

UUID: 87C3C4EC-E494-4290-AFDA-FEF8A8A3BA5
TCGA-SJ-A6ZJ-01A-PR Redacted



IGD-0-3 NOS
Adenocarcinoma, endometrioid
8380B
Site: Endometrium 54.1
8/2/13

MRN:
Patient:
Admission Date:
Ordering Physician:

Sex/DOB: Female
Discharge Date:

Surgical Pathology Report

Collected Date/Time:
Received Date/Time:

Accession Number:

Final Diagnosis

A. UTERUS, FALLOPIAN TUBE AND OVARIES, HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:

- ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, FIGO GRADE II, INVASIVE TO A DEPTH OF 2.5 CM OUT OF 4.0 CM OF MYOMETRIUM.
- PARAMETRIAL RESECTION MARGINS FREE OF TUMOR.
- LEIOMYOMAS.
- BILATERAL FALLOPIAN TUBES AND OVARIES WITH NO SPECIFIC PATHOLOGIC CHANGE.
- SEE SYNOPSIS REPORT.

B. CERVIX, RESECTION:

- ACUTE AND CHRONIC CERVICITIS WITH SQUAMOUS METAPLASIA AND REACTIVE CHANGES.
- THERE IS NO EVIDENCE OF MALIGNANCY.

C. RIGHT PELVIC LYMPH NODES, EXCISION:

- THERE IS NO EVIDENCE OF MALIGNANCY IN 15 LYMPH NODES (0/15).

D. LEFT PELVIC LYMPH NODES, EXCISION:

- THERE IS NO EVIDENCE OF MALIGNANCY IN 13 LYMPH NODES (0/13).

(Electronic signature)
Verified:

Synopsis Report

SPECIMEN:

Uterine corpus
Cervix
Right ovary
Left ovary
Right fallopian tube

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Print Date/Time:

Patient Locations:

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Left fallopian tube
Left parametrium
Right parametrium

PROCEDURE:

Radical hysterectomy
Bilateral salpingo-oophorectomy

LYMPH NODE SAMPLING:

Performed:
Pelvic lymph nodes

SPECIMEN INTEGRITY:

Intact hysterectomy specimen

TUMOR SITE:

ANTERIOR AND POSTERIOR

TUMOR SIZE:

Greatest dimension: 8 cm
Additional dimensions: 5 cm

HISTOLOGIC TYPE:

Endometrioid adenocarcinoma, not otherwise characterized

HISTOLOGIC GRADE:

FIGO grade 2

MYOMETRIAL INVASION:

Depth of invasion: 25 mm
Myometrial thickness: 40 mm

INVOLVEMENT OF CERVIX:

Not involved

EXTENT OF INVOLVEMENT OF OTHER ORGANS:

Right ovary
Not involved
Left ovary
Not involved
Right fallopian tube
Not involved
Left fallopian tube
Not involved
Right parametrium
Not involved
Left parametrium
Not involved

PERITONEAL ASCITIC FLUID:

Negative for malignancy/normal/benign

MARGINS:

Uninvolved by invasive carcinoma

LYMPH-VASCULAR INVASION:

Not identified

PRIMARY TUMOR (pT):

MRN:
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pT1b [IB]: Tumor invades greater than or equal to one-half of the myometrium

REGIONAL LYMPH NODES (pN):

pN0: No regional lymph node metastasis

Pelvic lymph nodes:

Number examined: 28

Number involved: 0

DISTANT METASTASIS (pM):

Not applicable

ADDITIONAL PATHOLOGIC FINDINGS:

Endometrial intraepithelial neoplasia (EIN)

Source of Specimen

- A Uterine Corpus, with Tubes & Ovaries
- B Cervix
- C Lymph Nodes, Right Pelvic
- D Lymph Nodes, Left Pelvic

Clinical Information

PRE-OP DIAGNOSIS: Endometrial uterine cancer

POST-OP DIAGNOSIS: Same

TYPE OF PROCEDURE: Total abdominal hysterectomy, bilateral salpingo-oophorectomy, lymph node dissection

Gross Description

The specimen is received in 4 parts:

