

Criteria	Yes	No
Diagnostic Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HPOA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Site(s)		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials: <i>RB</i>	Date Reviewed: <i>7/8/11</i>	

UUID: 3C67A037-8A4C-4345-B842-43F1F0A6A53E  
TCGA-Ax-A2IN-01A-PR

Redacted



RUN DATE:  
RUN TIME  
BY:

PATIENT:

ACCT #:

LOC:

U#:

REG DR:

MD

AGE/SX:

1/F

RM/BED:

REG:

STATUS:

TLOC:

DIS:

SPEC #:

Obtained:

Subm Dr:

STATUS:

Received:

# CLINICAL HISTORY:

ENDOMETRIAL CANCER

*1CB-0-3*

*adenocarcinoma, endometrioid, NOS  
8380/3*

# SPECIMEN/PROCEDURE:

*Site: endometrium c54.1*

1. UTERUS - WITH TUBES & OVARIES; TAH/BSO/NODE DISSECTION
2. LYMPH NODE - RIGHT PARA AORTIC
3. LYMPH NODE - RIGHT PELVIC
4. LYMPH NODE - LEFT PARA AORTIC
5. LYMPH NODE - LEFT PELVIC
6. LYMPH NODE - LEFT COMMON ILIAC
7. OMENTUM
8. LYMPH NODE - RIGHT COMMON ILIAC

*hw 7/24/11*

# IMPRESSION:

- 1) UTERUS, BILATERAL FALLOPIAN TUBES AND OVARIES, TOTAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
  - ENDOMETRIUM:
    - Endometrial adenocarcinoma, endometrioid type, FIGO grade III nuclear grade 2.
    - Non-carcinoma involved endometrium, cystic atrophy.
  - MYOMETRIUM:
    - Myometrial invasion, more than 50% (8.5 mm of 10 mm, 85%).
    - Lymphovascular space invasion, present.
    - Leiomyoma.
    - Adenomyosis.
  - CERVIX:
    - Carcinoma involvement, absent.
  - UTERINE SEROSA:
    - Negative for endometrial adenocarcinoma.
  - BILATERAL OVARIES:
    - Atrophic, negative for endometrial adenocarcinoma.
  - BILATERAL FALLOPIAN TUBES:
    - Negative for endometrial adenocarcinoma.
- 2) LYMPH NODE, RIGHT PARA-AORTIC, BIOPSY:
  - One lymph node, negative for endometrial adenocarcinoma (0/1).
- 3) LYMPH NODES, RIGHT PELVIC, DISSECTION:

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**IMPRESSION: (continued)**

- Seven lymph nodes, negative for endometrial adenocarcinoma (0/7).
- 4) Lymph nodes, left para-aortic, dissection:  
Three lymph nodes, negative for endometrial adenocarcinoma (0/3).
- 5) Lymph nodes, left pelvic, dissection:  
Ten lymph nodes, negative for endometrial adenocarcinoma (0/10).
- 6) Lymph node, left common iliac, biopsy:  
One lymph node, negative for endometrial adenocarcinoma (0/1).
- 7) Omentum, omentectomy:  
Mature adipose tissue, negative for endometrial adenocarcinoma.
- 8) Lymph nodes, right common iliac, dissection:  
Three lymph node, negative for endometrial adenocarcinoma (0/3).

**ENDOMETRIAL CARCINOMA CHECKLIST****MACROSCOPIC****SPECIMEN TYPE**  
Hysterectomy**TUMOR SITE**

Specify location: Anterior and posterior

**TUMOR SIZE**

Greatest dimension: 4.5 cm

Additional dimensions: 4.5 x 2.0 cm

**OTHER ORGANS PRESENT**

Right ovary  
Left ovary  
Right fallopian tube  
Left fallopian tube

**MICROSCOPIC****HISTOLOGIC TYPE**

Endometrioid adenocarcinoma, not otherwise characterized

**HISTOLOGIC GRADE**

G3: More than 50% nonsquamous solid growth

**IMPRESSION: (continued)****MYOMETRIAL INVASION****Invasion present**

Maximal depth of myometrial invasion: 8.5 mm

Thickness of myometrium in area of maximal tumor invasion: 10 mm

The % of myometrial involvement: 85%

**EXTENT OF INVASION****PRIMARY TUMOR (pT)**

pT1c (IC): Tumor invades one-half or more of the myometrium

**REGIONAL LYMPH NODES (pN)**

pN0: No regional lymph node metastasis

Number examined: 25

**DISTANT METASTASIS (pM)**

pMX: Cannot be assessed

**MARGINS**

Uninvolved by invasive carcinoma

**VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)**

Present

Pathologic TNM (AJCC 6th Edition): pT1c (IC) N0 M0

Dictated

Entered:

