Report

* Final Report *

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓

Case is (circle): QUALIFIED / DISQUALIFIED
Reviewer Initials: [illegible] Date Reviewed: 11/29/11
lw 11/29/11

Result type: Report
Result date:
Result status: Auth (Verified)
Result title: SPECIMEN DESCRIPTION
Performed by:
Encounter info:

* Final Report *

SPECIMEN DESCRIPTION

ICD-O-3
adenocarcinoma, serous, NOS 8441/3
Site: endometrium C54.1
lw 11/29/11

Surgical Pathology Report

Patient Name:
Site/Client:
Account #:
Location:
DOB: [redacted] (Age: Gender: F
Ordering Phy:
Order Number:

Pathology #:
Med. Rec. #: [redacted]
Collected:
Received:
Reported:

FINAL PATHOLOGIC DIAGNOSES
A. UTERUS, CERVIX, BILATERAL FALLOPIAN TUBES AND OVARIES, TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
ENDOMETRIAL SEROUS ADENOCARCINOMA.
TUMOR SIZE: 9 CM IN MAXIMUM DIMENSION.
TUMOR INVADES UP TO 3.8 CM OUT OF 3.9 MYOMETRIAL THICKNESS.
TUMOR INVOLVES CERVIX AND LEFT OVARY.
ANGIOLYMPHATIC INVASION IS IDENTIFIED.
ADDITIONAL PATHOLOGIC FINDINGS:
- UTERUS: LEIOMYOMATA WITH DEGENERATIVE CHANGES.
- RIGHT FALLOPIAN TUBE WITH WALTHARD REST.
- RIGHT OVARY WITH SMALL SEX CORD-STROMAL TUMOR, CONSISTENT WITH FIBROTHECOMA (1.5 CM IN MAXIMUM DIMENSION).
PLEASE SEE COMMENT AND SYNOPTIC REPORT (SDR CHECKLIST) BELOW.

B. LYMPH NODE, LEFT PELVIC, DISSECTION:
METASTATIC CARCINOMA INVOLVING TWO OUT OF TWO LYMPH NODES WITH EXTRANODAL EXTENSION (2/2).

C. LYMPH NODE, RIGHT PELVIC, DISSECTION:
METASTATIC CARCINOMA INVOLVING TWO OUT OF THREE LYMPH NODES WITH EXTRANODAL EXTENSION (2/2).

Printed by:
Printed on:

UUID:A803E376-399C-4841-A6AE-E82B99CD57B7
TCGA-AX-A3GI-01A-PR
Redacted

D. LYMPH NODE, RIGHT PERIAORTIC, DISSECTION:
METASTATIC CARCINOMA INVOLVING THREE OUT OF FOUR LYMPH NODES WITH EXTRANODAL EXTENSION (3/4).

PATHOLOGIC STAGE AND CASE SUMMARY
pT3a, pN2 (FIGO IIIC2)

COMMENT
Sections of the left ovary show a proliferation of bland-looking spindle cells arranged into interlacing fascicles. Some of these cells show a clear cytoplasm. No pleomorphism, necrosis or cytologic atypia seen. Occasional mitoses are noted. By immunohistochemical staining, these neoplastic cells are positive for calretonin and inhibin. These findings are consistent with fibrothecoma.

A: UTERUS/CERVIX/ TUBES AND OVARIES BILATERALLY

SPECIMEN:	Uterus, bilateral ovaries and fallopian tubes
PROCEDURE:	Specify- Total abdominal hysterectomy and bilateral salpingioophorectomy
LYMPH NODE SAMPLING:	Performed, pelvic lymph nodes and right periaortic lymph node dissection
SPECIMEN INTEGRITY:	Intact hysterectomy specimen
TUMOR SITE:	Specify- anterior and posterior aspects of endometrial cavity
TUMOR SIZE:	Greatest dimension- 9 cm
ADDITIONAL TUMOR DIMENSIONS:	- 7.5 x 3.8 cm
HISTOLOGIC TYPE:	Serous adenocarcinoma
HISTOLOGIC GRADE:	Not applicable
MYOMETRIAL INVASION:	Present, >= 50% myometrial invasion
DEPTH OF MYOMETRIAL INVASION:	- 3.8 cm
MYOMETRIAL THICKNESS:	- 3.9 cm
INVOLVEMENT OF CERVIX:	Invasion of cervical stromal connective tissue
OTHER ORGANS INVOLVEMENT,EXTENT:	See seperate organs below
RIGHT OVARY:	Not involved
LEFT OVARY:	Involved
RIGHT FALLOPIAN TUBE:	Not involved
LEFT FALLOPIAN TUBE:	Not involved
VAGINA:	Not applicable
RIGHT PARAMETRIUM:	Not applicable
LEFT PARAMETRIUM:	Not applicable
OMENTUM:	Not applicable
RECTAL WALL:	Not applicable
BLADDER WALL:	Not applicable
PELVIC WALL:	Not applicable
BLADDER MUCOSA AND/OR BOWEL MUCOSA:	Not applicable

