

DEPARTMENT OF PATHOLOGY

PATIENT: [REDACTED] SPECIMEN: [REDACTED]
 BIRTHDATE: [REDACTED] AGE: Y SEX: F
 MRN: [REDACTED] Rm #: [REDACTED] PHYSICIAN: [REDACTED]
 PROCEDURE DATE: [REDACTED] RECEIVED DATE: [REDACTED] REPORT DATE: [REDACTED]

COPY TO:

Pre-Op Diagnosis
 Endometrial cancer
 Post-Op Diagnosis
 Same as above
 Clinical History
 Nothing indicated
 Gross Description:

1CD-0-3
 adenocarcinoma, endometrioid, NOS 8380/3
 Site: endometrium c54.1 W 10/25/11

The specimen is received in three formalin filled containers labeled

Container one is additionally labeled "left pelvic lymph nodes" and contains a 7.5 x 5.0 x 3.0 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, multiple firm fatty possible lymph nodes are identified ranging from 0.3 up to 3.0 cm in greatest dimension. They are entirely submitted in cassettes 1A-1K designated as follows: 1A-B - five whole possible lymph nodes in each cassette; 1C - two whole possible lymph nodes; 1D - one whole possible bisected lymph node; 1E-F - one whole possible bisected lymph node; 1G-K - one whole possible lymph node, serially sectioned.

Container two is additionally labeled "right pelvic lymph node" and contains a 6.5 x 6.0 x 3.5 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, multiple firm fatty possible lymph nodes are identified ranging from 0.8 up to 5.0 cm in greatest dimension. They are entirely submitted in cassettes 2A-2P designated as follows: 2A - four whole possible lymph nodes; 2B - two whole possible lymph nodes; 2C-D - one whole possible bisected lymph node in each cassette; 2E-P - one whole possible lymph node, serially sectioned.

Container three is additionally labeled "uterus, cervix, bilateral tubes and ovaries" and contains a 49 gram uterus with attached cervix received with attached bilateral adnexa. The 3.4 cm in length x 3.4 x 2.4 cm uterine corpus is surfaced by pink-tan serosa. The 2.5 cm in length x 3.4 x 3.3 cm uterine cervix is partially surfaced by pink-tan glistening ectocervical mucosa and features a central 0.6 cm patent os. The parametrial soft tissues are inked and taken en face. The endocervical canal is yellow-tan and mucoid with the

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Redacted



Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Cases (Circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 10/25/11	

usual folds. The triangular endometrium is remarkable for a pink-tan friable fungating mass that invades 1.2 cm into a 1.8 cm thick pink-tan fibrous myometrium. Normal-appearing endometrium is identified and averages 0.1 cm in thickness. No myometrial nodules or lesions are identified.

The right fimbriated fallopian tube is 6.5 cm in length and ranges from 0.5 to 0.7 cm in diameter. The attached yellow-tan lobulated ovary is 3.5 x 1.0 x 0.7 cm. It is bivalved to reveal a yellow-gray fibrous cut surface with a gray-white corpus albicans.

The left fimbriated fallopian tube is 5.5 cm in length and ranges from 0.5 to 0.8 cm in diameter. A 0.8 cm uniloculated paratubal cyst is present. It features a smooth inner lining and contains yellow-tan gelatinous substance. The attached yellow-tan lobulated ovary is 1.5 x 1.0 x 0.7 cm. It is bivalved to reveal a yellow-gray fibrous cut surface with a gray-white corpus albicans.

Representative sections are submitted in cassettes 3A-3O designated as follows: 3A - right parametria, en face; 3B - left parametria, en face; 3C - anterior endoectocervix; 3D - posterior endoectocervix; 3E - anterior lower uterine segment; 3F - posterior lower uterine segment; 3G-H - full thickness anterior endomyometrium to include tumor; 3I-J - full thickness posterior endomyometrium to include tumor; 3K - normal-appearing endometrium; 3L - right fallopian tube; 3M - right ovary; 3N - left fallopian tube to include paratubal cyst; 3O - left ovary.

Additionally, a yellow, green and blue cassette are submitted for genomics research each labeled ' [REDACTED] '.

Microscopic Description:

See diagnosis.

Final Diagnosis

Lymph nodes, left pelvic, excision:

Fat infiltration, negative for malignancy, 13 nodes.

Lymph nodes, right pelvic, excision:

Fat infiltration, negative for malignancy, 9 nodes.

Uterus, tubes and ovaries, radical hysterectomy:

Tumor characteristics:

Histologic type: Endometrioid carcinoma.

Grade: 3 (high grade)

Location: Endometrial cavity and underlying myometrium.

Extent of invasion: Malignancy invades more than one-half of the myometrium.

Maximal thickness of myometrial invasion is 12 mm into an 18 mm thick myometrium.

Extension of tumor: Does not involve endocervix or lower uterine segment.

Lymphovascular space invasion: Not identified.

Surgical margin status:

Cervical margin: Negative.

Left parametrial margin: Negative.

Right parametrial margin: Negative.

Lymph node status: See parts 1 and 2

Number of lymph nodes examined: 22

Number of lymph nodes containing metastatic carcinoma: 0

Other significant findings:

Cervix:

Squamous metaplasia, negative for dysplasia.

Endocervix:

No pathologic diagnosis.

Endometrium:

Residual background endometrium demonstrates cystic atrophy.

Myometrium:

Adenomyosis is present focally.

Uterine serosa:

No pathologic diagnosis.

Ovaries:

Atrophy, bilateral, advanced.

Fallopian tubes:

Benign paratubal cysts, bilateral. PAS 9 SPC-NP

Stage: pT1cN0

CPT:

Comments

No prior pathological material is available in our files for review and comparison. Clinical correlation is suggested.

At the request of the undersigned pathologist, these slides have been additionally reviewed by Dr. [REDACTED] who concurs with the diagnosis.

This report has been finalized at the [REDACTED] Campus.

<Sign Out Dr. Signature>

[REDACTED], M.D.