

| Criteria | Yes | No |
|--------------------------------|-----------|--------------|
| Diagnosis Discrepancy | | |
| Primary Tumor Site Discrepancy | | |
| HPAA Discrepancy | | |
| Prior Malignancy History | | |
| Dual/Synchronous Primary | | |
| Case is (check): | QUALIFIED | DISQUALIFIED |
| Reviewed/Initials | EM | 11/13/11 |

UUID:1CA1DEC3-AD70-40F7-859B-24A27F47C904
TCGA-B5-A3FA-01A-PR

Redacted

Surg Path



CLINICAL HISTORY:

Malignant neoplasm corpus uteri.

GROSS EXAMINATION:

A. "Uterus, cervix, bilateral tubes and ovaries", received fresh and placed in formalin is a 109 gram, 9 x 6 x 4.5 cm uterus. The serosa is red-tan with numerous fibrinous adhesions. The ectocervix is pink-tan, smooth and glistening. There is a 1.1 cm central os leading into a 1.5 cm trabecular endocervical canal. The 5.0 x 3.2 cm endometrial cavity discloses a posterior wall 4.5 x 3.0 cm exophytic soft tan tumor and an 4.5 x 1.6 cm exophytic, soft tan mass on the anterior wall. The tumor in the 1.9 cm thick posterior wall invades to a depth of 1.0 cm. Two intramural leiomyomata are less than 1.2 cm in greatest dimension. The right adnexa consists of a 1.5 x 1.0 x 0.6 cm grossly unremarkable ovary with a 4.3 cm long, 0.4 cm in diameter fimbriated fallopian tube with a segment mostly consistent with prior tubal ligation. The left adnexa consists of a 1.5 x 1.0 x 0.4 cm grossly unremarkable ovary with an attached 3.5 cm long, 0.4 cm in diameter fimbriated fallopian tube with a segment missing consistent with prior tubal ligation.

BLOCK SUMMARY:

- A1-2 anterior cervix
- A3- posterior cervix
- A3-4 anterior endomyometrium with tumor
- A5-6 posterior endomyometrium with tumor (deepest invasion)
- A7- anterior lower uterine segment and endocervix with tumor
- A8- posterior lower uterine fragment and endocervix with tumor
- A9- right adnexa
- A10- left adnexa

B. "Right external iliac nodes". Received fresh and placed in formalin is a 5.5 x 3.2 x 1.0 cm aggregate of yellow-tan fibroadipose tissue which is bisected for lymph nodes. One lymph node candidate is trisected and entirely submitted in blocks B1-2. The remaining tissue is submitted in blocks B3-5.

C. "Right obturator nodes". Received fresh and placed in formalin is a 6.5 x 3.5 x 1.8 cm fragment of yellow-tan fibroadipose tissue which is bisected for lymph nodes. Three lymph node candidates are submitted in block C1. The remaining tissue is submitted in blocks C2-4.

D. "Aortic nodes". Received fresh and placed in formalin is a 5.5 x 2.0 x 1.0 cm aggregate of yellow-tan fibroadipose tissue which is bisected for lymph nodes. Three lymph node candidates are submitted in block D1. One lymph node candidate is bisected and submitted in block D2. The remaining tissue is submitted in block D3.

E. "Left external iliac nodes". Received fresh and placed in formalin is a 4.5 x 3.5 x 2.0 cm aggregate of yellow-tan fibroadipose tissue which is bisected for lymph nodes. Three lymph node candidates are submitted in block E1. Two lymph node candidates are submitted in block E2. The remaining tissue is submitted in blocks E3-4.

F. "Left obturator nodes". Received fresh and placed in formalin is a 6.0 x 2.7 x 2.0 cm aggregate of yellow-tan fibroadipose tissue which is dissected for lymph nodes. One lymph node candidate is sectioned and entirely submitted in blocks F1-2. Two lymph node candidates are submitted in block F3. The remaining tissue is submitted in blocks F4-5.

1CD-0-3
Carcinoma, Endometrial, NOS 8380/3
Site: Endometrium c54.1
11/13/11

MICROSCOPIC EXAMINATION:
Microscopic examination is performed.

PATHOLOGIC STAGE:
PROCEDURE: HYSTERECTOMY, OOPHORECTOMY & LYMPH NODES

PATHOLOGIC STAGE: pT1c pN0 pMX

NOTE:

Information on pathology stage and the operative procedure is transmitted to this Institution's Cancer Registry as required for accreditation purposes by the Commission on Cancer. Pathology stage is based solely upon the current tissue specimen being evaluated, and does not incorporate information on any specimens submitted separately to our Cytology section, past pathology information, imaging studies, or clinical or operative findings. Pathology stage is only a component to be considered in determining the clinical stage, and should not be confused with nor substituted for it. The exact operative procedure is available in the surgeon's operative report.

DIAGNOSIS:

A. UTERUS: 109.0 GRAMS

ENDOMETRIUM:

TUMOR SITE: POSTERIOR CORPUS

HISTOLOGIC TYPE: ENDOMETRIOID ADENOCARCINOMA.

FIGO GRADE: 3

TUMOR SIZE: 4.5 X 3.0 X 3.0 CM.

MAXIMUM DEPTH OF MYOMETRIAL INVASION: 1.0 CM, IN A 1.9 THICK WALL.

LYMPHATIC/VASCULAR INVASION: NEGATIVE

ADJACENT NON-NEOPLASTIC ENDOMETRIUM: SESSILE POLYP & ATROPHY.

REMAINING MYOMETRIUM: LEIOMYOMA

CERVIX & SEROSA: NO PATHOLOGIC DIAGNOSIS.

SPECIMEN MARGINS: NOT INVOLVED

THE FOLLOWING SPECIMENS ARE FREE OF TUMOR

A. OVARIES AND FALLOPIAN TUBES, BILATERAL: NO PATHOLOGIC DIAGNOSIS.

MESOTHELIAL AND SOFT TISSUE ADJACENT TO LEFT OVARY: MESOTHELIAL
HYPERPLASIA

B. RIGHT EXTERNAL ILIAC LYMPH NODES: NO TUMOR IN 2 LYMPH NODES (0/2).

C. RIGHT OBTURATOR LYMPH NODES: NO TUMOR IN 3 LYMPH NODES (0/3).

D. PERIAORTIC LYMPH NODES: NO TUMOR IN 2 LYMPH NODES (0/2).

E. LEFT EXTERNAL ILIAC LYMPH NODES: NO TUMOR IN 2 LYMPH NODES (0/2).

F. LEFT OBTURATOR LYMPH NODES: NO TUMOR IN 4 LYMPH NODES (0/4).

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

CI ADDENDUM 1:

Please see
tests.

results of supplementary

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).