A. The specimen is received fresh for frozen section labeled "UTERINE CORPUS, TUBES, OVARIES" and consists of a 690 g, previously opened, enlarged and distorted uterine corpus without cervix, 11 cm from fundus to the resection margin, 9 cm from cornu to cornu and 8 cm from anterior to posterior. There are bilateral attached adnexa. The serosa is tan-pink, smooth and glistening with approximately 8 subserosal nodules, up to 7 cm in greatest dimension. The anterior portion is inked red and the posterior portion is inked black. Within the endometrial cavity is a 8 x 5 x 2.5 cm tan, papillary, friable mass that comes to within 5 cm from the posterior margin of resection and 7 cm from the anterior margin of resection. The mass is 20% on the anterior aspect and 80% on the posterior aspect. The mass involves the outer half of a 4 cm thick endometrium. At the deepest site of invasion the mass measures approximately 2.5 cm in thickness. The uninvolved endometrium is tan-pink, glistening and up to 0.2 cm thick. Within the myometrium are approximately 5 and white, firm, whorled bulging nodules, up to 3.5 cm in greatest dimension. No areas of hemorrhage or necrosis within the nodules is identified, however the largest subserosal nodule is focally calcified.

The left adnexal unit consists of a fimbriated fallopian tube, 4.5 cm in length and 0.5 cm in diameter and ovary, 3 x 2.5 x 0.8 cm. The right adnexal unit consists of a fallopian tube, 5 cm in length and 0.6 cm in diameter, and an ovary, 3 x 1.5 x 1 cm. The outer surfaces of the ovaries are tan pink and cerebriform. Sectioning reveals variegated and unremarkable cut surfaces. The serosa of the fallopian tubes are grey purple, smooth and glistening. Sectioning reveals patent, pinpoint lumens. Rep. sections are submitted as follows:

- A1-FSA 1, posterior endomyometrium with mass
- A2-anterior lower uterine segment
- A3-posterior lower uterine segment
- A4-A5-anterior endomyometrium

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A6-A7-posterior endomyometrium
A8-A9- anterior full thickness section with mass, bisected
A10-A11-anterior full thickness section with mass, bisected
A12-A13-posterior full thickness section with mass, bisected
A14-A15-posterior full thickness section with mass, bisected
A16-A17-posterior endomyometrium with mass
A18- left parametrium
A19-right parametrium
A20-A22-nodules
A23-left fimbriae, submitted entirely
A24-left ovary and fallopian tube
A25-right fimbriae, submitted entirely of the lingula of motion for total joint the kidney show
A26- right ovary and fallopian child no fluid within B. The specimen is received fresh labeled "CERVIX" and consists of an unoriented cervix, 4 cm in length and 3 cm in diameter. The ectocervical mucosa is tan-pink, glistening and granular. Opening reveals a 1.3 x 0.9 cm nodule which is raised above the surface 0.5 cm. The endocervical canal is tan, glistening and striated. Rep. sections are submitted as follows:
B1-B2-random cervix
B3-B6-nodule, submitted entirely

Time of specimen was removed from the patient: Not given
Time specimen was placed in formalin:
Ischemic time: []

C. The specimen is received fresh labeled "RIGHT PELVIC LYMPH NODES" and consists of a 6.5 x 5.5 x 2.5 cm aggregate of tan-yellow, lobulated adipose tissue, embedded within which are multiple, firm, gray-brown, gritty lymph nodes. Rep. sections are submitted as follows:

C1-multiple intact, possible lymph nodes
C2-one lymph node, trisected
C3-two intact lymph nodes
C4-two lymph nodes, bisected
C5-C7-one lymph node, trisected
C8-one lymph node, trisected
C9-one lymph node, bisected
C10-3 intact lymph nodes
C11-2 lymph nodes

Time of specimen was removed from the patient: Not given
Time specimen was placed in formalin:
Ischemic time:
-

D. The specimen is received fresh labeled "LEFT PELVIC LYMPH NODES" and consists of a 7 x 5 x 3 cm aggregate of tan-yellow, lobulated adipose tissue embedded within which are multiple, firm, grey-brown lymph nodes. Rep. sections are submitted as follows:
D1-one bisected lymph node
D2-one bisected lymph node

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D3-D4-one bisected lymph node
D5-D6-multiple, lymph nodes, bisected
D7-D8: one bisected lymph node.
D9: 3 intact lymph nodes
D10-multiple, matted lymph nodes

Time of specimen was removed from the patient:
Time specimen was placed in formalin:
Ischemic time:

Dictated by:

Intra Operative Consultation

FSA 1-adenocarcinoma involving myometrium, more than one half. Needed to evaluate gross with multiple sections.

Special Stains / Slides

54 H&E

Tissue Code

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	Date Reviewed: 7/10/2013	