

SURGICAL PATHOLOGY:

PROCEDURE DATE: RECEIVED DATE: REPORT DATE:

COPY TO: [REDACTED]

IO Consultation

Frozen Section Diagnosis: "Carcinoma, morphologically suggestive of endometrial origin, results reported to Dr. [REDACTED] following positive patient identification"

Performed by Dr. [REDACTED]

Pre-Op Diagnosis

Endometrial cancer

Post-Op Diagnosis

Same

Clinical History

Nothing indicated on requisition

Gross Description:

Container is labeled #1 "[REDACTED] - omental biopsy." Received in formalin is a 5.0 x 3.4 x 0.2 cm portion of yellow tan fatty tissue.

Sectioning reveals no discrete nodules or mass lesions. The entire specimen is sectioned and submitted in cassettes 1A-1C labeled

Container is labeled #2 "[REDACTED] - peritoneal implant for frozen section." Received for frozen section and subsequently placed in formalin is a 0.9 x 0.5 x 0.2 cm portion of yellow tan soft tissue.

The entire specimen is submitted for frozen section. The frozen section remnant is resubmitted for permanent in cassettes 2 labeled

Container is labeled #3 "[REDACTED] - uterus, cervix, bilateral tubes and ovaries." Received in formalin is a 65.7 gram 6.7 x 5.8 x 3.2 cm uterus with attached cervix, attached 8.0 gram right adnexa, and attached 5.9 gram left adnexa. The serosa is smooth and gray tan. A 2.8 x 2.3 cm ectocervix is surfaced by a gray tan mucosa which surrounds a 0.9 x 0.3 cm os. The endocervical canal is tan and corrugated on section. The endometrial cavity gives rise to a 3.4 x

UUID: B42FF342-34F0-4611-A275-B979D7658510
TCGA-A3-A30L-01A-PR

Redacted



ICD-0-3

Carcinoma, Endometrial, NOS 8380/3

Site: Endometrium 254.1

lw
2/2/12

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		X
HPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewed by (signature)	1/31/12	

3.0 x 2.0 cm friable exophytic tan white tumor which focally questionably involves the superior aspect of the posterior lower uterine segment. On section the tumor extends 0.3 cm into the myometrium where the myometrium is 1.0 cm thick. The remaining myometrium is gray tan with a few up to 0.5 cm in greatest dimension well circumscribed tan white coiled fibrous nodules. The right adnexa consists of a 5.0 cm long x 0.5 cm diameter fallopian tube attached to the mesovarian of a 2.0 x 1.2 x 0.7 cm smooth yellow tan ovary. On section the fallopian tube is grossly unremarkable. The ovarian stroma is homogeneously yellow tan. The left adnexa consists of a 5.0 cm long x 0.4 cm diameter fallopian tube attached to the mesovarium of a 2.4 x 1.1 x 0.7 cm smooth yellow tan ovary. On section the fallopian tube is grossly unremarkable. The ovarian stroma is homogeneously smooth yellow tan. Representative sections are submitted for genomic studies in two cassettes labeled

Representative sections of the remaining tissue are submitted in cassettes labeled ' ' as follows: 3A - representative anterior cervix; 3B - representative posterior cervix; 3C - representative anterior lower uterine segment; 3D - representative superior posterior lower uterine segment; 3E-3G - representative anterior endomyometrium to include tumor, 3E to include greatest depth of invasion; 3H-3J - representative posterior endomyometrium with tumor; 3K - representative intramural fibrous nodule; 3L-3M - section of entire right parametrium; 3N-3O - section of entire left parametrium; 3P - representative right ovary; 3Q - representative right fallopian tube; 3R - representative left ovary; 3S - representative left fallopian tube.

Container is labeled #4 " " - right pelvic lymph nodes." Received in formalin is a 6.0 x 5.0 x 1.5 cm aggregate of multiple irregular pieces of fatty tissue. Sectioning reveals numerous lymph nodes up to 4.5 cm in greatest dimensions. All lymph nodes are submitted in cassettes labeled ' ' as follows: 4A - one bisected lymph node; 4B - one sectioned lymph node, in toto; 4C - one sectioned lymph node in toto; 4D-4E - one sectioned lymph node in toto; 4F-4J - one sectioned lymph node in toto.

