

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Tumor		
Case is (circle):		
Reviewer Initials	RB	
Date Reviewed	10/27/11	

UUID: 5F009A9A-549F-4EEB-BB6D-C67353C7A292
TCGA-B5-A0TA-01A-PR

Redacted



Surgical Pathology Report

Patient Name: [REDACTED]

Med Rec No: [REDACTED]

DOB: [REDACTED]

Gender: F

Physician(s): [REDACTED]

cc: [REDACTED]

Client: [REDACTED]

Location: [REDACTED]

Pt. Phone no: [REDACTED]

Accession #:

Taken:

Received:

Reported:

History/Clinical Dx: Uterine cancer, Grade II - III

Postoperative Dx: Same

Specimen(s) Received:

- A: Left suprapubic mass
- B: Left pelvic lymph node
- C: Deep left pelvic lymph node
- D: Left common lymph node
- E: Uterus, cervix, tubes and ovaries
- F: Left lower aortic lymph node

1CD-0-3

adeno carcinoma, endometrioid NOS 8380/3

Site: Endometrium C54.1

fw 10/27/11

DIAGNOSIS:

- A. Left suprapubic mass: Metastatic carcinoma
- B. Left pelvic lymph nodes: Metastatic tumor to 1 of 12 lymph nodes (1/12)
- C. Deep left pelvic lymph nodes: Reactive lymphoid hyperplasia, no tumor identified
- D. Left common lymph nodes: Metastatic carcinoma
- E. Uterus, cervix, tubes and ovaries: ENDOMETRIAL ADENOCARCINOMA

Tumor Information:

Operative procedure:	TAH-BSO with staging
Histologic type:	Endometrioid
Histologic grade(FIGO):	Grade 3
Nuclear grade:	2
Tumor size:	7.5 cm
Extent of invasion:	Greater than 50% of myometrial thickness (15mm invasion; 17mm myometrial thickness)
Lympho/vascular invasion:	Present
Serosa:	Free of tumor
Parametrium:	Free of tumor
Cervical involvement:	Present, cervical stromal extension
Right adnexa:	Free of tumor
Left adnexa:	Free of tumor
Special studies:	On request

Pathology Report

This report is for informational purposes only. It is not intended to be used for legal or financial purposes. The information contained herein is confidential and should be kept confidential. The information contained herein is confidential and should be kept confidential. The information contained herein is confidential and should be kept confidential.

Surgical Pathology Report

Staging information: T2b, N1, M1

F. Left lower aortic lymph node: Metastatic carcinoma

Intraoperative Consultation:

A. Frozen Section Interpretation: Malignant, carcinoma

Gross Description

- A. Received fresh for intraoperative consultation and labeled "left suprapubic mass" is a deeply pigmented skin ellipse and attached soft tissue, 3.4 x 2.1 cm in surface dimensions and up to 2.5 cm in thickness. Specimen orientation is not provided. The epidermal surface has been incised intraoperatively, and reveals a palpable, subcutaneous tumor mass, 2.0 x 1.5 cm across. Upon sectioning, there is a circumscribed, firm, white-gray subcutaneous mass, 1.9 x 1.4 cm across. A central representative section of the lesion is submitted for frozen section with subsequent remaining tissue, block A1. Random sections of tumor, blocks A2-A3.
- B. Received in formalin labeled "left pelvic lymph node" is a tan-gray lymphoid nodule, 30.0 gms, 5.0 x 3.5 x 3.0 cm. The cut surface is firm, white-gray. Central representative sections, blocks B1-B2. Dissection of the surrounding fat reveals multiple soft, tan-gray rubbery lymph nodes, up to 1.0 x 0.6 cm across. The lymph nodes, blocks B3-B4. The fat, block B5.
- C. Received in formalin labeled "left pelvic lymph node" is a tan-gray lymphoid nodule, 2.0 gms, 3.0 x 1.4 x 0.7 cm. The lymph node is inked and bisected. The cut surface is firm, white-gray. The lymph node, one section each, blocks C1-C2.
- D. Received in formalin labeled "left common lymph node" is a tan-gray lymphoid nodule, 2.0 gms, 2.5 x 1.4 x 0.7 cm. The lymph node is inked and bisected. The cut surface is firm, white-gray. The lymph node, one section each, blocks D1-D2.
- E. Received in formalin labeled "uterus, cervix, both tubes and ovaries" is a previously opened cervix and uterus with attached bilateral adnexa, 191.0 gms. The uterus is symmetrical in configuration, 8.5 cm in length, 6.5 cm in broadest width, and up to 4.5 cm anterior-posteriorly. The serosa is smooth, dull, tan-pink. The lower uterine segment along the posterior wall reveals an area of palpable, subserosal induration consistent with gross tumor infiltration. The serosa along this area is subsequently marked with ink. The cervix, 4.5 cm in maximum circumference; its external mucosa is tan-gray and smooth. The endometrial cavity, 7.5 cm in length, and completely replaced by a friable, red-tan exophytic lesion. The cut surface of the tumor reveals it to grossly extend to a depth of 1.6 cm within the myometrium. At this level, the myometrium is 1.8 cm in thickness. A portion of the tumor has been removed intraoperatively and submitted for cancer research. The ligated segment of fimbriated right fallopian tube, 5.5 x 0.3 cm. Its cut surface is pinpoint and grossly unremarkable. The right ovary, 5.0 gms, 3.0 x 1.0 x 1.0 cm. The cut surface reveals mottled, yellow-tan ovarian parenchyma. A portion of the ovary has been removed intraoperatively and submitted for cancer research. The ligated segment of fimbriated left fallopian tube, 5.0 x 0.3 cm. Its cut surface is pinpoint and grossly unremarkable. The left ovary, 5.0 gms, 2.5 x 1.5 x 1.0 cm. The cut surface reveals mottled, yellow-tan ovarian parenchyma. A portion of the ovary has been removed intraoperatively and submitted for cancer research. Representative sections, blocks E1-E12.

Key to cassettes:

- | | | |
|-------|---|--------------------------------------|
| E1-E2 | - | Anterior cervix |
| E3-E4 | - | Posterior cervix |
| E5-E8 | - | Tumor, full thickness |
| E9 | - | Right fallopian tube and right ovary |
| E10 | - | Left fallopian tube and left ovary |
| E11 | - | Right parametrium |
| E12 | - | Left parametrium |

- F. Received in formalin labeled "left lower aortic" is a tan-gray lymphoid nodule, 1.5 gms, 2.3 x 0.9 x 0.7 cm. The lymph node is inked and bisected. The cut surface reveals focal, grey-white discoloration. The lymph node, block F.

Microscopic Description

The microscopic findings support the above diagnosis.

Surgical Pathology Report
