


Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
ICPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle): <u>QUALIFIED</u> <u>DISQUALIFIED</u>		
Reviewer Initials: <u>RE</u> Date Reviewed: <u>10/30/11</u>		

UID:1F51E982-37A1-40C6-BFAC-782B93D9967F  
 TCGA-AX-A05U-01A-PR  
 Redacted  


RUN DATE:  
 RUN TIME:  
 BY:

PATIENT: \_\_\_\_\_ ACCT #: \_\_\_\_\_ LOC: \_\_\_\_\_  
 AGE/SX: \_\_\_\_\_ / F RM/BED: \_\_\_\_\_  
 REG DR: \_\_\_\_\_ STATUS: \_\_\_\_\_

SPEC #: \_\_\_\_\_ Obtained: \_\_\_\_\_ Subm Dr: \_\_\_\_\_  
 STATUS: \_\_\_\_\_ Received: \_\_\_\_\_

**CLINICAL HISTORY:**  
 ENDOMETRIAL CA

**SPECIMEN/PROCEDURE:**

1. LYMPH NODE - PARA AORTIC
2. LYMPH NODE - RT PARA AORTIC
3. LYMPH NODE - RT COMMON ILIAC
4. LYMPH NODE - RT EXTERNAL ILIAC
5. LYMPH NODE - RT OBTURATOR
6. LYMPH NODE - LEFT OBTURATOR
7. LYMPH NODE - LEFT EXTERNAL ILIAC
8. LYMPH NODE - LEFT COMMON ILIAC
9. UTERUS - CERVIX, BILATERAL TUBES AND OVARIES

*1CD-0-3*  
*adenocarcinoma, endometrioid, NOS 8380/3*  
*Site: Endometrium C54.1*  
*10/30/11*

**IMPRESSION:**

- 1) **LEFT PARA-AORTIC LYMPH NODES:**  
 . Four lymph nodes are negative for tumor (0/4).
- 2) **RIGHT PARA-AORTIC LYMPH NODES:**  
 . Seven lymph nodes are negative for tumor (0/7).
- 3) **RIGHT COMMON ILIAC LYMPH NODES:**  
 . Two lymph nodes are negative for tumor (0/2).
- 4) **RIGHT EXTERNAL ILIAC LYMPH NODES:**  
 . Three lymph nodes are negative for tumor (0/3).
- 5) **RIGHT OBTURATOR LYMPH NODES:**  
 . Three lymph nodes are negative for tumor (0/3).
- 6) **LEFT OBTURATOR LYMPH NODES:**  
 . Two lymph nodes are negative for tumor (0/2).
- 7) **LEFT EXTERNAL ILIAC LYMPH NODE:**  
 . Mature adipose tissue.  
 . No lymph node material is identified.
- 8) **LEFT COMMON ILIAC LYMPH NODES:**

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**IMPRESSION: (continued)**

- . Two lymph nodes are negative for tumor (0/2).

**9) UTERUS, BILATERAL TUBES AND OVARIES:**

- . **ENDOMETRIUM:**

- . Adenocarcinoma of endometrium, endometrioid type, FIGO grade I, nuclear grade 2, (3.8 cm.) invading < 50% of the myometrium.
- . The uninvolved endometrium shows complex hyperplasia with and without atypia as well as disordered proliferative endometrium.

- . **MYOMETRIUM:**

- . Myometrial invasion measuring 5 mm where the wall measures 21 mm (29%).
- . No vascular space invasion is identified.
- . Adenomyosis.

- . **CERVIX:**

- . Chronic cystic cervicitis.
- . No evidence of tumor or dysplasia.
- . Endometriosis involving the deep cervical stroma.

- . **OVARIES, BILATERAL:**

- . Atrophic pattern with focal hyperthecosis.
- . No tumor is identified.
- . The left ovary has a benign serous cystadenofibroma with dominant cystic component (2.0 cm).

- . **FALLOPIAN TUBES, BILATERAL:**

- . No pathologic diagnosis.

