

Addendum

Patient Name: [REDACTED]

Med. Rec. #: [REDACTED]

DOB: [REDACTED]

Gender: [REDACTED]

Physician(s): [REDACTED]

Client: [REDACTED]

Location: [REDACTED]

Accession #: [REDACTED]

Taken: [REDACTED]

Received: [REDACTED]

Reported: [REDACTED]

Specimen(s) Received:

- A: Left pelvic lymph node
- B: Left common node
- C: Right pelvic lymph node
- D: Right common node
- E: Left parametrial tissue
- F: Uterus, cervix, right tube and ovary
- G: Posterior vaginal margin

UUID: EC10AA0B-A597-4224-8807-52F7228C6D07

TCGA-B5-A0VI-01A-PR

Redacted



Date Ordered:

Status: Signed Out

Addendum Comment

The endometrial tumor graded as "poorly differentiated" equates to a "Grade 3 endometrioid adenocarcinoma carcinoma".

Electronically Signed Out

Regulatory Statement:

The following statement may be applicable to some of the reagents/antibodies used in developing the above report: This test was developed and its performance characteristics determined, been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as a research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to perform high complexity clinical laboratory testing.

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ICD/A Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior Malignancy History	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dual/Synchronous Primary Noted	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	30	1/13/10

ICA-0-3

Adenocarcinoma, endometrioid, NOS 8380/3

Site: Endometrium C54.1 3/4/11 JW

Surgical Pathology Report

Patient Name: [REDACTED]

Med Rec No: [REDACTED]

DOB: [REDACTED]

Gender: F

Physician(s): [REDACTED]

cc: [REDACTED]

Client: [REDACTED]

Location: [REDACTED]

Pt. Phone no [REDACTED]

Accession # [REDACTED]

Taken: [REDACTED]

Received: [REDACTED]

Reported: [REDACTED]

History/Clinical Dx: Cervical cancer

Postoperative Dx: Same

Specimen(s) Received:

- A: Left pelvic lymph node
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- G: Posterior vaginal margin

DIAGNOSIS:

- A. Left pelvic lymph node: 11 lymph nodes, free of metastatic tumor
- B. Left common node: 1 lymph node, free of metastatic tumor
- C. Right pelvic lymph nodes: 12 lymph nodes, free of metastatic tumor
- D. Right common node: Benign adipose tissue, no lymphoid tissue identified
- E. Left parametrial tissue: Fibroadipose tissue, free of metastatic tumor
- F. Uterus, cervix, right tube and ovary: ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, WITH SQUAMOUS FEATURES

Tumor Information:

- Operative procedure: Hysterectomy, right salpingoophorectomy
- Histologic type: Endometrioid with squamous features
- Histologic grade(FIGO): Poorly differentiated
- Nuclear grade: 2-3
- Tumor size: Involves entire endometrial surface
- Extent of invasion: Invades approximately 2.5 cm out of a 2.7 cm myometrial thickness (more than 1/2)
- Lympho/vascular invasion: Present, extensive
- Serosa: Free of involvement
- Parametrium: Free of involvement
- Cervical involvement: Involved

Regulatory Statement:

The following statement was supplied to many of the respondents who were involved in the development of this report. The test was developed and its performance characteristics determined upon review and approval by the U.S. Food and Drug Administration. The FDA has determined that such information is appropriate and necessary. This test is used for clinical diagnosis of cancer and is not intended for use in research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

Surgical Pathology Report

Right adnexa: Free of involvement
Left adnexa: Surgically absent
Staging information: T2b, N0

G. Posterior vaginal margin: Vaginal mucosa with focal erosion, free of tumor

Comments:

has reviewed this case and concurs.

Gross Description

- A. Received in formalin labeled "left pelvic lymph node" is a fragment of yellow-tan fatty soft tissue, 18.0 grams, 5.0 x 4.0 x 2.0 cm. By palpation, there are multiple distinct nodes, 2.0 cm in greatest dimension. Submitted in toto, blocks A1-A5.

KEY TO CASSETTES:

A1-A2 - One lymph node
A3 - Four lymph nodes
A4-A5 - Remainder of sample

- B. Received in formalin labeled "left common lymph node" is a fragment of yellow-tan fatty soft tissue, <1.0 grams, 1.0 x 0.5 x 0.5 cm. By palpation, there is one distinct node, 0.5 cm in greatest dimension. Submitted in toto, blocks B1-B2.

KEY TO CASSETTES:

B1 - One lymph node
B2 - Remainder of sample

- C. Received in formalin labeled "right pelvic lymph node" is a fragment of yellow-tan fatty soft tissue, 12.0 grams, 5.0 x 3.0 x 1.5 cm. By palpation, there are multiple distinct nodes, 2.0 cm in greatest dimension. Submitted in toto, blocks C1-C5.

KEY TO CASSETTES:

C1 - One lymph node
C2 - One lymph node
C3 - One lymph node
C4 - Five lymph nodes
C5 - Remainder of sample

- D. Received in formalin labeled "right common lymph node" is a fragment of yellow-tan fatty soft tissue, <1.0 grams, 0.5 x 0.5 x 0.5 cm. By palpation, there are no distinct lymph nodes grossly identified. Submitted in toto, block D.

- E. Received in formalin labeled "left parametrium" is a fragment of yellow-tan fibrofatty soft tissue, 2.0 grams, 1.5 x 1.0 x 0.5 cm. Submitted in toto, block E.

- F. Received in formalin labeled "uterus, cervix, right tube and ovary" is a previously opened uterus and cervix with surgically detached right fallopian tube and right ovary, 269.0 grams. The uterine body is symmetrically enlarged, 9.0 cm in length, 8.0 cm in broadest extent, and up to 7.0 cm anterior-posteriorly. The serosa demonstrates prominent red-tan fibrous adhesion formation. The cervical portion is 3.5 x 3.5 x 3.5 cm, and appears grossly normal. The uterine cavity is 8.0 x 4.0 cm across, and reveals a diffuse spreading mass lesion that covers the entire endometrial surface. The tumor extends inferiorly to involve the endocervical canal, approximately 1.0 cm from the ectocervix. The cut surface of the tumor reveals it to grossly extend to a depth of 2.5 cm within the myometrium. At this level, the myometrium is 3.0 cm in thickness. The right fallopian tube is 2.5 x 0.5 cm, and appears grossly normal. The right ovary is 3.5 x 2.0 x 1.0 cm, and contains an occasional simple-appearing cyst. The left adnexa is surgically absent. A small piece of the tumor is submitted for cancer research. Representative sections, blocks F1-F10.

KEY TO CASSETTES:

F1-F2 - Cervix
F3 - Upper cervical canal
F4-F5 - Tumor, lower uterine segment
F6 - Tumor, mid-body
F7 - Tumor, fundus
F8 - Right adnexa

[REDACTED] **Surgical Pathology Report** [REDACTED]

F9 - Right parametrium
F10 - Left parametrium

- G. Received in formalin labeled [REDACTED], posterior vaginal margin" is a fragment of pink-tan vaginal epithelium, 2.0 grams, 2.5 x 1.5 x 0.5 cm. Submitted in toto, blocks G1-G2.

Microscopic Description

A-G. The microscopic findings support the above diagnoses.

[REDACTED]