PATIENT HISTORY:
CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Endometrial cancer.
LMP DATE: Not provided.
PROCEDURE: Total abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, hernia repair.
SPECIFIC CLINICAL QUESTION: Not provided.
OUTSIDE TISSUE DIAGNOSIS: No.
PRIOR MALIGNANCY: No.
CHEMORADIATION THERAPY: No.
OTHER DISEASES: No.

UUID:7663D410-13EC-4A5B-B655-F7DCCC9C8E8D
TCGA-BG-A0VW-01A-PR
Redacted

COMMENT:
Evaluation of endometrial tumor is limited by autolytic changes.

Immunohistochemical stains were performed for evaluation of this tumor and the presence of lymphovascular space invasion (please see microscopic description for complete report).

Companion pelvic wash is negative for tumor

ICD-O-3
adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1
lw 5/1/11

Pathologic stage: T1aNoMx, FIGO - IA (current classification).

MICROSCOPIC:

Antibody/Antigen	Result
P16	Patchy positive.
P53	Negative
P63	Negative
CD31	Positive in endothelial, lymphatic and vascular channels.
D2-40	Positive in endothelial, lymphatic and vascular channels.
CD34	Positive in endothelial, lymphatic and vascular channels.

Utilizing formalin-fixed (8-96 hour range), paraffin embedded tissue, immunohistology is performed with the following selected antibodies and designated antibody clone(s), directed against the following antigenic target(s), with adequate positive and negative internal and external controls. Antibodies are optimized appropriate for fixation times.

ANTIBODY	CLONE	TARGET ANTIGEN	VENDOR
p16	16P04(JC2)	HPV surrogate	
P53	DO-7	Serous Carcinoma	
p63	4A4 + Y4A3	Myoepithelial cells	
CD 31	JC70	endothelium	
D2-40	D2-40	Lymphatic Endothelium	
CD 34	QBEnd/10	endothelium	

Microscopic examination substantiates the above diagnosis.

The following statement applies to all immunohistochemistry, insitu hybridization (ISH & FISH), molecular anatomic pathology, and immunofluorescence testing:

The testing was developed and its performance characteristics determined by the [redacted] required by the CLIA '88 regulations. The testing has not been cleared or approved for the specific use by the U.S. Food and Drug Administration, but the FDA has determined such approval is not necessary for clinical use.

This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") as qualified to perform high-complexity clinical testing. Pursuant to the requirements of CLIA, ASR's used in this laboratory have been established and verified for accuracy and precision. Additional information about this type of test is available upon request.

CASE SYNOPSIS:

SYNOPTIC - PRIMARY UTERINE ENDOMETRIAL TUMORS: HYSTERECTOMY SPECIMENS

TUMOR TYPE:	Endometroid adenocarcinoma, NOS
HISTOLOGIC GRADE (epithelial neoplasm) [combined architectural and nuclear]:	
ARCHITECTURAL GRADE:	Well differentiated (FIGO 1)
NUCLEAR GRADE:	Well differentiated Grade 2
TUMOR SIZE:	Maximum dimension: 2.0 cm
PERCENT OF ENDOMETRIAL SURFACE INVOLVEMENT:	Anterior endomyometrium: 10 %, Posterior endomyometrium: 30 %
DEPTH OF INVASION:**	Less than 1/2 thickness of myometrium
ANGIOLYMPHATIC INVASION:	No
OTHER:	**(epithelial, smooth muscle, others)**, Leiomyoma
LYMPH NODES POSITIVE:	Number of lymph nodes positive:: 0
LYMPH NODES EXAMINED:	Total number of lymph nodes examined: 10
T STAGE, PATHOLOGIC:	pT1b
N STAGE, PATHOLOGIC:	pN0
M STAGE, PATHOLOGIC:	pMX
FIGO STAGE:	IB

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials [redacted] Date Reviewed: 6/10/11		

lw 5/1/11