OTHER ORGANS:	Not applicable
PERITONEAL ASCITIC FLUID:	See cyology report, case#-
NKI11-(103,104,105)	
MARGINS:	Uninvolved by invasive
carcinoma	
DISTANCE FROM CLOSEST MARGIN:	- 2 mm
SPECIFY CLOSEST MARGIN:	- anterior paracervical
soft tissue margin	
LYMPH-VASCULAR INVASION:	Present
PATHOLOGIC STAGING (pTN):	- pT3a, pN2 (FIGO IIIC2)
PELVIC LYMPH NODES:	Number examined- 5
PELVIC LYMPH NODES INVOLVED:	Number- 4
PARA-AORTIC LYMPH NODES:	Number examined- 4
PARA-AORTIC NODES INVOLVED:	Number- 3
OTHER LYMPH NODES:	Not sampled
OTHER NODES INVOLVED:	Not applicable
DISTANT METASTASIS (pM):	Not applicable
SPECIFY METASTASIS SITE(S):	Not applicable
ADDITIONAL PATHOLOGIC FINDINGS:	Specify- fibrothecoma of
left ovary	
ANCILLARY STUDIES:	Specify- immunostains , see
diagnosis comment	
CLINICAL HISTORY:	Not specified
COMMENT(S):	- none

Electronically Signed Out

All tests performed by
Pathologists.

SPECIMEN(S)
A: UTERUS/CERVIX/ TUBES AND OVARIES BILATERALLY
B: LEFT PELVIC LYMPH NODE, DISSECTION
C: RIGHT PELVIC LYMPH NODE, DISSECTION
D: RIGHT PERIAORTIC LYMPH NODE

PROCEDURE
EXPLORATORY LAPAROTOMY TUMOR DEBULKING PELVIC NODE DISSECTION

PREOPERATIVE DIAGNOSIS
UTERINE CANCER

POSTOPERATIVE DIAGNOSIS
UTERINE CANCER

GROSS DESCRIPTION
A. Received fresh labeled uterus, fallopian tubes, ovaries and cervix, is a 650 g total hysterectomy specimen. The uterus measures 15 cm from the cervix to fundus, 11.5 cm from cornu to cornu and 9.5 cm from anterior to posterior. The serosal surface is bosselated with three

