

RUN DATE:  
RUN TIME:  
BY:

UID: 926937F8-6057-4039-8838-011580ACFE1A  
TCGA-AX-A06L-01A-PR Redacted



Specimen Inquiry

ENT:  
REG DR:

ACCT #:  
AGE/SX: F  
STATUS: DIS IN

LOC:  
RM/BED:  
TLOC:

U#:  
REG:  
DIS:

SPEC #:  
STATUS: SOUT

Obtained:  
Received:

Subm Dr:

CLINICAL HISTORY:

HX OF ATYPICAL ENDOMETRIAL HYPERPLASIA. R/O CA; IF CA= GRADE?. DEPTH OF INVASION?. CERVICAL INVOLVEMENT?

SPECIMEN/PROCEDURE:

1. UTERUS - WITH TUBES, OVARIES
2. LYMPH NODE - RIGHT PELVIC
3. LYMPH NODE - RIGHT PARA-AORTIC
4. LYMPH NODE - LEFT COMMON ILIAC
5. LYMPH NODE - LEFT PELVIC
6. LYMPH NODE - LEFT PARA-AORTIC
7. LYMPH NODE - RIGHT COMMON ILIAC

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"/>
Dist/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BB	Date Reviewed: 10/30/11

hw 10/30/11

1C0-0-3

IMPRESSION:

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

- 1) UTERUS, BILATERAL OVARIES AND FALLOPIAN TUBES; HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:
  - ENDOMYOMETRIUM:
    - Adenocarcinoma of endometrium, endometrioid type: FIGO grade 1, nuclear grade 2 (See Checklist).
    - Carcinoma invades the inner half of the myometrium.
    - Lymphovascular invasion is not identified.
    - Leiomyoma (5.5 cm). posterior corpus.
  - CERVIX:
    - Benign ectocervical and endocervical glandular components with squamous metaplasia and mild chronic cervicitis.
    - No evidence of dysplasia or malignancy.
  - UTERINE SEROSA:
    - No evidence of malignancy.
  - OVARIES, BILATERAL:
    - Atrophic physiologic changes; no evidence of malignancy.
  - FALLOPIAN TUBES, BILATERAL:
    - Paratubal cyst (left); no evidence of malignancy.
- 2) LYMPH NODES, RIGHT PELVIC, REGIONAL DISSECTION:
  - Ten benign lymph nodes (0/10).
- 3) LYMPH NODE, RIGHT PARA-AORTIC, BIOPSY:
  - One benign lymph node (0/1).

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## PRESSION: (continued)

- 4) LYMPH NODE, LEFT COMMON ILIAC, BIOPSY:  
One benign lymph node (0/1).
- 5) LYMPH NODES, LEFT PELVIC, REGIONAL DISSECTION:  
Seven benign lymph nodes (0/7).
- 6) LYMPH NODES, LEFT PARA-AORTIC, REGIONAL DISSECTION:  
Three benign lymph nodes (0/3).
- 7) LYMPH NODES, RIGHT COMMON ILIAC, REGIONAL DISSECTION:  
Three benign lymph nodes (0/3).

ENDOMETRIAL CARCINOMA CHECKLIST:

## MACROSCOPIC

## SPECIMEN TYPE

Hysterectomy with bilateral salpingo-oophorectomy

## TUMOR SITE

Specify location(s), if known:  
Anterior uterine wall

## TUMOR SIZE

Greatest dimension: 6.0 cm  
Additional dimensions: 3.5 x 1.4 cm

## OTHER ORGANS PRESENT

Right ovary  
Left ovary  
Right fallopian tube  
Left fallopian tube

## MICROSCOPIC

## HISTOLOGIC TYPE

Endometrioid adenocarcinoma, not otherwise characterized

## HISTOLOGIC GRADE

G1: 5% or less nonsquamous solid growth

## MYOMETRIAL INVASION

Invasion present

Maximal depth of myometrial invasion: 8.0 mm

Thickness of myometrium in area of maximal tumor invasion: 18.0 mm

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## PRESSION: (continued)