**ENDOMETRIAL CARCINOMA CHECKLIST****MACROSCOPIC****SPECIMEN TYPE**  
Hysterectomy**TUMOR SITE**

Specify location(s), if known: Anterior corpus

**TUMOR SIZE**

Greatest dimension: 3.8 cm

Additional dimensions: 1.8 x 0.8 cm

**OTHER ORGANS PRESENT**

Right ovary  
Left ovary  
Right fallopian tube  
Left fallopian tube

**MICROSCOPIC**

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**IMPRESSION: (continued)****HISTOLOGIC TYPE**

Endometrioid adenocarcinoma, not otherwise characterized

**HISTOLOGIC GRADE**

G1: 5% or less nonsquamous solid growth

**MYOMETRIAL INVASION**

Invasion present

Maximal depth of myometrial invasion: 5 mm

Thickness of myometrium in area of maximal tumor invasion: 21 mm

The % of myometrial involvement: 29%

**EXTENT OF INVASION****PRIMARY TUMOR (pT)**

TNM (FIGO)

pT1b (IB): Tumor invades less than one-half of the myometrium

**REGIONAL LYMPH NODES (pN)**

TNM (FIGO)

pNO: No regional lymph node metastasis

Number examined: 23

**DISTANT METASTASIS (pM)**

TNM (FIGO)

pMX: Cannot be assessed

**MARGINS**

Uninvolved by invasive carcinoma

**VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)**

Absent

**ADDITIONAL PATHOLOGIC FINDINGS**

Hyperplasia

Complex (adenomatous)

Atypical hyperplasia

Complex (adenomatous)

Other (specify): Adenomyosis, endometriosis

Pathologic TNM (AJCC 6th Edition): pT1b NO MX

Dictated by:

Entered:

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**GROSS DESCRIPTION:**

- 1) Received labeled with the patient's name and "left para-aortic". Received is a 2.5 x 1.7 x 1.5 cm aggregate of yellow gold lobulated adipose tissue. Dissected for possible lymph nodes. Four possible lymph nodes identified, ranging from 1 to 1.5 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 1A: Three possible lymph nodes.  
Cassette 1B: One lymph node bisected.

- 2) Received labeled with the patient's name and "right para-aortic". Received is a 3.5 x 4 x 2 cm aggregate of yellow gold hemorrhagic fibroadipose tissue. Dissected for possible lymph nodes. Five possible lymph nodes identified, ranging from 1.5 to 3 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 2A: Three possible lymph nodes.  
Cassette 2B: One lymph node bisected.  
Cassette 2C: One lymph node bisected.

- 3) Received labeled with the patient's name and "right common iliac". Received is a 3 x 1.3 x 0.9 cm portion of yellow gold to pink tan lobulated adipose tissue. Dissected for possible lymph nodes. Two possible lymph nodes identified, ranging from 1.5 to 2.1 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 3A: One lymph node bisected.  
Cassette 3B: One lymph node bisected.

- 4) Received labeled with the patient's name and "right external iliac". Received is a 4.7 x 1.6 x 1 cm portion of yellow gold lobulated adipose tissue. Dissected for possible lymph nodes. Three possible lymph nodes identified, ranging from 0.9 to 3.5 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 4A: Two possible lymph nodes.  
Cassette 4B,4C: One lymph node bisected.

- 5) Received labeled with the patient's name and "right obturator". Received is a 4.7 x 3.5 x 1.4 cm aggregate of yellow gold with lobulated adipose tissue. Dissected for possible lymph nodes. Three possible lymph nodes identified, ranging from 1 to 3 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 5A: One lymph node bisected.  
Cassette 5B: One lymph node bisected.  
Cassette 5C: One lymph node bisected.

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## GROSS DESCRIPTION: (continued)

- 6) Received labeled with the patient's name and "left obturator". Received is a 4.2 x 2.5 x 1.5 cm aggregate of yellow gold hemorrhagic fibroadipose tissue. Dissected for possible lymph nodes. Three possible lymph nodes identified, ranging from 1 to 3 cm in greatest dimension. Submitted as follows:

## CASSETTE SUMMARY:

Cassette 6A: Two possible lymph nodes.  
Cassette 6B: One lymph node bisected.

- 7) Received labeled with the patient's name and "left external iliac". Received is a 4.5 x 3.5 x 1.6 cm aggregate of yellow gold lobulated adipose tissue. Dissected for possible lymph nodes. No lymph nodes are grossly identifiable. Specimen is representatively submitted in cassettes 7A-7C.