Container is labeled #5 " " - left aortic nodes." Received in formalin is a 3.7 x 3.2 x 1.2 cm aggregate of multiple pieces of fatty tissue. Sectioning reveals multiple lymph nodes up to 2.5 cm in greatest dimensions. All lymph nodes are submitted in cassettes labeled ' ' as follows: 5A-5B - each with one bisected lymph node; 5C - one quadrisected lymph node; 5D-5E - one sectioned lymph node in toto.

Container is labeled #6 " " - left pelvic lymph node." Received in formalin is a 5.5 x 3.7 x 2.2 cm aggregate of two irregular pieces of fatty tissue. Sectioning reveals numerous lymph nodes up to 4.2 cm in greatest dimensions. All lymph nodes are submitted in cassettes labeled ' ' as follows: 6A - one quadrisected lymph node; 6B - one sectioned lymph node in toto; 6C-6E - one sectioned lymph node in toto; 6F-6H - one sectioned lymph node in toto.

Container is labeled #7 " " - right aortic nodes." Received in formalin is a 4.7 x 2.8 x 1.2 cm portion of fatty tissue. Sectioning reveals two 2.2 cm and 3.2 cm in greatest dimensions tan gray lymph nodes. Both lymph nodes are entirely submitted in cassettes labeled ' ' as follows: 7A - section of entire small lymph node; 7B-7E - one sectioned lymph node in toto.

Microscopic Description:
Reviewed are slides labeled [REDACTED]

Final Diagnosis

Omentum, biopsy:

Benign fibroadipose tissue consistent with omentum.

No histologic evidence of metastatic carcinoma identified in sections examined.

Peritoneal implants, biopsy:

Poorly differentiated carcinoma consistent with endometrial origin (see comment).

Uterus, cervix, bilateral fallopian tubes and ovaries, hysterectomy with bilateral salpingo-oophorectomy:

Tumor characteristics:

Specimen integrity: Intact.

Histologic type: Endometrioid carcinoma.

Histologic grade: 3 (FIGO 3).

Tumor site: Tumor extensively involves endometrial cavity.

Tumor size: 3.4 x 3.0 x 2.0 cm.

Myometrial invasion: Present, tumor invades 1.2 into a 1.5 cm thick myometrium

(greater than one half).

Involvement of cervix: Present, tumor invades endocervical stroma.

Extent of involvement of other organs: Tumor present on peritoneal surface (see comment).

Lymphovascular space invasion: Present.

Surgical margin status: Surgical margins free of malignancy in sections examined.

Lymph node status: See below.

Other:

Myometrium:

Adenomyosis.

Ovaries, bilateral:

Endosalpingiosis.

Fallopian tubes, bilateral:

No pathologic diagnosis.

pTN stage: pT3aN0

Lymph nodes, right pelvic, regional resection:

Five lymph nodes negative for metastatic carcinoma (0/5).

Lymph nodes, left aortic, regional resection:

Four lymph nodes negative for metastatic carcinoma (0/4).

Lymph nodes, left pelvic, regional resection:

Four lymph nodes negative for metastatic carcinoma (0/4).

Lymph nodes, right aortic, regional resection:

Two lymph nodes negative for metastatic carcinoma (0/2). PAS 9

CPT:

Comments

Histologic sections from the endometrial neoplasm demonstrate a tumor comprised of large epithelial cells with marked pleomorphism and prominent nuclear atypia. In areas there is glanular and pseudo-glandular growth as noted; however, much of the neoplasm is composed of sheet-like growth of these neoplastic cells with no discernible glandular formation. The overall histologic characteristics are those of a poorly differentiated (grade 3) endometrial adenocarcinoma. Clinical correlation is recommended.

At the request of the undersigned pathologist, these slides have been additionally reviewed by Dr. [REDACTED] who concurs with the diagnosis.

This test has been finalized at the [REDACTED]

<Sign Out Dr. Signature>