

UUID: 67EF8128-8F99-4B19-9B64-9C5E5B0786F
TCGA-AJ-ABCT-01A-PR

Redacted



NAME:

DOB:

SEX:

F

AGE:

ROOM #:

MR#:

CLINIC CODE:

ADMIT DATE:

DISCH DATE:

ATTENDING PHYSICIAN:

ADMITTING PHYSICIAN:

SURGERY C

SURGERY CASE #:

FINAL

Reviewed

DATE OF SURGERY:

SURGEON:

MD

Disposition

SPECIMEN:

- A. Pelvic washings with 1000 units of Heparin
- B. Uterus, cervix, tubes and ovaries.
- C. Right pelvic lymph nodes, bagged.
- D. Left pelvic lymph nodes, bagged.

FROZEN SECTION DX:

- B. Endometrioid adenocarcinoma, low grade, superficially invasive.

OPERATIVE PROCEDURE:

Laparoscopic assisted vaginal hysterectomy, bilateral salpingo-oophorectomy, lymphadenectomy.

PREOPERATIVE DIAGNOSIS:

Grade I endometrioid adenocarcinoma of the endometrium.

POSTOPERATIVE DIAGNOSIS:

Pending pathology.

*****DIAGNOSIS*****

- 1. Type of Specimen and Procedure:
Uterus, cervix, right and left fallopian tubes and ovaries, right and left pelvic lymph nodes and pelvic washing; Laparoscopically assisted vaginal hysterectomy, bilateral salpingo-oophorectomy and staging lymph node dissection.

- 2. Tumor Type:
Endometrioid adenocarcinoma of endometrium.

- 3. Grade:
FIGO grade 1.
Papillary pattern absent.

- 4. Depth of Myometrial Invasion:
The tumor invades the myometrium to a depth of 2.5 mm.
A. The thickness of the myometrium in the area of maximum tumor invasion is 14.5 mm.
Tumor involves areas of adenomyosis.

- 5. Lymphovascular Space Involvement: Not identified.

ICD-O-3

Adenocarcinoma, endometrioid NOS
8580/3

Site: Endometrium C54.1
JAD 4/17/14

Surgical Pathology Consultation

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6. Extent:
 - A. Endocervical involvement: Negative.
 - B. Paracervical tissue involvement: Negative.
 - C. Uterine serosa: Negative.
 - D. Fallopian tubes and ovaries: Negative.
7. Margins: Negative.
8. Tumor Size: The tumor measures 3 x 2 cm.
9. Tumor Site: Lateral aspect of anterior endometrium.
10. Lymph Nodes: Negative.
Eleven right pelvic lymph nodes, no malignancy found (0/11).
Seven left pelvic lymph nodes, no malignancy found (0/7).
Total 0/18.
11. Other Sites of Neoplastic Involvement: None.
12. Tissue Submitted for Estrogen and Progesterone Receptor Assays; Results to be Reported Separately
by (Block B7).
13. Pelvic Washings: No malignancy.
14. Additional Findings: Adenomyosis.
Leiomyomata uteri.
Endometrial polyp.
15. TNM STAGING:
pT1a - Tumor involves less than one-half of myometrium.
pN0.
pMX.

- A. 88108
- B. 88309, 88331
- C. 88307
- D. 88307

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SURGERY

MICROSCOPIC EXAMINATION:

A-D. A microscopic examination was performed to render the above diagnosis.

- A. The specimen is received fresh in a single container, labeled with the patient's name and number, and marked as "pelvic washings with 1000 units of Heparin." It consists of approximately 25 cc of yellow watery fluid. Two cytopspins are obtained.
- B. The specimen is received in fixative in a single container labeled with the patient's name and number and marked as "uterus, cervix, tubes and ovaries." It consists of a hysterectomy and bilateral salpingo-oophorectomy specimen weighing 252 grams. The uterus measures 11 x 12 x 5 cm and is in continuity with the right 2 x 1.3 x 1 cm and left 1.7 x 1.7 x 0.8 cm ovaries and the fimbriated, right and left fallopian tubes, the right 5 x 0.5 cm and the left 6.5 x 0.5 cm.

Within the right lateral aspect of the anterior endometrium is a solid 3 x 2 cm mass that protrudes up to 1.5 cm above the flat endometrial surface and appears to superficially extend into underlying myometrium which measures up to 2.3 cm in thickness. Adjacent to this tumor is a separate, 2.5 x 2 x 1 cm polyp with a smooth outer surface that appears also limited to the endometrium. There is no grossly apparent extension into underlying myometrium. The endocervical canal is grossly unremarkable. The adnexa are grossly free of tumor.

Growing from the right uterine cornu is a subserosal, 4 cm nodule simulating right adnexal mass. The fallopian tubes are discontinuous consistent with previous tubal ligation.

Representative sections are submitted as follows:

- #1. Tumor with full thickness myometrium for frozen section, frozen section permanent. Touch preparations are obtained.
- #2. Paracervical tissue and ectocervical margins.
- #3-#7. Tumor with full thickness myometrium.
- #8. Tumor and base of endometrial polyp with full thickness myometrium.
- #9. Surface of the endometrial polyp.
- #10. Random endometrium, myometrium.
- #11, #12. Endocervical canal.
- #13. Largest myometrial nodule.
- #14-#15. Right and left adnexa respectively.

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- C. The specimen is received fresh in a single container, labeled with the patient's name and number, and marked as "right pelvic lymph nodes." The specimen consists of fibroadipose tissue fragments with lymph nodes, in aggregate 12 x 7.3 x 1.2 cm. The lymph nodes range in size from 0.6 to 2.8 cm and appear grossly unremarkable. The lymph nodes are submitted in three cassettes.
- D. The specimen is received fresh in a single container, labeled with the patient's name and number, and marked as "left pelvic lymph nodes." It consists of fibroadipose tissue fragments with lymph nodes, in aggregate 9.2 x 6 x 1.5 cm. The lymph nodes range in size from 0.7 to 1.9 cm and appear grossly unremarkable. The lymph nodes are submitted in two cassettes.

Electronically Signed by

Dictated: Job:

Transcribed:

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Criteria	Yes	No
Diagnostic Discrepancy		✓
Primary Tumor Site Discrepancy		✓
IPSA Discrepancy		✓
First Malignancy History		✓
Isa/Synchronous Primary		✓
Case is (Title):	QUALIFIED	DISQUALIFIED
Reviewed By:	Date Reviewed: 11/13	