Patient Name:

Lriteria		Yes	No a
Diagnosis Discrepancy		- '`` -	
Primary Tunior Site Discrimancy		 	
HIPAA Discrepancy		 	<i>Y</i> -
Prior Malignancy History		 	
Duai/Synchronous Primary Holes			
Case is (circle):	DISCUA	LIFIED	
Reviewer initials Date Review	ed: 1	371	
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7000 111 27			T

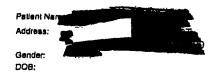


Surgical Pathology Report

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adinocarcinoma, endometriosed, NOS 8380/3 Site: indometrium C54.1 , W 11/29/11

SURGICAL PATHOLOGY REPORT FINAL



Service: Gynecology

MRN:
Hospital #:
Patient Type: SDSA

Accession #: Taken: Received: Accessioned Recorted:

Physician(s):

DIAGNOSIS:

UTERUS, ENDOMYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- INVASIVE POORLY DIFFERENTIATED ADENOCARCINOMA, ENDOMETRIOID TYPE WITH SQUAMOUS DIFFERENTIATION (FIGO GRADE 3)
- TUMOR INVADES MYOMETRIUM TO A DEPTH OF 10 MM WHERE THE MYOMETRIUM MEASURES 11 MM
- ADENOCARCINOMA INVADES LOWER UTERINE SEGMENT
- NO DEFINITE LYMPHOVASCULAR INVASION
- LEIOMYOMA (1.0 CM)
- SEE SYNOPSIS

UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY

- FOLLICULAR CERVICITIS
- NO EVIDENCE OF MALIGNANCY

OVARIES, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL GRANULOMATOUS INFLAMMATION
- NO EVIDENCE OF MALIGNANCY

OVARIES, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

FALLOPIAN TUBES, BILATERAL, BILATERAL SALPINGO-OOPHORECTOMY

- MULTIPLE PARATUBAL CYSTS
- NO EVIDENCE OF MALIGNANCY

LYMPH NODES, LEFT EXTERNAL ILIAC, DISSECTION

- FIVE LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/5)

LYMPH NODES, LEFT OBTURATOR, DISSECTION

- SEVEN LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/7)

LYMPH NODES, RIGHT EXTERNAL ILIAC, DISSECTION

- TWO LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/3)

LYMPH NODES, RIGHT OBTURATOR, DISSECTION

- SIX LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/6)

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LYMPH NODES, RIGHT PERIAORTIC, DISSECTION - TWO LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/2)

LYMPH NODES, LEFT PERIADRIIC, DISSECTION - TWO LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/2)

> By this signature, I attest that the above diagnosis is based upon my personal examination of the slides(and/or other materia) Indicated in the diagnosis). VI.D.

***Report Electronically Reviewed and Signed Out By

intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'uterus, bliateral salpingo-oophorectomy and cervix' consisting of a 140 gram and 4.1 cm (comu to comu) x 3.5 cm (inferior to posterior) x 8.6 cm (fundus to cervix) with attached bilateral tubes and ovaries. The right ovary measures 2.1 x 1.8 x 0.7 cm, the right fallopian tube measures $5.5 \times 0.5 \times 0.5 \times 0.5$ cm, the left overy measures $2.1 \times 1.3 \times 0.7$ cm, and the left fallopian tube measures 7.2 x 0.5 x 0.5 cm. The uterus is opened to show a 3.5 x 4.5 x 1.7 cm tan-white exophytic mass filling the endometrial cavity. Shown to surgeon. Tissue taken for Rest for permanents," by

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

History:

The patient is a year old woman with endometrial carcinoma. Operative procedure: Exam under anesthesia, total abdominal hysterectomy, bilateral salpingo-cophorectomy and lymph node dissection.

