

Diagnosis Discrepancy	Yes	No
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case Is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RE	Date Reviewed 10/27/11

UID: 8FD57BC9-19A1-4427-868F-3E58639FEA40  
TCGA-B5-A0TE-01A-PR



Redacted

## Surgical Pathology Report

Patient Name: [REDACTED] Accession #: [REDACTED]  
Med Rec No: [REDACTED] Client: [REDACTED]  
DOB: [REDACTED] Location: [REDACTED]  
Gender: F Pt. Phone no: [REDACTED]  
Physician(s): [REDACTED]  
cc: [REDACTED]

History/Clinical Dx: Cervical and uterine cancer

Postoperative Dx: Pending pathology examination

### Specimen(s) Received:

- A: Right adnexa
- B: Left ovarian excrescences
- C: Cul de sac tissue
- D: Right tube and ovary
- E: Left tube and ovary
- F: Pelvic tumor
- G: Left pelvic tumor
- H: Uterus, cervix
- I: Left pelvic sidewall
- J: Left pelvic lymph node
- K: Right pelvic lymph node
- L: Omentum
- M: Appendix

1CB-0-3  
adenocarcinoma, endometrioid, NOS 8380/3  
Path Site: endometrium C54.1  
corpus uteri C54.9  
CQCF  
hw 10/27/11

### DIAGNOSIS:

- A. Right adnexa: Metastatic carcinoma
- B. Left ovarian excrescences: Metastatic carcinoma
- C. Cul de sac tissue: Metastatic carcinoma
- D. Right tube and ovary: Metastatic carcinoma
- E. Left tube and ovary: Metastatic carcinoma
- F. Pelvic tumor: Metastatic carcinoma
- G. Left pelvic tumor: Metastatic carcinoma
- H. Uterus, cervix: ENDOMETRIAL ADENOCARCINOMA

### Tumor Information:

Operative procedure: TAHBSO with staging  
Histologic type: Endometrioid with squamous differentiation

**Regulatory Statement:**  
The following statement may be applicable to some of the reagents and/or methods used in developing the above report. This test was developed and its performance characteristics determined by [REDACTED] and is not intended for use in clinical research. The FDA has determined that such descriptive or approval is not necessary. This test is used for clinical purposes. It should not be used for research or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

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Histologic grade(FIGO):	Grade 3
Nuclear grade:	3
Tumor size:	5.5 cm
Extent of invasion:	Through myometrium to serosa
Lympho/vascular invasion:	Present
Serosa:	Tumor present
Parametrium:	Free of tumor
Cervical involvement:	Absent
Right adnexa:	Metastatic tumor
Left adnexa:	Metastatic tumor
Special studies:	On request
Staging information:	T3a, N1

- I. Left pelvic sidewall: Metastatic carcinoma
- J. Left pelvic lymph nodes: Metastasis to two of three lymph nodes (2/3)
- K. Right pelvic lymph nodes: Metastasis to two of three lymph nodes (2/3)
- L. Omentum: Metastatic carcinoma
- M. Appendix: Serosal inflammation

### Comments:

Consultation has been obtained from [REDACTED] who agrees with the above interpretation. Multiple immunostains were used to determine if this represented trophoblastic disease.

### Intraoperative Consultation:

- A. Frozen section: Malignant/  
B. Frozen section: Malignant/

### Gross Description

- A. Submitted as "right adnexa" are several fragments of hemorrhagic and slightly granular tan-red tissue weighing approximately 2.0 gms in aggregate. The entire specimen is submitted with the frozen section residual in cassette A1.
- B. Submitted as "left ovarian excrescence" is a fragment of tan tissue weighing <1.0 gm. It is entirely submitted for frozen section examination.
- C. Submitted as "cul de sac tissue" are multiple fragments of hemorrhagic tan tissue and blood clot weighing approximately 17.0 gms in aggregate. Representative sections are submitted in four cassettes.
- D. Submitted as "right adnexa" is an enlarged ovary and adjacent fallopian tube weighing 37.0 gms. The tube measures 4.5 cm in length and up to 0.8 cm in diameter. The ovary is nodular and measures 4.5 x 3.5 x 2.5 cm in greatest dimensions. There is a hemorrhagic friable area on the external ovarian surface. Sectioning through the ovary shows a multicystic cut surface.

