Criteria		Yes	No
Diagnosis Discrepancy			<del> </del>
Primary Tumor Site Discrepancy			1.0
HIPAA Discrepancy			<del>                                     </del>
Prior Malignancy History			<del>  3</del>
Dual/Synchronous Primory Noted			
Case is (circle):		ISQUALIFIED	
Reviewerinitials	Daig Benewed:	1///	tarthin
	1.3 1.6		<del>131 /</del> /)
1-11-11	10101	TAI	<del></del>
		• 1	1 1

## Surgical Pathology

PROCEDURE DATE:

RECEIVED DATE:

REPORT DATE:

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

Six parts
Container one is labeled " - left pelvic lymph nodes."
Received in formalin is an 8.0 x 3.0 x 1.5 cm aggregate of multiple irregular pieces of fatty tissue. Sectioning reveals numerous lymph nodes up to 4.8 cm in greatest dimensions. All lymph nodes are submitted as follows: 1A - two intact lymph nodes; 1B - one bisected lymph node; 1C-1D - each with one sectioned lymph node in toto; 1E-1H - one sectioned lymph node in toto.

Container two is labeled "Book - left aortic lymph nodes."

Received in formalin is a 6.0 x 2.8 x 1.6 cm aggregate of two irregular pieces of fatty tissue. Sectioning reveals numerous lymph nodes up to 1.8 cm in greatest dimensions. All lymph nodes are submitted as follows: 2A - one intact lymph node; 2B - one trisected lymph node; 2C - one quadrisected lymph node; 2D - one trisected lymph node; 2E - one sectioned lymph node in toto.

Container three is labeled "Books" - right pelvic lymph nodes."
Received in formalin is a 5.5 x 3.2 x 1.8 cm aggregate of multiple pieces of fatty tissue. Sectioning reveals few possible lymph nodes up to 3.5 cm in greatest dimensions. All lymph nodes are submitted as follows: 3A-3B - each with one sectioned lymph node in toto; 3C-3D - each with one bisected lymph node; 3E - one sectioned lymph node in toto.

Container four is labeled "The right aortic lymph nodes." Received in formalin is a 6.5 x 2.4 x 1.1 cm mass of fatty tissue. Sectioning reveals numerous lymph nodes up to 2.8 cm in greatest dimensions. All lymph nodes are submitted as follows: 4A - one trisected lymph node; 4B - five intact lymph nodes; 4C-4D - one sectioned lymph node in toto; 4E-4F - one sectioned lymph node in

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adenocarcinoma, indonetriord, NOS 8380/3. Site: indometrium C 54.1 /w 10/31/11 UUID: CB5EF343-EDD4-46B1-82DD-48C49FF7E778
TCGA-AJ-A3EL-01A-PR
Redacted

ξ,

toto. Container five is labeled ' uterus, cervix, right ovary." Received in formalin is a 107.9 gram, 7.0 x 5.5 x 5.0 cm uterus with attached cervix and attached 19.1 gram right adnexal tissue. The serosa is smooth and tan-brown at the anterior aspect, becoming markedly shaggy, possibly cauterized at the posterior aspect. The ectocervix is surfaced by smooth pink-tan mucosa. The endocervical canal is tan and corrugated. The endometrial cavity is 3.0 cm in width and 4.5 cm in length and is lined by endometrium which is 0.2 to 0.3 cm thick, tan-brown, giving rise to a 3.0  $\times$  2.3  $\times$  1.5 cm exophytic friable tumor involving the low uterine segment as well as the anterior and posterior aspects. On section, tumor extends 0.2 cm into the myometrium where the myometrium is 1.8 cm thick. The remaining myometrium is homogeneous and pink-tan with few up to 0.7 cm in greatest dimensions well circumscribed tan-white whorled fibrous nodules. At the right adnexal region there is an attached  $6.8 \times 4.2 \times 2.2$  cm mass of shaggy gray-tan to markedly violaceous tissue. Sectioning reveals a discrete amount of residual cystic hemorrhagic ovarian stroma. Representative sections are submitted for genomics studies in three cassettes labeled Representative sections of the remaining tissue are submitted as follows: 5A - anterior cervix; 5B - posterior cervix; 5C-5D anterior low uterine segment to include tumor; 5E-5F - posterior low uterine segment; 5G-5H - anterior endomyometrium with tumor, one full thickness section bisected; 5I-5J - anterior endomyometrium with tumor, one full thickness section bisected; 5K - anterior endomyometrium; 5L-5N - posterior endomyometrium; 50-5P - sectioned entire right parametrium5Q-5R - sectioned entire left parametrium; 5S-5U - residual ovarian stroma. - cyst wall." Received in Container six is labeled " formalin is a 5.0 x 4.2 x 1.2 cm aggregate of multiple irregular pieces of membranous to hemorrhagic gray-tan to yellow-orange tissue. Representative sections are submitted in cassettes 6A-6C. Microscopic Description: Slides reviewed. Final Diagnosis Left pelvic lymph node dissection: Nine benign hyperplastic regional lymph nodes (0/9). Left aortic lymph node dissection: Five benign hyperplastic regional lymph nodes (0/5). Right pelvic lymph node dissection: Six benign hyperplastic regional lymph nodes (0/6). Right aortic lymph node dissection: Eight benign hyperplastic regional lymph nodes (0/8). Hysterectomy: Carcinoma of endometrium. Tumor characteristics: Histologic type: Endometrioid. Grade: Poorly differentiated (G3). Site: Uterine cavity especially lower uterine segment. Size:  $3.0 \times 2.3 \times 1.5 \text{ cm}$ . Myometrial invasion: Present, 0.3 cm thickness invasion into a 1.8 cm thick myometrium. Involvement of cervix: Not identified. Extent of involvement of other organs: None identified. Lymphovascular space invasion: Not identified.

Surgical margin status: Margins uninvolved.

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Lymph node status:

Number of lymph nodes received (utilizing all specimens): 28

Number of lymph nodes containing metastatic carcinoma: 0
(0/28)

Other significant findings:
Adenomyosis, endometriosis involving serosa and right ovary.

Stage: pTla,N0

Cyst wall:
Corpus luteal cyst. PAS 9

CPT:
Comments
This test has been finalized at the Sign Out Dr. Signature>
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