**GROSS DESCRIPTION:**

- 1) Received fresh, labeled with the patient's name, number and "uterus, tubes and ovaries", is a total abdominal hysterectomy, bilateral salpingo-oophorectomy specimen consisting of uterus (10.0 x 4.0 x 4.5 cm), right ovary (2.8 x 1.4 x 0.5 cm), right fallopian tube (5.5 x 0.5), left ovary (2.5 x 1.5 x 0.8 cm), and left fallopian tube (4.5 x 0.4 cm). The uterus is opened and part of tumor and left fallopian tube (normal tissue) is submitted for research. On opening the uterus, the endometrial cavity is 5.0 cm x 3.0 cm, and there is a 4.5 x 4.5 x 2.0 cm, yellow-tan fleshy tumor involving the corpus of the uterus and fungating to involve the superior part of the endometrium. The tumor grossly involves more than 90% of the myometrium and almost extends to the serosal surface superiorly. The lower segment of the uterus, endocervical canal (3.2 cm in length), and cervix are grossly uninvolved by the tumor. There is a 5.0 x 4.0 x 3.5 cm, soft to firm, subserosal leiomyoma in the anterior lower segment of the uterus. The bilateral adnexa is grossly uninvolved by the tumor. Bilateral ovaries are covered with pink-tan to red serosal surface and on sectioning reveal pink, homogeneous parenchyma. The left fallopian tube is grossly unremarkable

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**GROSS DESCRIPTION: (continued)**

and the right fallopian tube has multiple small paratubal cysts ranging from 0.1 to 0.3 cm in maximum diameter. The specimen is representatively sectioned and submitted as follows:

**CASSETTE SUMMARY:**

Cassette 1A: Representative section of the left ovary and fallopian tube.  
Cassette 1B: Representative section of the right ovary and fallopian tube.  
Cassette 1C: Anterior cervix.  
Cassette 1D: Posterior cervix.  
Cassette 1E-1J: Full thickness section of the tumor (posterior uterine wall).  
Cassette 1K-1N: Full thickness section of the tumor (anterior wall).  
Cassette 1P-1R: Representative sections of the anterior lower uterine segment leiomyoma.

- 2) Received in formalin, labeled "right para-aortic lymph node" and with the patient's name, is an irregular portion of yellow-tan lobulated adipose tissue, 2.0 x 1.8 x 0.7 cm. The specimen is dissected for lymph nodes, there is one tan ovoid lymph node identified, 1.5 x 0.8 x 0.6 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 2: One lymph node, bivalved.

- 3) Received in formalin, labeled "right pelvic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 5.0 x 3.0 x 1.7 cm. The specimen is dissected for lymph nodes, there are seven tan ovoid lymph nodes identified, ranging from 1.0 x 0.6 x 0.3 cm to 1.8 x 0.8 x 0.5 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 3A: Three lymph nodes.  
Cassette 3B: Two lymph nodes, bivalved, one inked blue.  
Cassette 3C: Two lymph nodes, bivalved, one inked blue.

- 4) Received in formalin, labeled "left para-aortic lymph node" and with the patient's name, are three irregular portions of yellow-tan lobulated adipose tissue, ranging from 1.0 x 1.0 x 0.5 cm to 1.5 x 1.3 x 0.6 cm. The specimen is dissected for lymph nodes, there are three red-tan ovoid lymph nodes identified, ranging from 0.5 x 0.5 x 0.2 cm to 2.0 x 0.6 x 0.3 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 4: Three lymph nodes.

- 5) Received in formalin, labeled "left pelvic lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 5.5 x 4.0 x 1.7 cm. The specimen is dissected for lymph nodes, there are ten tan ovoid lymph nodes identified, ranging from 0.6 x 0.5 x 0.3 cm to 1.3 x 1.3 x 0.9 cm. All

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**GROSS DESCRIPTION: (continued)**

lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 5A: Five lymph nodes.  
Cassette 5B: Two lymph nodes, bivalved, one inked blue.  
Cassette 5C: Two lymph nodes, bivalved, one inked blue.  
Cassette 5D: One lymph node, bivalved.

- 6) Received in formalin, labeled "left common iliac lymph node" and with the patient's name, is one irregular unoriented portion of yellow-tan lobulated adipose tissue, 4.0 x 1.5 x 0.6 cm. The specimen is dissected for lymph nodes, there is one tan ovoid lymph node identified, 1.5 x 0.9 x 0.5 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 6: One lymph node, bivalved.

- 7) Received in formalin, labeled "omentum" and with the patient's name, is an irregular unoriented portion of yellow-tan lobulated adipose tissue, 14.0 x 8.0 x 1.6 cm. The specimen is serially sectioned at close intervals, the cut surface is yellow-tan and lobulated, there are no obvious masses or lesions identified. The specimen is representatively sampled and submitted in three cassettes.
- 8) Received in formalin, labeled "right common iliac lymph node" and with the patient's name, is one irregular portion of yellow-tan lobulated adipose tissue, 2.0 x 1.5 x 0.8 cm. The specimen is bisected for lymph nodes, there is one tan ovoid lymph node identified, 0.5 x 0.6 x 0.5 cm. All lymph nodes identified are submitted as follows:

**CASSETTE SUMMARY:**

Cassette 8: One lymph node, bivalved.

Dictated

Entered:

COPIES TO:

Undefined Provider

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SPEC #:

PATIENT:

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Continued)

**CPT Codes:**

LYMPH NODE BIOPSY (M)

UTERUS W/VO ADNEXAE, TUMOR-

LYMPH NODE, REGIONAL RESECT,  
OMENTUM -

**ICD9 Codes:**

182.0, 218.1, 617.0

Electronically Signed by: \_\_\_\_\_

\*\* END OF REPORT \*\*