

UUID:3747A4AC-811E-49A1-8459-93807BB363C6
TCGA-H5-A2HR-01A-PR

Redacted

Patient Name:
MRN
DOB: Sex: Female Black
Account Number:
Visit Date:
Discharge date:
Patient Type:
Location
Attending Physician:

Addendum Report

Accession Number: Senior Pathologist:

Collected Date/Time:
Received Date/Time:
Verified Date/Time:

Addendum

This case was sent to for Extreme Drug Resistance Assay. The results are as follows:

IFOSFAMIDE	Low Drug Resistance
ETOPOSIDE	Low Drug Resistance
CISPLATIN	Low Drug Resistance
TAXOL	Intermediate Drug Resistance
DOXORUBICIN	Intermediate Drug Resistance
CYCLOPHOSPHAMIDE	Intermediate Drug Resistance
TOPOTECAN	Extreme Drug Resistance

1CD-0-3
Carcinoma, endometrioid, NOS
8380/3
Site: Endometrium c54.1

Please see report for complete details.

NOTE: The above addendum is being rendered to add the results of the Drug Resistance Assay.

I attest I have personally reviewed the specimen/slides and agree with the above findings.

Electronic Signature
Verified: 1

Resident:

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	RM	6/11/11

Printed:

Confidential Information

Patient Name:
MRN:
DOB: Sex: Female Black
Account Number
Visit Date:
Discharge date:
Patient Type:
Location:
Attending Physician

F i n a l P a t h o l o g y D i a g n o s i s R e p o r t

Accession Number: Senior Pathologist:

Collected Date/Time:
Received Date/Time:
Verified Date/Time:

Final Pathologic Diagnosis

A) OMENTUM (EXCISION):

- Benign fibroadipose tissue, negative for tumor.

B) UTERUS, CERVIX, BILATERAL TUBES AND OVARIES (TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY):

- Endometrial adenocarcinoma, endometrioid type (not otherwise characterized), FIGO (nuclear) grade III (8.0 cm) (see comment).
- Tumor invades the underlying myometrium to a depth of 0.4 cm out of a total myometrial thickness of 2.2 cm (less than half).
- Tumor extends into the lower uterine segment and focally replaces the adjoining superficial endocervical glands (section B5), but no destructive cervical stromal invasion seen; remaining cervix is free of tumor (see comment).
- Lymphovascular emboli present (section B5).
- All surgical margins are free of tumor; closest circumferential margin is 1.5 cm from invasive tumor.
- Bilateral parametria are free of tumor.
- Adenomyosis.
- Leiomyomata.
- Non-neoplastic endometrium is weakly proliferative; no hyperplasia seen.
- Mild chronic cervicitis with squamous metaplasia.
- Bilateral tubes and ovaries, no significant pathologic change.

C) LEFT PELVIC LYMPH NODES (DISSECTION):

- Eight lymph nodes, negative for tumor (0/8).

D) LEFT OBTURATOR LYMPH NODES (DISSECTION):

- Two lymph nodes, negative for tumor (0/2).

E) RIGHT PELVIC LYMPH NODES (DISSECTION):

- Four lymph nodes, negative for tumor (0/4).

F) RIGHT OBTURATOR LYMPH NODES (DISSECTION):

- Five lymph nodes, negative for tumor (0/5).

Printed:

Confidential Information

Patient Name
MRN:
DOB: Sex: Female Black
Account Number;
Visit Date:
Discharge date:
Patient Type:
Location:
Attending Physician:

F i n a l P a t h o l o g y D i a g n o s i s R e p o r t

Accession Number: Senior Pathologist:

Collected Date/Time:
Received Date/Time:
Verified Date/Time:

Pathologic staging: pT2a pN0 pMx

I attest I have personally reviewed the specimen/slides and agree with the above findings.

Electronic Signature
Verified:

Resident:

Diagnostic Comment

Case discussed in the intradepartmental consensus conference on

Intraoperative Diagnosis

(Dr
FS B1: Endometrioid adenocarcinoma, Nuclear grade 3. Suspicious for superficial myometrial invasion. Grossly tumor involves lower uterine segment.

Clinical History

68-year-old African American with history of postmenopausal bleeding. EMB showed adenocarcinoma.

Pre/Post-operative Diagnosis

Endometrial cancer.

Gross Anatomic Description

(Dictated by Dr
Specimens received in six containers.

Printed:

. Confidential Information

Patient Name:
MRN
DOB: Sex: Female Black
Account Number
Visit Date:
Discharge date:
Patient Type:
Locator
Attending Physician:

F i n a l P a t h o l o g y D i a g n o s i s R e p o r t

Accession Number: Senior Pathologist:

Collected Date/Time:
Received Date/Time:
Verified Date/Time:

Specimen A: Designated "omentum" is received in formalin labeled with the patient's name and "omentum". Specimen consists of a portion of yellow lobulated fibroadipose tissue measuring 10 x 4 x 1 cm. There are no areas of hemorrhage or necrosis. The specimen is searched for nodes and none are identified.
Section code: A1-A5 – representative sections.

