

ICD-0-3

## Specimens Submitted:

- 1: SP: Enlarged left external iliac lymph node
- 2: SP: Uterus, cervix, fallopian tubes and ovaries
- 3: SP: Omentum (
- 4: SP: Left external iliac lymph nodes
- 5: SP: Left obturator lymph nodes
- 6: SP: Left common iliac lymph nodes
- 7: SP: Left para-aortic lymph nodes (
- 8: SP: Right external iliac lymph nodes (
- 9: SP: Right obturator lymph nodes
- 10: SP: Right common iliac lymph nodes
- 11: SP: Right para-aortic lymph nodes

adenocarcinoma, endometrioid, NOS 8380/3

Site: endometrium C54.1

hw  
5/1/11

## DIAGNOSIS:

- 1) LYMPH NODE, LEFT EXTERNAL ILIAC, "ENLARGED"; EXCISION:  
- TWO BENIGN LYMPH NODES (0/2).
- 2) UTERUS, CERVIX, FALLOPIAN TUBES AND OVARIES: TOTAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:  
- ADENOCARCINOMA OF ENDOMETRIUM, ENDOMETRIOID TYPE, WITH PAPILLARY FEATURES, FIGO GRADE II (6-50% SOLID GROWTH), NUCLEAR GRADE 3.  
- THE TUMOR INVADERS TO > HALF OF MYOMETRIUM.  
- THE MAXIMAL THICKNESS OF MYOMETRIAL INVASION IS 22 MM.  
- THE THICKNESS OF THE MYOMETRIUM IN THE AREA OF MAXIMAL TUMOR INVASION IS 31 MM.  
- NO ENDOCERVICAL INVASION IS IDENTIFIED.  
- VASCULAR INVASION IS PRESENT.  
- THE ENDOMETRIUM SHOWS SECRETORY CHANGE WITH STROMAL DECIDUALIZATION.  
- THE RIGHT OVARY SHOWS FOLLICULAR CYSTS.  
- THE LEFT OVARY SHOWS FOLLICULAR CYSTS.  
- ALL OTHER ADNEXAE ARE UNREMARKABLE.

NOTE: IMMUNOHISTOCHEMICAL STAINS WILL BE PERFORMED AND THE RESULTS WILL BE REPORTED IN AN ADDENDUM.


\*\* Continued on next page \*\*

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TCGA-AP-A0LM-01A-PR

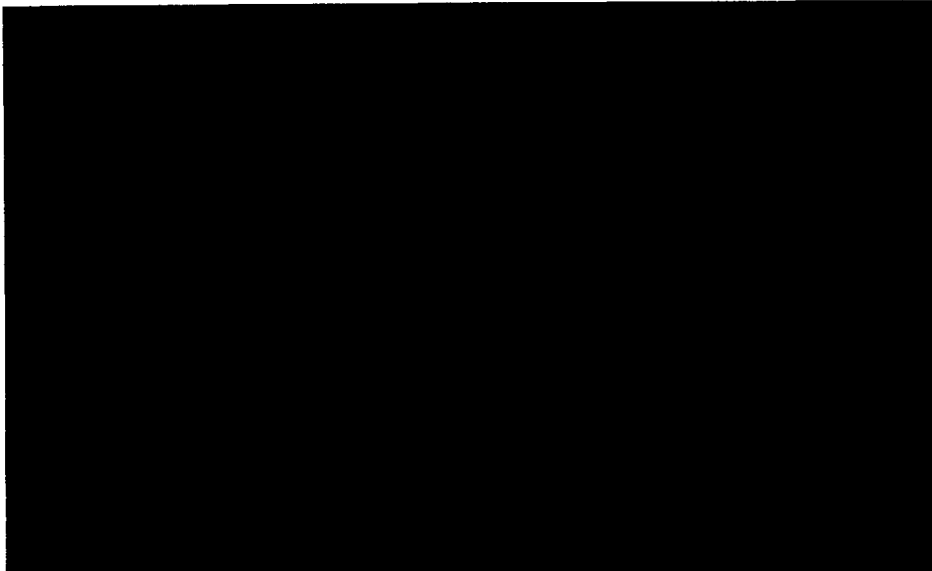
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Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Notes		<input checked="" type="checkbox"/>
Case is (circle): <u>MALE</u> / DISQUALIFIED		
Reviewer Initials: <u>hw</u> Date Reviewed: <u>5/24/11</u>		

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- 3) OMENTUM; OMENTECTOMY:  
- THIS RESULT WILL BE REPORTED IN AN ADDENDUM.
- 4) LYMPH NODES, LEFT EXTERNAL ILIAC; EXCISION:  
- ELEVEN BENIGN LYMPH NODES (0/11).
- 5) LYMPH NODES, LEFT OBTURATOR; EXCISION:  
- ONE BENIGN LYMPH NODE (0/1).
- 6) LYMPH NODES, LEFT COMMON ILIAC; EXCISION:  
- ONE BENIGN LYMPH NODE (0/1).
- 7) LYMPH NODES, LEFT PARA-AORTIC; EXCISION:  
- EIGHT BENIGN LYMPH NODES (0/8).
- 8) LYMPH NODES, RIGHT EXTERNAL ILIAC; EXCISION:  
- FIVE BENIGN LYMPH NODES (0/5).
- 9) LYMPH NODES, RIGHT OBTURATOR; EXCISION:  
- TWELVE BENIGN LYMPH NODES (0/12).
- 10) LYMPH NODES, RIGHT COMMON ILIAC; EXCISION:  
- EIGHT BENIGN LYMPH NODES (0/8).
- 11) LYMPH NODES, RIGHT PARA-AORTIC; EXCISION:  
- MICROSCOPIC METASTATIC ADENOCARCINOMA IN ONE OF FIVE LYMPH NODES (1/5).

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.



PART #3.

- SECTIONS OF OMENTUM ARE HISTOLOGICALLY UNREMARKABLE.

PART #2.

THE TUMOR EXPRESSES PR, BUT NOT ER OR P53. THESE RESULTS DO NOT PROVIDE  
SUPPORT FOR A SEROUS CARCINOMA.  
IN ADDITION, THE BETA CATENIN SHOWS A MEMBRANE PATTERN OF IMMUNOREACTIVITY  
AND THE MIB-1 LABELLING INDEX IS MODERATE-HIGH.

\*\* End of Report \*\*