The % of myometrial involvement: 44%

## EXTENT OF INVASION

## PRIMARY TUMOR (PT)

## TNM (FIGO)

pT1 (1): Tumor confined to corpus uteri

pT1b (1B): Tumor invades less than one-half of the myometrium

## REGIONAL LYMPH NODES (pN)

## TNM (FIGO)

pNO: No regional lymph node metastasis

Number examined: 25

## DISTANT METASTASIS (pM)

## TNM (FIGO)

pMX: Cannot be assessed

## MARGINS

Uninvolved by invasive carcinoma

Distance of invasive carcinoma from closest margin: 10 mm from uterine serosal surface

## VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)

Absent

## ADDITIONAL PATHOLOGIC FINDINGS

Complex endometrial hyperplasia with atypia

Endometrial atrophy

Leiomyoma

Pathologic TNM: pT1b N0 M0

Dictated by:

Entered:

## COMMENT:

Representative sections reviewed at

Entered:

## SPECIAL STAINS/PROCEDURES:

## FROZEN SECTION SUMMARY:

One initial frozen section (1AF).

One additional frozen section (1BF).

Dictated by:

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## GROSS DESCRIPTION:

- 1) Received fresh labeled with the patient's name and "uterus, tubes, and ovaries, is a 250 gram hysterectomy specimen including an unopened uterus (11.2 cm from fundus to cervix, 6.0 cm from cornu to cornu, 9.0 cm from anterior to posterior), right fallopian tube (5.0 cm in length x 0.5 cm in diameter), right ovary (1.7 x 1.2 x 0.4 cm), left fallopian tube (4.0 cm in length x 0.5 cm in diameter), and left ovary (2.0 x 1.4 x 0.5 cm). The serosal surface of the uterus is pink to tan, smooth and glistening. The ectocervix (1.5 x 1.5 cm) covered with pink to tan mucosa. The external os is 1.2 x 0.2 cm. The endocervical canal is 3.5 cm in length with a herringbone appearance. There is a 6.0 x 3.5 x 1.4 cm pink to tan friable mass on the anterior wall of the uterus. The cut surface shows tumor invading into the inner half of the myometrium. There is a 5.5 x 5.0 x 4.5 cm intramural fibroid in the posterior wall of the uterus. The cut surface of the fibroid is white to tan with whorled appearance. The tumor mass and fibroid distort the uterine cavity and the size of the uterine cavity is unable to be determined. The endometrium overlying the fibroid appears thin but is focally thickened to 0.2 cm. The myometrium is approximately 1.5 cm in thickness. The cut surface of the bilateral fallopian tubes is pink to tan and unremarkable. The cervix and ectocervical margin appear uninvolved by tumor. The cut surface of the bilateral ovaries is pink to yellow and unremarkable. Two representative sections of tumor mass are submitted in cassettes 1AF and 1BF for frozen section.

FROZEN SECTION DIAGNOSIS: Endometrioid adenocarcinoma, well-differentiated with invasion of inner half of myometrium.

(Reported at

M.D./

, M.D.

, M.D.

A small portion of the right fallopian tube and tumor mass are requested by GYN/Oncology for research. The anterior surface of the uterus is inked in black.

## CASSETTE SUMMARY:

Cassette 1C: Representative sections of right fallopian tube and right ovary.  
 Cassette 1D: Representative sections of left fallopian tube and ovary.  
 Cassette 1E: Cervix at 12 o'clock.  
 Cassette 1G: Lower uterine segment, anterior.  
 Cassette 1H: Cervix at 6 o'clock.  
 Cassette 1J: Lower uterine segment, posterior.  
 Cassette 1K: Section of endomyometrium from the posterior wall.  
 Cassettes 1L-1Q: Representative sections of the fibroid on the posterior wall.  
 Cassettes 1R-1Y: Sections of tumor with full thickness of endomyometrium from anterior wall.