Specimen(s) Received:

A: BILATERAL TUBES AND OVARIES, UTERUS

A: BILATERAL TUBES AND OVARIES, (
B: LYMPH NODE, EXTERNAL ILIAC
C; LYMPH NODE, LEFT OBTURATOR
D: LYMPH NODE, RIGHT EXTERNAL
E: LYMPH NODE, RIGHT OBTURATOR
E: LYMPH NODE, RIGHT DEPLACETOR

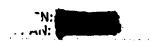
F: LYMPH NODE, RIGHT PERIADRTIC G: LYMPH NODE, LEFT PERIADRTIC

Gross Description:

The specimens are received in seven formalin-filled containers, each labeled labeled "uterus, BSO and cervix." It contains a previously opened uterus consistent with the intraoperative nonmicroscopic consultation (weighing 141 grams and measuring 4.1 x 3.5 x 8.6 cm). The uterine serosa is dult, tan-brown. The cervix measures 2.8 x 2.5 cm and has a glistening white-tan mucosa with focal hemorrhage. The uterus has been bivalved to show a tan-white herringbone mucosa within the endocervical canal (3.3 cm in length). The transformation zone is unremarkable. The endometrial cavity (4.0 cm from cornu to comu x 4.5 cm in length) is filled by a large, exophytic, tan mass, measuring 4.5 x 3.5 x 1.7 cm. The mass appears to be involving predominantly the posterior aspect of the endometrium as well as the superior fundus. The tumor appears to invade into the wall of the uterus with a depth of 1.7 cm out of 2.2 cm at its thickest point, however, the majority of the wall of the uterus is thinned, measuring 0.8 cm at its thinnest area. The tumor appears to invade to within 0.1 cm of the serosa at the left cornu. The tumor also appears to invade deeply near the left cornu as well. There is firm, well-circumscribed,

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white-tan, whorled appearing nodule within the anterior myometrium which measures 1.0 cm. The bilateral tubes and ovaries are attached and consistent with the measurements in the nonmicroscopic consultation. The right fallopian tube has areas of cystic lesions filled with mucoid material, measuring up 1.5 x 0.6 cm. The right ovary has a bosselated tan surface with no gross lesions seen. The ovary is sectioned to show a pink-tan, motited parenchyma with no gross lesions seen. The left fallopian tube has multiple cystic lesions along the length filled with mucoid material, measuring up to 1.5 cm. The left ovary has a bosselated tan-white surface with one firm, white, plaque-like area consistent with a corpora albicans. The ovary is sectioned to show an motited, tan-white parenchyma with no gross lesions seen. The specimen is submitted labeled A1 - anterior cervix; A2 - anterior lower utarine segment; A3 and A4 - anterior endomyometrium (A1 to A4 are contiguous sections); A5 - posterior lower utarine segment; A7 and A8 - posterior endomyometrium (A5 to A8 are contiguous sections); A9 and A10 - anterior endomyometrium near fundus; A11 and A12 - tumor near the right comus; A13 to A16 - tumor in the posterior endomyometrium; A17 and A18 - tumor near left cornu; A19 - right fallopian tube; A20 - right ovary; A21 - left fallopian tube; A22 - left ovary. Jar 2.

The second container is labeled "left external illac lymph nodes." It contains multiple lobulated yellow fragments of tissue, measuring $6.0 \times 5.0 \times 2.5$ cm in aggregate. Multiple putative lymph nodes are identified ranging from $1.0 \times 0.5 \times 0.5$ cm to $2.5 \times 1.5 \times 1.3$ cm. The largest lymph node is bisected to show a firm, tan, mottled parenchyma. The lymph nodes are submitted as follows: B1 and B2 - largest lymph node, trisected and entirely submitted; B3 - two additional lymph nodes. Jar 1.

The third container is labeled "left obturator lymph nodes." It contains multiple irregular, yellow and brown fragments of tissue, measuring $5.0 \times 3.5 \times 1.8$ cm, in aggregate. Multiple putative lymph nodes are identified, ranging from $0.4 \times 0.3 \times 0.2$ cm to $2.8 \times 1.5 \times 0.5$ cm. The largest lymph node is bisected to show a tan, mottled parenchyma. The specimen is submitted, tabeled C1 - largest bisected lymph node; C2 - two additional lymph nodes; C3 - multiple putative small lymph nodes. Jar 1.

