

1CB-0-3

Adenocarcinoma, endometrioid, NOS 8380/3

Site Code: endometrium C54.1

TSS Name/#: ---

1/12/11

fw

Specimens Submitted:

- 1: SP: Uterus, cervix, bilateral tubes and ovaries
- 2: SP: Right para-aortic lymph nodes
- 3: SP: Left para-aortic lymph nodes
- 4: SP: Right external iliac lymph nodes
- 5: SP: Right obturator lymph nodes
- 6: SP: Right common iliac lymph nodes
- 7: SP: Left external iliac lymph nodes
- 8: SP: Left obturator lymph nodes
- 9: SP: Left common iliac lymph nodes

DIAGNOSIS:

- 1) UTERUS, CERVIX, FALLOPIAN TUBES AND OVARIES: TOTAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
 - ADENOCARCINOMA OF ENDOMETRIUM, ENDOMETRIOID TYPE, NOS WITH EXTENSIVE SQUAMOUS METAPLASIA, FIGO GRADE III (> 50% SOLID GROWTH), NUCLEAR GRADE 2.
 - THE TUMOR INVADES TO <= HALF OF MYOMETRIUM.
 - THE MAXIMAL THICKNESS OF MYOMETRIAL INVASION IS 8 MM.
 - THE THICKNESS OF THE MYOMETRIUM IN THE AREA OF MAXIMAL TUMOR INVASION IS 22 MM.
 - NO ENDOCERVICAL INVASION IS IDENTIFIED.
 - VASCULAR INVASION IS IDENTIFIED.
 - THE MYOMETRIUM IS UNREMARKABLE.
 - ALL ADNEXAE ARE UNREMARKABLE.
- 2) LYMPH NODES, RIGHT PARA-AORTIC; EXCISION:
 - FOUR BENIGN LYMPH NODES (0/4).
- 3) LYMPH NODES, LEFT PARA-AORTIC; EXCISION:
 - THREE BENIGN LYMPH NODES (0/3).
- 4) LYMPH NODES, RIGHT EXTERNAL ILIAC; EXCISION:
 - TEN BENIGN LYMPH NODES (0/10).
- 5) LYMPH NODES, RIGHT OBTURATOR; EXCISION:

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TCGA-AP-A1DK-01A-PR

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Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	fw	
Date Reviewed	1/12/11	

TSS Name/#.

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- ONE BENIGN LYMPH NODE (0/1).
- 6) LYMPH NODE, RIGHT COMMON ILIAC; EXCISION:
 - FIBROVASCULAR TISSUE.
 - NO LYMPH NODE IDENTIFIED.
- 7) LYMPH NODES, LEFT EXTERNAL ILIAC; EXCISION:
 - SEVEN BENIGN LYMPH NODES (0/7).
- 8) LYMPH NODES, LEFT OBTURATOR; EXCISION:
 - TWO BENIGN LYMPH NODES (0/2).
- 9) LYMPH NODES, LEFT COMMON ILIAC; EXCISION:
 - ADIPOSE TISSUE, NO LYMPH NODE IDENTIFIED.

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.