

Criteria	Yes	No
Signosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
PAA Discrepancy		<input checked="" type="checkbox"/>
for Malignancy History		<input checked="" type="checkbox"/>
al/Synchronous Primary Noted		<input checked="" type="checkbox"/>
se is (circle):	<input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED	
Viewer Initials	<i>RS</i> Date Reviewed: <i>11/29/11</i>	

UUID:50C8217A-6834-46E9-9727-5B6B3D37347D  
TCGA-AX-A3GB-01A-PR

Redacted



ENT

ADMITTED:  
PT LOCATION:

ADMITTING PROVIDER:  
DISCHARGED  
PT TYPE:

*103-0-3*  
*adenocarcinoma, endometrioid, NOS 8380/3*  
*Site: endometrium c54.1* *lw 11/29/11*

## Surgical Pathology Report - Final

COLLECTED DATE / TIME

RECEIVED DATE / TIME

ACCESSION NUMBER

### Clinical Information

Endometrial cancer.

### Diagnosis

#### A. Excision, Sigmoid nodule:

Nodular fat necrosis consistent with infarcted epiploica; no evidence of tumor.

#### B. Total abdominal hysterectomy with bilateral salpingo-oophorectomy:

Uterus and cervix (94 grams):

Endometrial adenocarcinoma, endometrioid type, FIGO 3, see summary.

#### Other findings:

Cervix: chronic inflammation and posterior cervical endosalpingiosis.

Endometrium (background): atypical hyperplasia and separate atrophic endometrial polyp.

Myometrium: without diagnostic abnormality.

Serosa: without diagnostic abnormality.

Bilateral ovaries: multiple surface inclusion cysts.

Bilateral fallopian tubes: without diagnostic abnormality.

#### SUMMARY FOR ENDOMETRIAL NEOPLASMS:

Specimen(s) submitted and Procedure(s): uterus, cervix, bilateral fallopian tubes, bilateral ovaries, omentum, peritoneal nodules, and regional lymph nodes; total abdominal hysterectomy with bilateral salpingo-oophorectomy, omentectomy, peritoneal nodule resections, regional lymph node dissections.

Specimen integrity: intact, bivalved.

Histologic type: endometrioid.

Histologic grade: FIGO 3.

Tumor size: anterior: 4.5 cm; posterior: 3.5 cm.

Myometrial invasion: present, outer half.

Depth of invasion: 9 mm.

Myometrial thickness: 17 mm.

Involvement of cervix: not appreciated.

Lower uterine segment involvement: present, small focus.

Lymphatic vascular space involvement: not appreciated.

Extent of involvement of other organs: none.

Margins: free of tumor.

Summary, cytology: negative, see separate report(s).

Summary, lymph node dissections: negative, as follows:

PATIENT: [REDACTED]

MRN:

FIN:

## Surgical Pathology Report - Final

COLLECTED DATE / TIME

RECEIVED DATE / TIME

ACCESSION NUMBER

All regions: Total positive/total removed: (0/25).

Pelvic lymph nodes: Total positive/total removed: (0/19).

Para-aortic lymph nodes: Total positive/total removed : (0/6).

Additional pathologic findings: as above.

Summary. Ancillary studies requested/obtained: tissues submitted for [REDACTED] and [REDACTED] es

Summary, Clinical history: see electronic medical record.

Distant metastasis(es): unknown.

AJCC 7th edition Pathologic Staging: pT1b pN0 pMX FIGO stage IB grade 3.

C. - K. Regional lymph node resections:

No evidence of tumor in a total of twenty five lymph nodes (0/35), as follows:

C. Left external iliac lymph nodes: (0/1).

D. Left obturator lymph nodes: (0/4).

E. Left external iliac lymph nodes: (0/3).

F. Left common lymph nodes: (0/3); Intranodal smooth muscle proliferation, hilar.

G. Left periaortic lymph nodes: (0/3).

H. Right external iliac lymph nodes: (0/3); endosalpingiosis.

I. Right obturator lymph nodes: (0/3).

J. Right common lymph node: (0/2).

K. Right periaortic lymph nodes: (0/3).

L. Biopsy, Transverse colon:

Nodular fat necrosis, no evidence of tumor.

M. Omentectomy:

Cystic fat necrosis; no evidence of tumor.

N. Biopsy, Right labia:

Squamous mucosa with focal very mild chronic inflammation and minute deep focus of perivascular lymphocytic inflammation.

### Intraoperative Consultation

C.D. Recommend microscopic evaluation.

