

UUID:008786AD-6CA8-488D-A5AC-BA558985E765 TCGA-AP-A056-01A-PR Rec

100-0-3

Redacted

Specimens Submitted: 1: SP: Right external iliac lymph node (fs) 2: SP: Uterus, cervix, bilateral tubes and ovaries, bilateral parametria 3: SP: Portion of right parametrium 4: SP: Additional left parametrium : 5: SP: Additional right parametrium 6: SP: Paracolpos, left 7: SP: Additional vaginal margin and right paracolpos 8: SP: Residual anterior vaginal tumor 9: SP: Left external iliac lymph nodes 10: SP: Left obturator node 11: SP: Left hypogastric lympn nodes 12: SP: Left common iliac lymph nodes 13: SP: Left para-aortic lymph nodes 14: SP: Right external iliac lymph nones 15: SP: Right obturator lymph nodes

adens carcinoma, Indonetrioid, NOS
8380/3
Site: Indonetrium C54.1

DIAGNOSIS:

- 1) LYMPH NODE, RIGHT EXTERNAL ILIAC; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).

16: SP: Right hypogastric lymph nodes 17: SP: Right common iliac lymph nodes 18; SP: Right para-aortic lymph nodes

- FOLLICULAR HYPERPLASIA.
- UTERUS, CERVIX, BILATERAL TUBES AND OVARIES, BILATERAL PARAMETRIA; TOTAL HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:
- ADENOCARCINOMA OF ENDOMETRIUM, ENDOMETRIOID TYPE, NOS, FIGO GRADE III
- (> 50% SOLID GROWTH), NUCLEAR GRADE 3.
 - THE TUMOR INVADES TO > HALF OF MYOMETRIUM.
 - THE MAXIMAL THICKNESS OF MYOMETRIAL INVASION IS 2.4 CM.
- THE THICKNESS OF THE MYOMETRIUM IN THE AREA OF MAXIMAL TUMOR INVASION

IS 2.5 CM.

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Diagnosis Discrepancy
Primary Tumor Site Discrepancy
HIPAA Discrepancy Prior Malignancy History
Dual/Synchronous Primary Noted Case is (circle):

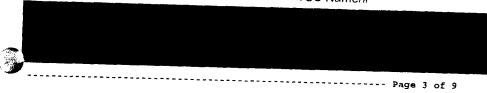
Reviewer Initials

Date Reviewed: Page 2 of 9

- THE UTERINE SEROSA IS NEGATIVE FOR CARCINOMA.
- ENDOCERVICAL INVASION IS PRESENT BOTH IN THE MUCOSA AND THE STROMA.
- VASCULAR INVASION IS PRESENT.
- THE MYOMETRIUM SHOWS THE FOLLOWING ABNORMALITY: LEIOMYOMA.
- THE RIGHT OVARY SHOWS ENDOMETRIOSIS.
- THE REMAINING ADNEXAL STRUCTURES ARE UNREMARKABLE.
- PARAMETRIUM, RIGHT; EXCISION: 3)
 - BENIGN ADIPOSE TISSUE.
- PARAMETRIUM, LEFT, ADDITIONAL; EXCISION: 4)
 - BENIGN FIBROVASCULAR TISSUE.
- PARAMETRIUM, RIGHT ADDITIONAL EXCISION: 5)
 - BENIGN FIBROVASCULAR TISSUE.
- PARACOLPOS; EXCISION: 6)
 - BENIGN FIBROCONNECTIVE TISSUE.
- ADDTIONAL VAGINAL MARGIN AND RIGHT PARACOLPOS; EXCISOIN: 7)
- ALMOST ENTIRELY DENUDED VAGINAL MUCOSA WITH SEVERE ACUTE AND CHRONIC REACTIVE ATYPIA. INFLAMMATION AND
 - NO TUMOR SEEN.
- RESIDUAL ANTERIOR VAGINAL TUMOR; EXCISION:
- ALMOST ENTIRELY DENUDED VAGINAL MUCOSA WITH SEVERE ACUTE AND CHRONIC REACTIVE ATYPIA. INFLAMMATION AND
 - NO TUMOR SEEN.
- LYMPH NODES, LEFT EXTERNAL ILIAC; EXCISION: 9) - FOUR BENIGN LYMPH NODES (0/4).
- LYMPH NODE, LEFT OBTURATOR; EXCISION: 10) - TWO BENIGN LYMPH NODES (0/2).
- LYMPH NODES, LEFT HYPOGASTRIC; EXCISION: 11) - FOUR BENIGN LYMPH NODES (0/4).
- LYMPH NODE, LEFT COMMON ILIAC; EXCISION: - ONE BENIGN LYMPH NODE (0/1).
- LYMPH NODES, LEFT APARA-AORTIC; EXCISION: 13) - THIRTEEN BENIGN LYMPH NODES (0/13).
- LYMPH NODES, RIGHT EXTERNAL ILIAC; EXCISION: - TWO BENIGN LYMPH NODES (0/2).
- LYMPH NODES, RIGHT OBTURATOR; EXCISION: 15) - THREE BENIGN LYMPH NODES (0/3).
- LYMPH NODE, RIGHT HYPOGASTRIC; EXCISION: - ONE BENIGN LYMPH NODE (0/1).
- LYMPH NODES, RIGHT COMMON ILIAC; EXCISION: 17) - TWO BENIGN LYMPH NODES (0/2).
 - ** Continued on next page **







18) LYMPH NODES, RIGHT PARA-AORTIC; EXCISION:
- FIVE BENIGN LYMPH NODES (0/5).

NOTE: REPRESENTATIVE SECTIONS OF VAGINAL CUFF AND RIGHT EXTERNAL ILIAC LYMPH NODE WERE REVIEWED WITH DRS.

CHANGES ARE INTERPRETED AS REACTIVE. DR. NOTED THAT THE PATIENT HAS HAD VAGINAL PACKING, WHICH LIKELY CONTRIBUTED TO THE REACTIVE CHANGES NOTED.

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.