Specimen B: Designated "uterus tubes and ovaries" is received fresh for intraoperative consultation and frozen section at _____ on _____ and reported at _____ labeled with the patient's name and "uterus tubes and ovary". Specimen consists of a uterus with attached bilateral tubes and ovaries weighing 188 gm and measuring 8 cm from cornu to cornu, 5 cm from anterior to posterior and 11 cm from fundus to cervix. The external surface is gray/tan with two subserosal white/tan whorled nodules measuring 0.3 and 0.8 cm in diameter. The cervix has a surface diameter of 4 x 3 cm and is light tan and unremarkable. The cervical os measures 0.5 cm in diameter. The specimen is bivalved to reveal an exophytic soft gray/tan tumor measuring 8 x 5 x 2 cm. The endometrium appears to measure 0.2 cm in thickness. The myometrium measures 2 cm in thickness. The tumor appears to be superficially invasive to a depth of 0.5 cm. Multiple intramural and submucosal white-whorled nodules are also identified without hemorrhage or necrosis on cut surface. The white-whorled nodules range in size from 0.2 cm in diameter to 2.5 cm in diameter. The tumor extends into the lower uterine segment. The right tube measures 6 cm in length x 0.5 cm in diameter with a 0.2 cm paratubal cyst. The left tube measures 6 cm in length x 0.3 cm in diameter. The left ovary is tan/white and measures 1.8 x 1 x 0.5 cm and weighs 2.5 gm. The right ovary measures 2 x 1 x 1 cm and weighs 2.1 gm. Cut surface of ovaries are unremarkable. Representative section of tumor is submitted to Tumor Bank, and Drug Resistance Assays. A representative section of tumor is frozen. Frozen section diagnosis per Dr. _____ endometrioid adenocarcinoma, Nuclear grade 3. Suspicious for superficial myometrial invasion. Grossly tumor involves lower uterine segment. The specimen is photographed.
Section code: B1 – frozen section control; B2; anterior cervix; B3 – posterior cervix; B4 – anterior lower uterine segment; B5 – posterior lower uterine segment; B6-B9 – representative sections of tumor and anterior endometrium/myometrium; B10-B12 – sections of tumor and posterior endometrium/myometrium; B13 – left parametrium; B14 – right parametrium; B15 – largest white-whorled nodule; B16-B18 – representative sections of each white-whorled nodule; B19 – left ovary and tube; B20 – right tube and ovary.

Specimen C: Designated "left pelvic lymph node" is received in formalin labeled with the patient's name and "left pelvic lymph node". Specimen consists of multiple fragments of fibrofatty tissue measuring 3.5 x 3 x 1 cm in aggregate. Specimen is searched for nodes.

Section code: C1 – suspected lymph node, bisected; C2 – single lymph node, bisected; C3 – remainder of specimen.

Specimen D: Designated "left obturator lymph node" is received in formalin labeled with the patient's name and "left obturator lymph node". Specimen consists of a single portion of fibrofatty tissue measuring 3 x 1 x 0.5 cm. Specimen is searched for nodes.

Section code: D1 – single lymph node, bisected; D2 – remainder of specimen.

Printed

Confidential Information

Patient Name:
MRN:
DOB: Sex: Female Black
Account Number:
Visit Date:
Discharge date:
Patient Type:
Location:
Attending Physician:

F i n a l P a t h o l o g y D i a g n o s i s R e p o r t

Accession Number: Senior Pathologist:

Collected Date/Time:
Received Date/Time:
Verified Date/Time:

Specimen E: Designated "right pelvic lymph node" is received in formalin labeled with the patient's name and "right pelvic lymph node". Specimen consists of multiple fragments of fibrofatty tissue measuring 3 x 2 x 1 cm in aggregate. Specimen is searched for nodes.

Section code: E1 – suspected lymph node, bisected; E2 – remainder of specimen.

Specimen F: Designated "right obturator lymph node" is received in formalin labeled with the patient's name and "right obturator lymph node". Specimen consists of a single portion of fibrofatty tissue measuring 2 x 2 x 1 cm. Specimen is searched for nodes.

Section code: F1-F2 – entire specimen.

Patient Name:
MRN.
DOB x: Female Black
Account Number.
Visit Date:
Discharge date: ---
Patient Type:
Location:
Attending Physician:

I n t r a o p e r a t i v e D i a g n o s i s R e p o r t

Accession Number: Senior Pathologist:

Collected Date/Time:
Received Date/Time:
Verified Date/Time:

Intraoperative Diagnosis

(Dr.

FS B1: Endometrioid adenocarcinoma, Nuclear grade 3. Suspicious for superficial myometrial invasion. Grossly tumor involves lower uterine segment.

Printed:

Confidential Information