H. Recommend microscopic evaluation of entire node. Reported to

PATIENT: [REDACTED]

MRN:  
FIN:

## Surgical Pathology Report - Final

COLLECTED DATE / TIME

RECEIVED DATE / TIME

ACCESSION NUMBER

### Specimen

- A. Sigmoid nodule
- B. Uterus, cervix, bilateral tubes and ovaries
- C. Left external iliac lymph nodes
- D. Left obturator lymph nodes
- E. Left external iliac lymph nodes
- F. Left common lymph nodes
- G. Left periaortic lymph nodes
- H. Right external iliac lymph nodes
- I. Right obturator lymph nodes
- J. Right common lymph node
- K. Right periaortic lymph nodes
- L. Transverse colon
- M. Omentum
- N. Right labia majora biopsy

### Gross Description

A. Received in formalin properly labeled with the patient's name and labeled "sigmoid nodule" is a tan-yellow, smooth soft tissue bit measuring 0.6 cm in greatest dimension with a 0.3 cm in length, 0.1 cm in diameter stalk-like structure attached. The specimen is bisected to reveal yellow-red, firm and cut surfaces. The specimen is entirely submitted with the tip of the stalk inked blue.

B. Received fresh properly labeled with the patient's name and labeled "uterus, cervix, bilateral tubes and ovaries" is a previously opened 94 g hysterectomy specimen with received attached right and left adnexa. The uterus measures 8.8 cm from cervix to fundus, 5 cm from cornu to cornu, and 3 cm from anterior to posterior. The serosa appears tan-brown and smooth. The pink-tan, glistening cervix measures 4 cm in diameter with a 0.5 cm slitlike os. The endometrial cavity measures 3.5 cm from cornu to cornu, 4.5 cm from cervix to fundus, 0.1 cm in thickness, and is remarkable for a tan-brown, friable mass involving greater than 95% of both the anterior and posterior cavities. The anterior mass measures 4.5 x 4.5 x 0.9 cm, and is located 1.1 cm from anterior serosa, 0.8 cm from lower uterine segment, and 4.5 cm from anterior cervix. The posterior mass measures 3.5 x 3.5 x 0.8 cm, and is located 1 cm from posterior serosa, 0.1 cm from lower uterine segment, and 4.3 cm from the posterior cervix. The myometrium appears pink-tan, striated, and measures 1.6 cm in thickness. Received separately within the container is a possible polyp which appears transparent-tan measuring 2 x 0.6 x 0.5 cm.

The left fimbriated fallopian tube measures 5 cm in length by 0.5 cm in diameter. The serosa appears purple-tan, and smooth with 2 paratubal cyst measuring 0.2 and 0.3 cm in greatest dimension. The tube is sectioned to reveal a complete pinpoint lumen. The attached tan-brown, smooth ovary measures 3.5 x 2 x 1.5 cm, and is sectioned to reveal multiple fluid filled cystic structures ranging in size from 0.2-0.7 cm. The remaining cut surfaces appear tan-brown and smooth.

The right fimbriated fallopian tube measures 5.5 cm in length by 0.5 cm in diameter. The serosa appears purple pink-tan and smooth. The tube is sectioned to reveal a the pinpoint lumen. The attached tan-brown, smooth ovary measures 3.8

PATIENT. [REDACTED]

MRN:  
FIN:

## Surgical Pathology Report - Final

COLLECTED DATE / TIME

RECEIVED DATE / TIME

ACCESSION NUMBER

x 1.5 x 1.4 cm, and is sectioned to reveal multiple fluid filled cystic structures ranging in size from 0.2-0.5 cm. The remaining cut surfaces appear tan-brown and smooth. Representative sections are submitted for and study. The anterior and left adnexa are inked blue, the posterior and right adnexa are inked black.

### Cassette summary:

1. Cervix anterior
2. Upper endocervical canal anterior
3. Cervix posterior
4. Upper endocervical canal posterior
5. Left parametria
6. Right parametria
7. Anterior fundus
8. Anterior body
9. Posterior fundus
10. Posterior body
11. Possible polyp received separately
12. Left tube
13. Left ovary
14. Right tube
15. Right ovary.

C. Received fresh properly labeled with the patient's name and labeled "left external iliac lymph node" is a tan-brown, firm lymph node measuring 2.8 cm in greatest dimension. The node is bisected and entirely submitted. No tissue is submitted for study.

D. Received fresh properly labeled with the patient's name and labeled "left obturator lymph nodes" is a portion of fibroadipose tissue measuring 5.5 x 3.5 x 2 cm. Upon dissection 4 tan-brown, firm lymph nodes identified ranging in size from 1-3 cm in greatest dimension. All possible lymph nodes are submitted. No tissue is submitted for study.

