

UUID: B073614D-A6E3-4A83-96C4-1F189F8D1684
TCGA-PG-A914-01A-PR Redacted



Patient Name: [REDACTED]

Med Rec #: [REDACTED]

Requested By

Ordered By

Report Name: :

Surg Path Case - STATUS: Final

**SEE NOTE

Collect/Perform:

Ordered By:

Ordered Date:

Facility:

Department:

Physician Who Performed Procedure:

Requesting Physician: :

CASE#

Attending Pathologist

DIAGNOSIS:

1. Uterus, cervix, fallopian tubes and ovaries, hysterectomy and bilateral salpingo-oophorectomy:

- Papillary serous carcinoma, high grade, involving less than 50% of the myometrium and an endometrial polyp. (See comment).
- Extensive lymphovascular invasion is seen.
- Cervix and lower uterine segment ovaries and fallopian tube negative for carcinoma.
- Multiple leiomyomas, the largest with degenerative changes and calcifications.
- Please see synoptic report below.

2. Lymph nodes, RIGHT pelvic, dissection:

- Two of eight lymph nodes with metastatic carcinoma (2/8).
- The largest focus of carcinoma measures 0.6 cm in greatest dimension; focal extranodal extension is present.

3. Lymph nodes, RIGHT para-aortic, excision:

- One of five lymph nodes with metastatic carcinoma (1/5).
- The focus of carcinoma is microscopic; no extranodal extension is seen.

4. Lymph nodes, LEFT para-aortic, dissection:

- Three of six lymph nodes with metastatic carcinoma (3/6).
- The largest focus of carcinoma measures 2.8 cm in greatest dimension; no

ICD-C-3
Carcinoma, papillary serous 8461/3
Site: Endometrium C54.1
7/5/14

Patient Name: [REDACTED]

Med Rec #: [REDACTED]

Requested By

Ordered By

Report Name:

extranodal extension
is seen.

5. Lymph nodes, LEFT pelvic, dissection:

- Three benign lymph nodes (0/3).

6. Lymph nodes, LEFT obturator, dissection:

- One of three lymph nodes with metastatic carcinoma (1/3).
- The largest focus of carcinoma measures 2 cm in greatest diameter, focal extranodal extension is seen.

7. Omentum, biopsy:

- Omental tissue with no significant histopathologic findings.
- No carcinoma seen.

Synoptic Report:

1-6 Uterus, cervix, bilateral ovaries and fallopian tubes, hysterectomy and salpingo-oophorectomy, pelvic, paraortic and obturator lymph nodes dissection, and omentum biopsy:

- Histologic Type: Papillary serous carcinoma.
- Histologic Grade: High grade.
- Nuclear grade: High grade.
- Tumor Size: Cannot be determined.
- Specimen Integrity: Intact.
- Tumor Site: Anterior and posterior endometrium.
- Myometrial Invasion: Present 13% (less than 50% of myometrial wall).
 - Depth of invasion: 3 mm.
 - Myometrial thickness: 22 mm.
- Cervical Stromal Invasion: Absent.
- Lymph-vascular Invasion: Present (extensive).
- Paracervical Soft Tissue Margin: Not applicable.
- Other Tissues/Organs Involved: None.
- Peritoneal Ascitic Fluid: Negative
- Regional Lymph Node Metastasis: (Includes parts 2-6 of the case).
 - Pelvic nodes: 3/14.
 - Para-aortic nodes: 4/11.
- Distant Metastasis: Cannot be determined.
- Additional Pathologic Findings: Leiomyomas with degenerative changes and

Patient Name: [REDACTED]

Med Rec #: [REDACTED]

Requested By:

Ordered By:

Report Name:

calcifications.

Endometrial polyp.

- Ancillary Studies:

ER: 50% of cells with weak to moderate nuclear staining (internal control present).

PR: 0% of cells with nuclear staining (internal control present)

Her2Neu Assay : Staining Score: 1 +.

Overexpression assessment: Negative

Other: Not applicable.

- AJCC Pathologic Staging: pT 1a; N 2; M Not Applicable; FIGO: Not applicable.

CLINICAL INFORMATION:

Pelvic mass, endometrial carcinoma.

GROSS DESCRIPTION:

1. The specimen is received fresh for frozen section labeled "uterus, cervix, tubes and ovaries". It consists of a markedly distorted globular uterus with adnexa weighing 564 g and measuring 12 cm from fundus to cervical os, 8.5 cm from cornu to cornu, and 8.5 cm in anterior posterior. The serosal surface is smooth, tan-pink, and glistening. The cervical os is slit-like and patulous measuring 0.8 cm. The ectocervix is smooth and tan-gray measuring 2 x 2 cm. On opening, the endocervical canal is unremarkable. The endometrial cavity measures 7 cm in length and 7 cm across. The endometrium is tan-pink and focally nodular throughout the endometrial cavity measuring up to 0.7 cm in thickness. No apparent invasion or dominant mass is seen. In the fundus a 2.5 x 1.5 x 0.4 cm polypoid soft lesion is identified. In the posterior uterine wall there is 9 x 7 x 7 cm firm calcified intramural nodule located as superficial as 0.3 cm from the surface of the endometrium, serial sectioning through the nodule reveals gray soft to rubbery homogeneous center and firm calcified edge measuring up to 0.7 cm in thickness. The anterior myometrium is tan-pink and trabecular, and measures 2.5 cm in thickness, the posterior myometrium measures up to 7.5 cm in thickness. Multiple small well circumscribed firm nodules with white whorled cut surfaces are present in the myometrium measuring up to 1.2 cm in greatest dimension. The adnexa are attached and are grossly unremarkable. The right and left fallopian tubes measure 5 and 6.5 cm in length, respectively. The right and left ovaries measure 3 x 2.3 x 2.1 cm and 2.1 x 1.7 x 1.4 cm, respectively. There are several hemorrhagic corpus luteal cysts at the periphery of the

