

Sex: Female
D.O.B.:
MRN #:
Ref Physician:

Collected:
Received:
Reported:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS

DIAGNOSIS:

A. Right ovary and fallopian tube, excision:
Ovary and fallopian tube negative for malignancy.

B. Left adnexal tissue, excision:
Soft tissue fragments without evidence of malignancy.

C. Uterus, hysterectomy:
Tumor Characteristics:

1. Histologic type: Serous carcinoma.
2. Histologic grade: High grade.
3. Tumor site: Endometrium.
4. Tumor size: 4.8 x 4.0 x 3.0 cm.
5. Myometrial invasion: Tumor extends 1.5 cm into a 2.0 cm thick myometrium (greater than one-half).
6. Involvement of cervix: Not identified.
7. Extent of involvement of other organs: None identified.
8. Lymphovascular space invasion: Not identified.

Surgical Margin Status:

1. Margins uninvolved: Uterine serosa, bilateral parametria, cervix.
2. Margins involved: None.

Lymph Node Status:

1. See parts B-H.

Other:

1. Other significant findings: Leiomyomata.
2. pTNM stage: pT1b, N0 (FIGO: IB).

D. Right external iliac lymph nodes, excision:
Four lymph nodes, negative for metastatic disease.

E. Right external iliac lymph nodes, excision:
Four lymph nodes, negative for metastatic disease.

F. Right obturator lymph nodes, excision:
Five lymph nodes, negative for metastatic disease.

G. Right common and lower aortic lymph nodes, excision:
One lymph node, negative for metastatic disease.

H. Left external iliac lymph nodes, excision:
Two lymph nodes, negative for metastatic disease.

I. Left obturator lymph nodes, excision:
Three lymph nodes, negative for metastatic disease.

J. Omentum, excision:
Negative for malignancy.

ICD-O-3

carcinoma, serous, NOS

8441/3

Site: endometrium

C54.1

4-6-12 RD

UUID: 1271A645-AF29-453E-BEAB-420ECCD0DFDC
TCGA-A3-A3TW-01A-PR

Redacted



Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HPAA Discrepancy		X
Prior Malignancy History		X
Qual/Synchronous Primary noted		X
Use is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by: [Signature]	Date Reviewed: 4/4/12	

Electronic Signature:

COMMENTS:

Appropriately controlled immunohistochemical stain for p53 performed on block C is diffusely positive consistent with serous carcinoma.

CLINICAL INFORMATION

CLINICAL HISTORY:

Preoperative Diagnosis: Poorly differentiated endometrial cancer

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

- A. Right ovary and tube
- B. Left adnexal tissue
- C. Uterus and cervix
- D. Right external iliac
- E. Right obturator
- F. Right common/lower aortic
- G. Left external iliac
- H. Left obturator
- I. Omentum

SPECIMEN DATA

GROSS DESCRIPTION:

Specimen is received in nine formalin filled containers labeled with the patient's name

A. Container A is additionally labeled #1 and contains a 2.8 x 2.1 x 1.4 cm yellow-tan lobulated ovary received with attached paraovarian soft tissue and segment of fimbriated fallopian tube. The fallopian tube is 3.0 cm in length and ranges from 0.4 to 0.6 cm in diameter. It is studded with multiple uniloculated paratubal cysts up to 0.5 cm in greatest dimension. The cysts feature smooth inner linings and contains yellow-tan serous fluid. Sections through the paraovarian soft tissue reveal a fibrovascular cut surface with no discrete lesions. The surface of the ovary is remarkable for focal fibrous adhesions. The cut surface is yellow-tan fibrous with multiple gray-white corpora albicantia. Representative sections are submitted in cassettes A1-3 labeled as follows: 1. Cross sections of fallopian tube to include paratubal cyst; 2 and 3. Sections from ovary to include surface adhesions.