subserosal nodules ranging in maximum dimension from 0.7 to 2 cm, the largest one measures 2 x 1.2 x 1 cm and is located on the anterior surface. The subserosal nodules have tan white firm cut surfaces. The remaining serosal surface is pink-tan and smooth. The cervix measures 4 cm in length x 2.5 cm in diameter. The cervical os is slit-like and measures 0.3 cm in diameter. The anterior surface is inked yellow and the posterior surface is inked black for microscopic evaluation. The uterus is opened to reveal hemorrhagic fluid and a tan-pink/red friable mass occupying all the endometrial cavity on both anterior and posterior aspects. The endometrial cavity measures 9 cm in length x 7.5 cm in width. The mass grossly appears involving the lower uterine segment and not involving the cervix. The mass is about 1.4 cm from the anterior paracervical soft tissue margin and approximately 4 cm from the cervical os. The mass grossly appears involving the superficial myometrium with a maximum depth of invasion approximately 1 cm out of 5 cm thickness of the anterior endomyometrium. The mass has a maximum depth of invasion on the posterior aspect of approximately 1.5 cm out of 4 cm endomyometrium thickness. Multiple tan-white firm intramural nodules are identified ranging in maximum dimension from 0.5 cm to 5 cm, the largest one measures 5 x 4 x 3.5 cm and is located on the posterior side. Some of these nodules are calcified. The endomyometrium ranges in thickness from 1.5 to 5.2 cm. The right fallopian tube measures 6.5 cm in length x approximately 0.6 cm in diameter. The serosal surface is pink-tan and smooth. Serial sectioning reveals a pinpoint lumen. The right ovary measures 3 x 2 x 1 cm and it is serially sectioned to reveal a tan-yellow nodule measuring 1.5 x 1.1 x 0.8 cm. The left fallopian tube measures 7 cm in length x approximately 0.6 cm in diameter. The serosal surface is pink-tan and smooth. The fallopian tube is serially sectioned to reveal a pinpoint lumen. The left ovary measures 3 x 2 x 1 cm. The left ovary is serially sectioned to reveal unremarkable tan-pink cut surfaces. Representative sections of the specimen are submitted as follows:
Cassettes 1- the anterior cervix,
Cassettes 2 and 3- the anterior lower uterine segment,
Cassette 4- the closest tumor to the anterior paracervical soft tissue margin,
Cassettes 5-6- anterior endomyometrium full thickness,
Cassettes 7-8- anterior endomyometrium full thickness,
Cassette 9- anterior endomyometrium full thickness,
Cassette 10- two reps of the anterior endomyometrium full thickness,
Cassette 11- posterior cervix,
Cassettes 12-13- posterior endocervix to posterior lower uterine segment,
Cassettes 14-15- posterior endomyometrium,
Cassette 16- posterior endomyometrium full thickness,
Cassette 17- posterior endomyometrium full thickness,
Cassettes 18 and 19- representative sections of the posterior endomyometrium full thickness,
Cassette 21- the tumor to the closest posterior paracervical soft tissue margin,
Cassettes 20 and 22- representative sections of the largest intramural nodule,

Cassette 23- representative sections of the other nodules including the subserosal nodules.
Cassettes 24-26- the right fallopian tube, submitted entirely,
Cassettes 27-28- the right ovary, submitted entirely,
Cassettes 29-31- the left fallopian tube, submitted entirely,
Cassettes 32-33- the left ovary, submitted entirely.

[redacted]

B. Received fresh labeled left pelvic lymph node are three soft yellow-pink fragments of adipose tissue aggregating to 3.2 x 3 x 1 cm. Within the fat there are two tan-pink possible lymph nodes measuring 0.7 and 1.7 cm in greatest dimension. The smallest fragment of tissue is bisected revealing a smooth walled cyst containing clear serous fluid. The specimen is submitted as follows:
Cassette B1- cyst bisected,
Cassette B2- one possible lymph node, bisected,
Cassette B3- remainder of soft tissue.

C. Received fresh labeled right pelvic lymph node are two yellow-tan lobular fragments of adipose tissue measuring 1.8 x 1.5 x 1 cm and 2.5 x 2 x 1.5 cm. Within the fat there are three brown-tan possible lymph nodes which range from 1.2 to 2.5 cm in greatest dimension. The specimen is submitted entirely as follows:
Cassette C1- one possible lymph node, bisected,
Cassette C2- one possible lymph node, bisected,
Cassette C3- one possible lymph node bisected,
Cassette C4- remainder of soft tissue.

D. Received fresh labeled right periaortic lymph node are two tan-yellow lobular fragments of adipose tissue aggregating to 3.5 x 3 x 1 cm. Within the fat there are three tan-pink, slightly firm possible lymph nodes which measure 1 x 0.7 x 0.5 cm, 1.7 x 1.3 x 1, and 3 x 1.7 x 1 cm. The largest possible lymph node is bisected revealing solid and cystic, tan-yellow, slightly gritty tissue. The specimen is submitted entirely as follows:
Cassette D1- smallest possible lymph node, bisected with remainder of soft tissue,
Cassette D2-D3- one possible lymph node, trisected, divided between two cassettes,
Cassettes D4-D5- largest possible lymph node, bisected, divided between two cassettes.

[redacted]

CPT CODE(S): A: 88309, 88342, 88342
B: 88307
C: 88307
D: 88307

This test was developed and its performance and characteristics determined by the [redacted]. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has

[redacted]

* Final Report *

determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing. Unless indicated as evaluated by gross examination only, all slides have been reviewed by the signing Pathologist.

Completed Action List:

* Perform by
* Order by