### Cassette summary:

1. 1 node bisected
2. 2 nodes bisected, 1 inked blue
- 3-5. Largest node sectioned.

E. Received in formalin properly labeled with the patient's name and labeled "left external iliac lymph node" are multiple portions of fibroadipose tissue which aggregate to 6 cm in greatest dimension. Upon dissection, 3 tan-brown, firm candidate nodes are identified ranging in size from 1-3 cm in greatest dimension. All possible lymph nodes are submitted.

### Cassette summary:

- 1-2. 1 node each, bisected
- 3-4. 1 node bisected.

PATIENT: [REDACTED]

MRN:  
FIN:

## Surgical Pathology Report - Final

COLLECTED DATE / TIME

RECEIVED DATE / TIME

ACCESSION NUMBER

F. Received in formalin properly labeled with the patient's name and labeled "left common lymph nodes" are 2 portions of fibroadipose tissue which aggregate to 4.5 in greatest dimension. Upon dissection, 3 tan-brown, firm candidate nodes are identified ranging in size from 1-2.3 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

- 1-2. 1 node each, bisected
- 3-4. 1 node bisected.

G. Received in formalin properly labeled with the patient's name and labeled "left periaortic lymph nodes" is one portion of fibroadipose tissue measuring 4.5 x 1.5 x 1.5 cm. Upon dissection 3 tan-brown, firm nodes are identified ranging in size from 0.8-1.9 cm.

Cassette summary:

- 1-3. 1 node each, bisected.

H. Received fresh properly labeled with the patient's name and labeled "right external iliac lymph node" are multiple portions of fibroadipose tissue which aggregate to 4.5 cm in greatest dimension. Upon dissection, 3 tan-brown, firm candidate nodes are identified ranging in size from 1-3 cm in greatest dimension. The largest node is serially sectioned in the OR by [REDACTED]. All possible lymph nodes are submitted.

Cassette summary:

- 1-2. 1 node each, bisected
- 3-5. Largest node serially sectioned.

I. Received in formalin properly labeled with the patient's name and labeled "right obturator lymph nodes" are 2 portions of fibroadipose tissue which aggregate to 5 cm in greatest dimension. Upon dissection, 3 tan-brown, firm candidate nodes are identified ranging in size from 1-5 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

- 1-2. 1 node each, bisected
- 3-6. 1 node sectioned.

J. Received in formalin properly labeled with the patient's name and labeled "right common lymph node" are multiple portions of fibroadipose tissue which aggregate to 4.5 cm in greatest dimension. Upon dissection, 2 tan-brown, firm candidate nodes are identified ranging in size from 1.4-2.1 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

- 1. 1 node bisected
- 2-3. 1 node bisected.

K. Received in formalin properly labeled with the patient's name and labeled "right periaortic lymph nodes" are 2 portions of fibroadipose tissue which aggregate to 3 cm in greatest dimension. Upon dissection, 3 tan-brown, firm candidate nodes are identified ranging in size from 0.6-1.1 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

- 1. 2 lymph nodes

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PRINT DATE AND [REDACTED]

PAGE 5 OF 6

PATIENT: [REDACTED]

MRN:  
FIN:

## Surgical Pathology Report - Final

COLLECTED DATE / TIME

RECEIVED DATE / TIME

ACCESSION NUMBER

2. 1 node bisected.

L. Received in formalin properly labeled with the patient's name and labeled "transverse colon" is a portion of yellow fibroadipose tissue measuring 4 x 2.5 x 0.4 cm. The specimen is remarkable for one pink-tan to yellow, firm lymph node measuring 1 cm in greatest dimension.

Cassette summary:

1. Lymph node bisected
- 2-3. Remaining fibroadipose tissue.

M. Received in formalin properly labeled with the patient's name and labeled "omentum" is a portion of yellow-brown of fibroadipose tissue which aggregate to 17 x 14 x 5 cm. The specimen is sectioned to reveal one cystic structure remarkable for a primarily smooth inner lining with a 1 tan-yellow, firm area measuring 0.2 cm in greatest dimension, filled with transparent fluid measuring 0.8 cm in greatest dimension. The remaining cut surfaces appear unremarkable. No other masses or lesions are identified.

Cassette summary:

1. Cystic structure entirely submitted
- 2-4. Additional representative sections.

N. Received in formalin properly labeled with the patient's name and labeled "right labia majora biopsy" is a tan-gray, polypoid portion of soft tissue measuring 0.6 x 0.4 x 0.2 cm. The resection margin is inked blue. The specimen is bisected and entirely submitted. [REDACTED]

### Microscopic Description

A microscopic examination has been performed and is reflected in the above diagnosis(es).

QC  
[REDACTED]