

Surgical Pathology Consultation Report

Patient Name: [REDACTED]
 MRN: [REDACTED]
 DOB: [REDACTED]
 Gender: [REDACTED]
 HCN: [REDACTED]
 Ordering MD: [REDACTED]
 Copy To: [REDACTED]

Service: [REDACTED]
 Visit #: [REDACTED]
 Location: [REDACTED]
 Facility: [REDACTED]

Accession #: [REDACTED]
 Collected: [REDACTED]
 Received: [REDACTED]
 Reported: [REDACTED]

UUID: 5B8CD9C0-148B-4421-AA68-C1F2DF7F9B28
 TCGA-EO-A3B0-01A-PR Redacted



Specimen(s) Received

1. Uterus: Hysterectomy RSO
2. Lymph node: Left obturator node
3. Lymph node: Right pelvic node
4. Lymph node: Left pelvic node
5. Lymph node: Right paraaortic node
6. Lymph node: Right obturator node
7. Lymph node: Paraaortic node
8. Lymph node: Left common iliac node
9. Omentum

Diagnosis

1. Uterus, cervix, right ovary and tube:
 Endometrium:
 ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, FIGO GRADE III
 Depth: Serosal involvement
 Cervix: Tumor extends into lower uterine segment and abuts endocervical canal
 Lymphovascular space invasion: positive, extensive

Right tube
 Unremarkable

Right ovary
 Serous cystadenoma

2. Lymph node: Left obturator node:
 Matted nodes, positive for metastatic carcinoma, diffuse replacement of node parenchyma (1/1)

3. Lymph node: Right pelvic node:
 One node, negative for carcinoma (0/1)

4. Lymph node: Left pelvic node:
 One node, negative for carcinoma (0/1)

5. Lymph node: Right paraaortic node:
 One of two nodes positive for metastatic carcinoma (1/2)

ICD-0-3

adenocarcinoma, endometrioid, Nos 8380/3
 Site: endometrium C54.1 *hw*
 11/13/11

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		
Dual/Synchronous Primary		
Stamp is (circle):	QUALIFIED	DISQUALIFIED
Reviewed Initials:	<i>hw</i>	
Date Reviewed:	9/22/11	

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6. Lymph node: Right obturator node:
Positive for metastatic carcinoma, diffuse replacement of node parenchyma (1/1)

7. Lymph node: Paraaortic node:
Multiple matted nodes, positive for metastatic carcinoma (1/1)

8. Lymph node: Left common iliac node:
Three nodes, positive for carcinoma (3/3)

9. Omentum:
Negative for carcinoma

Comment

The lymph node count is an under-representation of the number of nodes submitted. In several specimens, the nodes were matted, and an accurate count of individual nodes was not possible.

Synoptic Data

Specimen:	Uterine corpus Cervix Right ovary Right fallopian tube
Procedure:	Simple hysterectomy Right salpingo-oophorectomy
Lymph Node Sampling:	Performed: Pelvic lymph nodes Performed: Para-aortic lymph nodes Performed: Obturator, left common iliac
Specimen Integrity:	Intact hysterectomy specimen
Tumor Site:	Other: corpus
Tumor Size:	Greatest dimension: 10.5 cm Additional dimension: 8.5 cm
Histologic Type:	Endometrioid adenocarcinoma, not otherwise characterized
Histologic Grade:	FIGO grade 3
Myometrial Invasion:	Present Myometrial thickness: 20 mm 50% or greater myometrial invasion
Involvement of Cervix:	Not involved
Extent of Involvement of Other Organs:	Right ovary not involved Left ovary not applicable Right fallopian tube not involved Left fallopian tube not applicable
Margins:	Involved by invasive carcinoma Margin: this is not a margin, but the serosal aspect is involved by carcinoma
Lymph-Vascular Invasion:	Present
TNM Descriptors:	Not applicable
Primary Tumor (pT):	pT3a (IIIA): Tumor involves serosa and/or adnexa (direct extension or metastasis)
Regional Lymph Nodes (pN):	pN2 (IIIC2): Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes Pelvic lymph nodes examined: 7 Pelvic lymph nodes involved: 5 Para-aortic lymph nodes examined: 3 Para-aortic lymph nodes involved: 2
Distant Metastasis (pM):	Not applicable

Electronically verified by:

Gross Description

1. The specimen container is labeled with the patient's name and as "Uterus, cervix, right tube, and ovary". The specimen consists of a total hysterectomy and right salpingo-oophorectomy received fresh. The entire specimen weighs 818.5 g in the fresh state. The uterus and cervix measure 16 cm SI x 9.6 cm ML 9 cm AP. The cervix has a maximum diameter of 3.5 cm. The right fallopian tube measures 6.5 x 0.4 cm. The right ovary measures 3.6 x 3.5 x 2.5 cm.