B. Container B is additionally labeled #2 and contains a 2.3 x 2.0 x 1.5 cm purple-gray rubbery soft tissue sectioned to reveal a yellow-tan fibrovascular cut surface. No nodules or lesions are identified. Specimen is entirely submitted in cassettes B1 and 2 labeled

C. Container C is additionally labeled #3 and contains a 70.4 gram uterus with attached cervix received devoid of adnexa. The 4.5 cm in length by 4.0 x 3.0 cm uterine corpus that is surfaced by pink-tan glistening serosa. The 2.8 cm in length by 2.7 x 2.5 cm uterine cervix is partially surfaced by pink-tan glistening and focally erythematous ectocervical mucosa and features a central 1.0 cm patent os. The soft tissues margins are inked and the parametria are taken en face. The endocervical canal is yellow-tan and mucoid with the usual folds. The endometrium is filled by a 4.8 x 4.0 x 3.0 cm pink-tan fungating friable mass. A scant amount of normal appearing pink-tan glistening endometrium is identified. On section, the tumor invades 1.5 cm into a 2.0 cm thick pink-tan fibrous myometrium. The normal appearing endometrium averages 0.3 cm in thickness. Within the myometrium are three well-circumscribed gray-white intramural and subserosal nodules ranging from 0.6 up to 2.0 cm in greatest dimension. These nodules feature gray-white whorled and bulging cut surfaces with no evidence of hemorrhage or necrosis. The largest nodule is focally calcified. Additional nodules or lesions are not identified.

Representative sections are submitted in cassettes C1-13 labeled as follows: 1. Right parametrium, en face; 2. Left parametrium, en face; 3. Anterior endoectocervix; 4. Posterior endoectocervix; 5. Anterior lower uterine segment; 6. Posterior lower uterine segment; 7. Full-thickness anterior endomyometrium to include most normal appearing endometrium; 8. Full-thickness anterior endomyometrium to include mass; 9-11. Full-thickness posterior endomyometrium to include mass and deepest extent of invasion; 12. Whorled nodules and additional mass; 13. Sections from largest, focally calcified nodule. Additionally, a yellow, green and blue cassettes are submitted for research each labeled

D. Container D is additionally labeled Right external iliac and contains a 6.0 x 4.3 x 1.5 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, four firm fatty possible lymph nodes are identified ranging from 1.4 up to 3.0 cm in greatest dimension. They are entirely submitted in cassettes D1-3 labeled as follows: D1. One whole possible bisected lymph node; D2. Two whole possible lymph nodes; D3. One whole possible bisected lymph node.

E. Container E is additionally labeled Right obturator and contains a 3.8 x 3.8 x 2.0 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, five firm fatty possible lymph nodes are identified ranging from 0.1 up to 6.0 cm in greatest dimension. They are entirely submitted in cassettes E1-4 labeled as follows: E1. Four whole possible lymph nodes; E2-4. One whole possible lymph node, serially sectioned.

F. Container F is additionally labeled Right common/lower aortic and contains a 2.8 x 1.7 x 0.7 cm yellow-tan fibrofatty soft tissue. On palpation, a 3.0 cm yellow-tan firm fatty nodule is identified consistent with possible lymph node. This nodule is trisected and entirely submitted in cassette F labeled

G. Container G is additionally labeled Left external iliac and contains a 4.0 x 2.8 x 1.5 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, two firm fatty possible lymph nodes are identified 0.5 and 3.0 cm in greatest dimension. They are entirely submitted in cassettes G1-3 labeled as follows: G1. One whole possible lymph node; G2-3. One whole possible quadrisectioned lymph node.

H. Container H is additionally labeled Left obturator and contains a 4.4 x 3.0 x 1.0 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, three

firm fatty possible lymph nodes are identified ranging from 0.5 up to 4.5 cm in greatest dimension. They are entirely submitted in cassettes H1-3 labeled as follows: H1. Two possible lymph nodes (one inked and bisected); H2 and 3. One whole possible quadrisectioned lymph node.

I. Container I is additionally labeled Omentum and contains a 15.0 x 7.5 x 1.0 cm yellow-tan finely lobulated fibrofatty soft tissue consistent with omentum. Sectioning reveals a greasy cut surface with no discrete nodules or lesions identified. Representative sections are submitted in cassettes I1-4 labeled