

Cytology

Collection Date:
Hospital of Origin:
Copy to:

QC Pathologist:

FINAL PATHOLOGIC DIAGNOSIS:
Peritoneal washings, cytologic analysis by ThinPrep
monolayer:
Malignant cells identified - adenocarcinoma;

COMMENTS: ..

CLINICAL HISTORY:

The patient is a year old female with serous endometrial cancer.

CODES:

PROCEDURAL DEMOGRAPHICS:

Date of Procedure:

Accession Date/Time:

GROSS DESCRIPTION:

A. A liquid based preparation is reviewed that has been prepared from 300 mls of red fluid submitted as peritoneal or pelvic washings.

INTRA-PROCEDURE CONSULTATION:

MICROSCOPIC DESCRIPTION:

UUID: B9651546-2908-4058-8275-24C8A53A18A3
TCGA-AJ-A23M-01A-PR

Redacted



ICD-0-3

Carcinoma, serous, NOS 8441/3

Site: Endometrium C54.1

4/19/11

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: 4/19/11	

Collection Date:
Hospital of Origin:
Copy to

QC Pathologist:

FINAL PATHOLOGIC DIAGNOSIS:

A. Uterus, hysterectomy:

~~Endometrium, papillary serous carcinoma~~ (see comment).
Grade 3

Tumor size: 11.0 x 8.5 cm.

Tumor invades greater than one-half of myometrium (8.0 mm invasion depth into 9.0 mm myometrial thickness, located in the lower uterine segment).

Tumor involves uterine corpus, lower uterine segment, and cervix with stromal invasion.

Lymphovascular space invasion present.

Surgical margins free of tumor (cervical and parametrial).

B. Lymph nodes, right pelvic, dissection:

Negative for neoplasm, two nodes involved (0/2).

C. Lymph nodes, left pelvic, dissection:

Negative for tumor, two nodes examined (0/2).

D. Diaphragm, biopsy:

Negative for neoplasm.

E. Omentum, omentectomy:

Negative for neoplasm.

Staging (AJCC 2010): pT2, N0, M0 (FIGO II)

COMMENTS:

CLINICAL HISTORY:

Preoperative Diagnosis: Serous endometrial cancer

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

A. Uterus, cervix

B. Right pelvic lymph nodes

C. Left pelvic lymph nodes

D. Diaphragm

E. Omentum

CODES:

PROCEDURAL DEMOGRAPHICS:

Date of Procedure:

Accession Date/Time:

GROSS DESCRIPTION:

A. The first container A is labeled uterus, cervix. The specimen consists of a previously bisected uterus with attached cervix. The uterus measures 8.5 x 8.0 x 2.5 cm and weighs 131 grams. The serosal surface of the uterus is gray to brown tan with hemorrhage and adhesions. Orientation can not be grossly determined. The serosa has been inked. The cervix measures 5.0 cm in length and 2.0 cm in diameter and has a 0.7 cm slit patent os. The ectocervix is gray to brown tan. The endocervical canal is light tan roughened with slight hemorrhage. The endometrial cavity measures 9.0 x 8.5 cm and is completely involved by a gray tan shaggy mass that extends through the lower uterine segment into the upper portions of the endocervical canal measuring in total 11.0 x 8.5 cm and is grossly 2.0 cm from the ectocervix. On sectioning through the mass, in the area of the lower uterine segment and upper endocervical canal, the mass extends into the underlying wall and is approximately 0.7 cm and is 0.7 cm from the resected margin. On sectioning the cut surface of the mass is gray tan soft and friable. There is a focal area of almost complete full thickness invasion into the underlying myometrium approximately 2.0 cm into a 2.2 cm thick myometrium. The myometrium is gray tan trabecular. There are no lesions grossly identified. Received with the specimen are two cassettes, one green and one yellow, labeled Representative sections are submitted in cassettes as follows: cervix--1 and 2; areas of deepest invasion from the lesion--3 and 4; additional full thickness sections taken from the lesion--5 to 7; lower uterine segment--8; bilateral parametrium--9.

B. The second container B is labeled right pelvic. The specimen consists of a portion of fibroadipose tissue measuring 5.5 x 5.0 x 2.0 cm. Sectioning reveals a single probable lymph node measuring up to 3.0 cm in greatest dimension showing marked fatty replacement. The lymph node is sectioned and entirely submitted in cassettes

C. The third container C is labeled #3 left pelvic. The specimen consists of a portion of fibroadipose tissue measuring 6.5 x 5.0 x 2.0 cm. Sectioning reveals a single probable lymph node measuring 3.0 cm in greatest dimension. The lymph node is sectioned and entirely submitted in six cassettes:

D. The fourth container D is labeled diaphragm. The specimen consists of a piece of gray tan soft tissue measuring 0.7 x 0.5 x 0.2 cm. The specimen is entirely submitted in a single cassette

E. The fifth container E is labeled omentum. The specimen consists of a piece of yellow tan lobular fibroadipose omental tissue measuring 25.0 x 14.0 x 2.5 cm. The surface displays slight hemorrhage. On sectioning there are no nodules identified. Representative sections are submitted in four cassettes

Cancer Antigen 125

Cancer Antigen 125

1 or more Final Results Received

Because the concentration of CA 125 in any given specimen can vary due to differences in assay methods and reagent specificity, values from different assay methods cannot be used interchangeably. Serum CA 125 levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease. CA 125 is not intended for use as a cancer screening test.