The ectocervix (3.8 X 4.1) cm is covered by smooth glistening mucosa. The external os is 0.9 cm and is slit-shaped. The endocervical canal is 2.5 cm in length. The endometrial cavity (12.5 cm SI x 5.7 cm cornu to cornu) has a pink tan endometrium 0.1- 0.2 cm in maximum thickness. The endometrium is not easily identified as it is obliterated by the tumor. There is a 10.5 x 8.5 cm exophytic tumor in the anterior and posterior endo-myometrium. The tumor appears to be extending into the outer serosal surface which shows multiple ill-defined nodules that are hard in consistency. Cut sections through the tumor show tan-white to yellow, firm, mass lesion with focal areas of hemorrhage and necrosis. The tumor also appears to invade the full thickness of the myometrium anteriorly and posteriorly and extend into the lower uterine segment. The tumor comes to within 0.9 cm from the junction of the lower uterine segment and endocervical canal posteriorly and 0.7cm anteriorly. The mass does not involve the cervix grossly. The myometrium measures 3.8 cm in thickness. The serosa demonstrates multiple fibrous adhesions and tumor nodules which are mostly located on the anterior, and to a lesser extent on the posterior surface.

The fallopian tube has a fimbriated end. There is a serosal tumor deposit adjacent to the tube. The right ovary is partly cystic with light yellowish fluid. Tissue is stored frozen. Representative sections:

1A-1C longitudinal section through the anterior cervix, endocervical canal, lower uterine segment with relation to tumor
1D-1F longitudinal section through the posterior cervix, endocervical Canal, lower uterine segment with relation to tumor
1G-1H anterior full thickness section of tumor
1I-1J posterior full thickness section of tumor
1K-1L anterior full thickness section of tumor
1M-1N posterior full thickness section of tumor with area of fat necrosis
1O-Q representative sections of the serosal nodules
1R-1S serosal nodule in relation to the fallopian tube
1T-1U right fallopian tube submitted in toto
1V fimbriated end of right tube longitudinally sectioned and submitted in toto
1W-AA right ovary in toto
1AB posterior endometrium
1AC anterior endometrium

2. The specimen is labeled with the patient's name and as "left obturator node". It consists of a portion of nodular tissue measuring 6.1 by 4.7 x 2.4 cm. Cut surface through the lymph node show a tan-white to yellow firm mass with focal hemorrhage and necrosis and firmer white areas at the edge. Representative sections are submitted in 2A-E

3. The specimen is labeled with the patient's name and as "right pelvic node". It consists of a portion of fibroadipose tissue measuring 2.2 by 1.8 x 0.3 cm. One lymph node is identified which measures 2.2 x 1.8 x 0.3 cm and submitted in toto.

3A-3B one lymph node bisected

4. The specimen is labeled with the patient's name and as "left pelvic node". It consists of a portion of fibroadipose tissue measuring 2.5 x 1.5 x 0.3 cm. One lymph node is identified which measures 2.5 x 1.5 x 0.3 cm, submitted in toto.

4A-B one lymph node bisected

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5. The specimen is labeled with the patient's name and as "right para-aortic node". It consists of two portions of fibroadipose tissue measuring 1.0 x 0.6 x 0.2 and 0.8 x 0.7 x 0.3 cm. Two lymph nodes ranging from 0.8 to 1 cm are identified, submitted in toto.

5A-B one lymph node each bisected

6. The specimen is labeled with the patient's name and as "right obturator node". It consists of a portion of fibroadipose tissue measuring 1.8 x 1.5 x 0.4 cm. One lymph node is identified and measures 1.8 x 1.5 x 0.4 cm, submitted in toto.

6A one lymph node bisected

7. The specimen is labeled with the patient's name and as "para-aortic node". It consists of a multinodular fibroadipose tissue measuring 8.8 x 6.9 cm x 2.8 cm. Multiple nodes ranging from 2.5 to 3.5 cm are identified. Cut sections through these nodes show tan-white to yellow firm nodules with areas of hemorrhage and fat necrosis. It seems that these nodes are fused together, the largest of which measures 3.5 cm on cut surface. More serial cuts show two more lymph nodes measuring 1 cm and 1.4 cm. Representative sections are submitted.

7A the two smaller nodes in relation to one of the matted nodes

7B-7E representative sections of the matted nodules

8. The specimen is labeled with the patient's name and as "left common iliac node". It consists of 3 separate tissue specimens measuring 4 x 2.5 x 1.8, 2.5 x 0.9 x 0.4, and 1.8 x 1.2 x 0.3 cm. Three lymph nodes are identified and measure 4 x 2.5 x 1.8, 2.5 x 0.9 x 0.4, 1.8 x 1.2 x 0.3 cm. Representative sections are submitted

8A-B one lymph node serially sectioned

8C-D one lymph node serially sectioned

8E-8F representative sections from the largest node

9. The specimen is labeled with the patient's name and as "Omentum". It consists of fibroadipose tissue measuring 10.5 x 9.5 x 1.5 cm. Cut sections through the specimen did not show any obvious gross abnormality. Representative sections are submitted.

9A-E omentum