#### Key to cassettes:

- D1-D3 - Ovary  
D4 - Fallopian tube and paratubal soft tissue

- E. Submitted as "left ovary" is an enlarged ovary and adjacent tube weighing 24.0 gms. The tube measures 5.0 cm in length and up to 0.5 cm in diameter. The ovary measures 3.6 x 2.5 x 2.3 cm in greatest dimensions. The surface of the ovary has a few small hemorrhagic tan implants. Sectioning through the ovary shows a multicystic cut surface.

#### Key to cassettes:

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E1-E3 - Ovary  
E4 - Fallopian tube

- F. Submitted as "pelvic tumor" is a single fragment of white-tan tissue weighing approximately 1.0 gm. The nodule has a slightly firm and gritty cut surface. The entire specimen is submitted in two cassettes.
- G. Submitted as "left pelvic tumor" is a fragment of nodular hemorrhagic tan tissue partially covered by a thin grey membrane. The fragment measures approximately 3.8 cm in greatest dimensions. Representative sections are submitted in three cassettes.
- H. Submitted as "uterus" is a previously opened uterus weighing 198.0 gms and measuring approximately 8.8 x 5.4 x 6.0 cm in greatest dimensions. The ectocervical mucosa is smooth. The endocervical canal contains no gross lesions. The endometrial cavity demonstrates a polypoid friable tan mass on the right lateral wall which measures approximately 1.5 x 2.0 x 1.5 cm. In addition there is a separate fragment of hemorrhagic tissue which appears to have become dislodged from the previously mentioned polyp. This hemorrhagic fragment measures approximately 4.0 cm. In the lower uterine segment there are three smooth tan polypoid structures arising from the right lateral wall. Serial sectioning of the uterus shows at the previously described hemorrhagic white-tan polypoid mass shows an ill-defined junction with the underlying myometrium. There is no definitive gross invasion however the myometrium underneath the polypoid mass has a slightly firm and nodular texture. This nodularity extends close to the serosal surface.

**Key to cassettes:**

H1	Anterior cervix
H2	Posterior cervix
H3	Upper endocervical canal
H4	Small tan polyps in the lower uterine segment
H5-H10	Paired full thickness sections through the described abnormal polyp to the uterine serosa
H11	Sections from the separate hemorrhagic tissue fragment
H12-H14	Additional sections from the polypoid mass

- I. Submitted as "left pelvic side wall" is a piece of hemorrhagic tan tissue weighing approximately 1.0 gm. The specimen is bisected and entirely submitted in two cassettes.
- J. Submitted as "left pelvic lymph node biopsy" are several fragments of fatty tissue weighing 13.0 gms in aggregate. Several nodules suggestive of lymph nodes are present.

**Key to cassettes:**

J1&J2	Single nodule bisected
J3	Separate lymph nodes intact

- K. Submitted as "right pelvic lymph node biopsy" are two pieces of fibrofatty tissue weighing 6.0 gms. The larger fragment contains a tan nodular mass which measures 3.0 cm in diameter. This mass is bisected and entirely submitted in cassettes K1&K2.
- L. Submitted as "omentum" is a large fragment of omental fat weighing 96.0 gms. A single small white-tan nodule measuring 0.3 cm in identified grossly. Representative sections are submitted in four cassettes.
- M. Submitted as "appendix" is an appendix weighing 6.0 gms and measuring 4.9 cm in length and up to 0.6 cm in diameter. No gross abnormalities are seen. Representative sections are submitted in two cassettes.

### **Microscopic Description**

The microscopic findings support the above diagnosis.