissue that measure 3 x 3 x 0.3 cm. Two putative lymph nodes are dissected, the larger one measures 1.8 x 1 x 0.2 cm. The smaller one measures 1 x 0.8 x 0.3 cm. Labeled F1 and F2. Jar 0.

The seventh container is labeled "left common periaortic lymph node #7." It holds multiple fragments of adipose tissue that measures 2.5 x 2 x 0.3 cm. Multiple putative lymph nodes are dissected. The largest one measures 0.5 x 0.3 x 0.2 cm, the smaller one measures 0.2 x 0.2 x 0.2 cm. Labeled G1 through G2. Jar 0.

The eighth container is labeled "omental biopsy." It holds a single fragment of adipose tissue measures 10 x 8 x 0.7 cm. Cut section shows normal adipose tissue. There is no firm fibrous lesion identified. Labeled H1 to H5. Jar 1.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, endometrioid type with squamous differentiation

FIGO GRADE

The FIGO Grade of the tumor is 51 to 100% solid growth pattern (FIII)

TUMOR INVASION

Invasive tumor is present with invasion of the outer 1/3 of the myometrium

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TUMOR SIZE

The tumor invades to a depth of 20.9 mm
The myometrial thickness is 21 mm

LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)
The lower uterine segment is involved by tumor

ENDOCERVICAL INVOLVEMENT

The endocervix is not involved by tumor

LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is present but limited in scope

REGIONAL LYMPH NODES (N)

Regional lymph node metastasis (N1)
The regional lymph nodes are involved by tumor in 5 nodes
The total number of lymph nodes examined is 22

DISTANT METASTASIS (M)

Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)

Tumor invades one-half or more of the myometrium (T1c/IC)

STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T1c/N1/MX

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

Surgical Pathology report is available on-line on

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