3,4356 Sex: Female 7 164.1. D.O.B.: λt MRN #: Ref Phys ... SPECIMEN INFORMATION Collected Accession Received: Acct / Reg Reported SURGICAL PATHOLOGY REPORT **DIAGNOSIS:** A. Portion of omentum, excision: Metastatic high grade adenocarcinoma, diffusely infiltrative. Diagnosis Discrepancy Frozen section diagnosis confirmed. HIPAA Discrepancy Prior Malignancy Histor B. Omentum, excision: Diffusely infiltrative high grade adenocarcinoma C. Uterus, right adnexa, hysterectomy with right salpingoophorectomy: 4/19/11 **Tumor Characteristics:**  Histologic type
 Histologic grade: 3. Tumor site a linearistic transfer and the state of the st Myometrial invasion: Tumor focally extends 0.3 cm into a 1.1 cm thick myometrium. 6. Involvement of cervix: Cervix not removed. 7. Extent of involvement of other organs: Tumor extends into the right ovary as well as within the parametrial tissue as well as extensively along the uterine serosa. 8. Lymphovascular space invasion: Not definitively identified. Surgical Margin Status: Turnor does not definitively extend to margins of resection, however, is metastatic multifocally. 1CD-0-3 Lymph Node Status: Carcinoma, serous, Nos 8441/3 No lymph nodes removed. Other: Site: Indometrium C54.1 1. Other significant findings: a. Background endometrium with predominantly atrophic features. b. Right falloplan tube without significant pathologic abnormality. 2. pTNM stage: pT3a NX (FIGO IIIA). Electronic Signature: Appropriately controlled immunohistochemical stains for WT-1 and P53 performed on blocks C10 and C13 show positive staining for p53 with no to only focal nuclear staining for WT1. This, along with patient age and background atrophic endometrium are consistent with a serous carcinoma of endometrial origin. CLINICAL INFORMATION **CLINICAL HISTORY:** Preoperative Diagnosis: Adenocarcinoma on Pap, thickened endometrium. Biopsy not possible - cervical stenosis **W**. Postoperative Diagnosis: Symptoms/Radiologic Findings: SPECIMENS: UUID:38EB6233-9777-4640-A896-26D16A9DBD8E TCGA-AJ-A23N-01A-PR Re A. Portion of omenium with frozen section **B.** Omentum C. Uterus, right tube and ovary **GROSS DESCRIPTION:** The specimen is received in three containers labeled with the patient's name,

Container A is additionally labeled "portion of omentum" and contains a 10.0 x 5.0 x 3.0 cm, yellow-tan, finely lobulated fibrofatty soft tissue. On section, two gray-white tumor nodules are identified, 2.0 and 3.0 cm in greatest dimension. A section is submitted for frozen section with the residual entirely resubmitted for permanent section in cassette A1 labeled Additionally, a yellow cassette is submitted for genomics research labeled.

Container B is additionally labeled "#2" and contains an 18.0 x 8.5 x 3.5 cm, yellow-tan, finely lobulated fibrolatty soft tissue consistent with ornentum. Sectioning reveals gray-white tumor up to 8.0 cm in greatest dimension. Representative sections are submitted in cassettes B1-4 labeled

Container C is additionally labeled "uterus, right tube and overy" and contains a 41.6 gm supracervical hysterectomy specimen comprised of uterine corpus (5.6 cm in length by 3.5 x 3.5 cm), right fallopian tube (6.0 cm in length and ranging from 0.5 to 1.0 cm) and right overy (3.0 x 1.5 x 1.3 cm). The current of the corpus is surfaced by pink-tan, shaggy serosa. The parametrial soft tissue is inked and taken en face. The endometrium is pink-tan and lush uterine corpus is surfaced by pink-tan, shaggy serosa. The parametrial soft tissue is inked and taken en face. The endometrium is pink-tan and fibrous with an average with an average thickness of 0.3 cm. Discrete invasive lesions are not identified. The surrounding myometrium is pink-tan and fibrous with an average with an average thickness of 0.3 cm. Discrete invasive lesions are identified. The overy is sectioned to reveal a yellow-tan fibrous cut surface with a gray-white thickness of 1.1 cm. No myometrial nodules or lesions are identified. The overy is sectioned to reveal a yellow-tan fibrous cut surface with a gray-white corpus albicans and a 0.6 cm cystic overy. The cyst features a gray-white papillary excressence and contains clear, watery fluid. Representative corpus albicans and a 0.6 cm cystic overy. The cyst features a gray-white papillary excressence and contains clear, watery fluid. Representative corpus albicans and a 0.6 cm cystic overy. The cyst features a gray-white papillary excressence and contains clear, watery fluid. Representative corpus albicans and a 0.6 cm cystic overy. The cyst features a gray-white papillary excressence and contains clear, watery fluid. Representative corpus albicans and a 0.6 cm cystic overy. The cyst features a gray-white papillary excressence and contains clear, watery fluid. Representative corpus albicans and a 0.6 cm cystic overy. The cyst features a gray-white papillary excressence and contains clear, watery fluid. Representative corpus albicans and a 0.6 cm cystic overy. The cyst features a gray-white papillary

INTRA-OPERATIVE CONSULTATION:
FROZEN SECTION DIAGNOSIS: Part A - Metastatic adenocarcinoma per Dr

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