The fourth container is labeted "right external lilac lymph nodes." It contains multiple, irregular, yellow and brown fragments of tissue, measuring $4.5 \times 1.8 \times 1.5$ cm, in aggregate. Multiple putative lymph nodes are identified within the tissue, ranging from $0.7 \times 0.6 \times 0.5$ cm to $1.5 \times 1.0 \times 0.4$ cm. The largest lymph node is bisected to show a white-tan, motiled parenchyma. The specimen is submitted, labeted D1 - largest bisected lymph node; D2 - four additional putative lymph nodes. Jar 1.

The fifth container is labeled "right obturator lymph nodes." It contains a yellow-brown fragment of tissue, measuring $6.0 \times 2.0 \times 1.5$ cm. Multiple putative lymph nodes are identified, ranging from $0.7 \times 0.6 \times 0.4$ cm to $2.6 \times 1.5 \times 0.7$ cm. The larger lymph nodes are bisected to show fatty infiltration of the largest lymph node, and the remainder of the lymph nodes have a tan-white, mottled parenchyma. The specimen is submitted as follows: E1 - largest lymph node bisected, and submitted entirely; E2 - one bisected lymph node; E3 - one bisected lymph node; E4 - one bisected lymph node; E5 - two additional lymph nodes. Jar 1.

The sixth container is labeled "right periaortic lymph nodes." It contains a brown fragment tissue, measuring $4.0 \times 0.8 \times 0.8$ cm. There appears to be two putative lymph nodes within the tissue. Both are of similar size, measuring $1.5 \times 0.7 \times 0.5$ cm and $1.8 \times 0.6 \times 0.5$ cm. The lymph nodes are bisected to show a mottled, tan-brown parenchyma. One bisected lymph node is submitted as F1, and the remainder of the tissue (one bisected lymph node) is submitted as F2. Jar 0.

The seventh container is labeled "left periaortic lymph nodes." It contains multiple irregular, yellow and brown fragments of tissue, measuring $3.0 \times 2.0 \times 1.0$ cm. Two putative lymph nodes are identified, measuring $1.0 \times 0.5 \times 0.5$ cm and $0.9 \times 0.5 \times 0.4$ cm. The two lymph nodes are submitted as a whole in G1. The remainder of the specimen is submitted in G2. Jar 0.

.D.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, endometriold type with squamous differentiation

FIGO GRADE

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The FIGO Grade of the tumor is 51 to 100% solid growth pattern (FIII)

TUMOR INVASION

Invasive tumor is present with invasion of the outer 1/3 of the myometrium

TUMOR SIZE

The tumor invades to a depth of 10 mm. The myometrial thickness is 11 mm.

LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)

The lower uterine segment is involved by tumor

ENDOCERVICAL INVOLVEMENT

The endocervix is not involved by tumor

LYMPHVASCULAR SPACE INVASION

Lymphvascular space invasion by tumor is absent

REGIONAL LYMPH NODES (N)

No regional lymph node metastasis (NO)

The regional lymph nodes are free of tumor in 24 nodes

The regional lymph nodes are involved by tumor in 0 nodes

The total number of lymph nodes examined is 24

Extranodal extension by tumor is not applicable; no nodal metastases are present

DISTANT METASTASIS (M)

Distant metastasis cannot be assessed (MX)

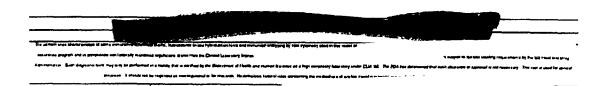
PRIMARY TUMOR (TNM Category/FIGO Stage)

Tumor invades one-half or more of the myometrium (T1b/IB)

STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T1b/N0/M0 (Stage IB)

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.



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