- 2) Received in formalin labeled "right pelvic lymph nodes" and with the patient's name, are ten irregular tan to pale tan ovoid lymph nodes identified, ranging from 1.0 x 0.6 x 0.3 cm to 2.7 x 1.5 x 1.3 cm. All lymph nodes identified are submitted as follows:

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## GROSS DESCRIPTION: (continued)

## CASSETTE SUMMARY:

Cassette 2A: Two lymph nodes, bivalved, one inked blue.  
Cassette 2B: Two lymph nodes, bivalved, one inked blue.  
Cassette 2C: Two lymph nodes, bivalved, one inked blue.  
Cassette 2D: One lymph node, bivalved.  
Cassette 2E: One lymph node, bivalved.  
Cassettes 2G-2J: One large lymph node serially sectioned.  
Cassette 2K: One lymph node.

- 3) Received in formalin labeled "right para-aortic lymph node" and with the patient's name, is one irregular portion of yellow-tan lobulated adipose tissue, 1.5 x 0.8 x 0.4 cm. The specimen is dissected for lymph nodes, there is one pale tan ovoid lymph node identified, 1.1 x 0.7 x 0.4 cm. All lymph nodes identified are submitted as follows:

## CASSETTE SUMMARY:

Cassette 3: One lymph node, bivalved.

- 4) Received in formalin, labeled "left common iliac lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 2.5 x 1.5 x 0.6 cm. Specimen is dissected for lymph nodes, there is one tan ovoid lymph node identified, 1.1 x 0.6 x 0.4 cm. All lymph nodes identified are submitted as follows:

## CASSETTE SUMMARY:

Cassette 4: One lymph node, bivalved.

- 5) Received in formalin, labeled "left pelvic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 7.0 x 5.5 x 2.0 cm. The specimen is dissected for lymph nodes, there are seven tan to yellow-tan ovoid lymph nodes identified, ranging from 1.8 x 0.4 x 0.3 cm to 3.0 x 3.0 x 2.0 cm. All lymph nodes identified are submitted as follows:

## CASSETTE SUMMARY:

Cassette 5A: Three lymph nodes.  
Cassette 5B: One lymph node, bivalved.  
Cassette 5C: One lymph node, bivalved.  
Cassette 5D: One lymph node, bivalved.  
Cassettes 5E-5N: One large lymph node, serially sectioned.

- 6) Received in formalin, labeled "left para-aortic lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 2.3 x 2.0 x 1.1 cm. Specimen is dissected for lymph nodes, there are three tan to yellow-tan ovoid lymph nodes identified, ranging from 0.5 x 0.4 x 0.2 cm to 1.3 x 0.8 x 0.5 cm. All lymph nodes identified are submitted as follows:

## CASSETTE SUMMARY:

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## GROSS DESCRIPTION: (continued)

Cassette 6A: One lymph node.  
Cassette 6B: One lymph node, bivalved.  
Cassette 6C: One lymph node, bivalved.

- 7) Received in formalin, labeled "right common iliac lymph node" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 1.7 x 1.5 x 0.8 cm. The specimen is dissected for lymph nodes, there are three tan ovoid lymph nodes identified, 0.4 x 0.4 x 0.3 cm, 0.7 x 0.5 x 0.3 cm, and 1.0 x 0.7 x 0.5 cm. All lymph nodes identified are submitted as follows:

## CASSETTE SUMMARY:

Cassette 7A: Two lymph nodes.  
Cassette 7B: One lymph node, bivalved.  
(Specimens 2-7 dictated by

Dictated by:  
Entered:

## COPIES TO:

No PCP/Family Physician

Undefined Provider

## CPT Codes:

FS INITIAL- . FS ADDITIONAL-  
LYMPH NODE, REGIONAL RESECT,

LYMPH NODE BIOPSY (M)  
UTERUS W/WO ADNEXAE, TUMOR-

## ICD9 Codes:

Resident Physician:

I have personally reviewed the material  
(specimen/slide) and approve this final report.

Electronically Signed by: \_\_\_\_\_

\*\* END OF REPORT \*\*