Patient Name: [REDACTED]
[REDACTED]
[REDACTED]

Med Rec #: [REDACTED]

Requested By:
Ordered By:

Report Name:

right ovary, measuring up to 0.3 cm. On sectioning, the ovarian parenchyma is tan-gray and grossly unremarkable. Representative sections are submitted as follows:

- A: Anterior cervix
- B: Posterior cervix
- C: Representative section of the anterior endomyometrium with nodular areas, full thickness
- D-E: Representative sections of the anterior endomyometrium with nodular areas
- F: Entirely submitted fundic polypoid lesion
- G-I: Representative section of the posterior endomyometrium with nodular areas
- J: Right Fallopian tube and ovary
- K: Left Fallopian tube and ovary
- L: Representative sections of the small white nodules
- M-O: Representative sections of the large nodule with the central portion in the cassette labeled 1M

INTRAOPERATIVE CONSULTATION: "Tumor grossly seen in endometrium. Appears superficial. No frozen done." Case discussed with the surgeon and on

2. The specimen is received fresh labeled "RIGHT pelvic lymph nodes". It consists of multiple fragments of fibroadipose tissue measuring 4.5 x 2.5 x 0.9 cm in aggregate. Serial sectioning reveals 5 lymph nodes ranging in size from 0.4 cm up to 1.2 cm in greatest dimension. The specimen is entirely submitted in 5 cassettes, with one bisected lymph node in each cassette, labeled 2A-2E.

3. The specimen is received fresh labeled "RIGHT para-aortic lymph node". It consists of one fragment of fibroadipose tissue measuring 3.5 x 3.5 x 0.9 cm. Serial sectioning reveals one possible lymph node measuring 3.5 x 3.4 x 0.7 cm. The specimen is entirely submitted in two cassettes, (one half of the specimen in each cassette), labeled 3A-3B.

4. The specimen is received fresh labeled "LEFT para-aortic lymph node". It consists of one fragment of fibroadipose tissue measuring 2.5 x 2.5 x 0.9 cm. Serial sectioning reveals one lymph node measuring 1.2 x 0.5 x 0.5 cm. The specimen is entirely submitted in two cassettes, (one half of the specimen in each cassette), labeled 4A-4B.

5. The specimen is received fresh labeled "LEFT pelvic lymph node". It consists of one fragment of fibroadipose tissue measuring 3.5 x 2.5 x 1.5

Patient Name: [REDACTED]

Med Rec #: [REDACTED]

Requested By:

Ordered By:

Report Name:

cm. Serial sectioning reveals one lymph node with white homogeneous cut surfaces measuring 2.1 x 1.4 x 0.8 cm. The specimen is entirely submitted in two cassettes, (one half of the lymph node in each cassette), labeled 5A-5B.

6. The specimen is received fresh labeled "LEFT obturator lymph node". It consists of one fragment of fibroadipose tissue measuring 3.5 x 2.5 x 1.5 cm. Serial sectioning reveals one lymph node with white homogeneous cut surfaces measuring 2.1 x 1.4 x 0.8 cm. The specimen is entirely submitted in two cassettes, (one half of the lymph node in each cassette), labeled 6A-6B.

7. The specimen is received fresh labeled "omental biopsy". It consists of one fragment of adipose tissue measuring 25 x 5 x 1.1 cm. Serial sectioning does not reveal any lesion. Representative sections are submitted in one cassette labeled 7A.

Additional sections are submitted in cassettes B-D.

The following special studies were performed on this case and the interpretation is incorporated in the diagnostic report above:

1xESTROGEN RECEPTOR, 1xPROGESTERONE RECEPTOR, 1xHER-2-NEU POLY, HERCEPT

** Electronic Signature **

**Electronically Signed Out by

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the final diagnosis(es).

Note: The histology, immunochemistry and in situ hybridization components for this case were performed at

The Attending Pathologist reviewed this case and made the diagnosis.

Where applicable, immunohistochemistry and in situ hybridization tests were developed and the performance characteristics determined by the

These tests have not been cleared or approved by the US Food and Drug Administration and the results should be correlated with other clinical and laboratory data. Appropriate controls were performed for all immunohistochemistry, in

Patient Name: [REDACTED] Med. Rec #: [REDACTED]
[REDACTED]
[REDACTED]

Requested By
Ordered By

Report Name:

situ hybridization and histochemical tests.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle):	QUALIFIED / DISQUALIFIED	
Reviewer Initials	Date Reviewed: 12/7/13	