- 8) Received labeled with the patient's name and "left common iliac". Received is a 3 x 2.5 x 1 cm aggregate of yellow gold hemorrhagic tissue fragments. Two possible lymph nodes identified, ranging from 1 to 2 cm in greatest dimension.

## CASSETTE SUMMARY:

Cassette 8A: One lymph node bisected.  
Cassette 8B: One lymph node bisected.

- 9) Received fresh, labeled with the patient's name, number and "uterus, cervix, bilateral tubes and ovaries", is a hysterectomy and bilateral salpingo-oophorectomy specimen consisting of uterus (10.0 x 7.5 x 6.5 cm), right ovary (4.0 x 3.0 x 1.5 cm), right fallopian tube which appears to be previously ligated and measures 2.2 cm in length and 0.5 cm in diameter at the proximal end and 2.5 cm in length and 0.5 cm in diameter at the distal end, left ovary (3.0 x 1.8 x 1.5 cm), and left fallopian tube which appears to be previously ligated and measures 2.5 cm in length and 0.5 cm in diameter at the proximal end and 2.2 cm in length and 0.7 cm in diameter at the distal end.

The uterus is abnormally enlarged with multiple nodules ranging from 1.5 cm to 5.5 cm in maximum dimension and the serosal surface of the uterus has an irregular contour with red-tan focally hemorrhagic surface. The ectocervix is flattened, pink-tan with an external os measuring 1.8 cm. Upon opening the specimen the endocervical canal is 3.0 cm, irregular, pink-tan and otherwise unremarkable. There is a 3.8 x 1.8 x 0.8 cm pink-tan polypoid lesion in the endometrial cavity attached to the anterior endometrium. The endometrial cavity is 6.0 x 2.5 cm, focally hemorrhagic and approximately 40% of the lumen is occupied by the tumor. The posterior endometrium is mostly free of tumor and is pink-tan with focal hemorrhages. The tumor grossly does not extend to the endocervical canal and is 4.5 cm away from the external os anteriorly. The myometrium is white-tan to pink and measures 1.5 cm to 2.5 cm in thickness. Upon sectioning the posterior myometrium has a white-tan whorled leiomyoma, 5.5 x 5.0 x 4.8 cm. The anterior myometrium shows the tumor invading approximately 0.8 cm at the area of 2.5 cm myometrial thickness. There is a 1.0 x 0.9

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**GROSS DESCRIPTION: (continued)**

x 0.5 cm yellow-tan fleshy polypoid mass in the posterior endometrial cavity, located at the superior margin which upon sectioning does not appear to involve the myometrium.

The external surface of the right ovary is pink-tan, cerebriform and unremarkable. The right fallopian tube is previously ligated, however unremarkable. The external surface of the left ovary is pink-tan, cerebriform with a 2.0 x 1.0 x 0.5 cm firm polypoid lesion extending from the lateral surface. Upon sectioning the ovarian stroma is white-tan, homogeneous and unremarkable with the polyp showing yellow-tan gelatinous material. Specimen is representatively sectioned and submitted as follows.

The specimen is a part of research and accordingly normal tissue and tumor were submitted for research.

**CASSETTE SUMMARY:**

Cassette 9B:	Right ovary and fallopian tube.
Cassette 9C:	Left ovary.
Cassette 9D:	Polypoid extension from the left ovarian surface and left fallopian tube.
Cassette 9E:	Anterior ectocervix.
Cassette 9G:	Anterior lower uterine segment.
Cassette 9H, 9J:	Representative section of the anterior endomyometrium with tumor (at the level of maximum invasion).
Cassette 9K:	Posterior cervix.
Cassette 9L:	Posterior lower uterine segment.
Cassette 9M:	Posterior endomyometrium.
Cassette 9N:	Posterior endomyometrium with polypoid lesion.
Cassette 9P, 9Q:	Representative sections of the largest leiomyoma.

Dictated by:

Entered:

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SPEC #:

(Continued) Page: 7

**CPT Codes:**

LYMPH NODE, REGIONAL RESECT/

SOFT TISSUE, LIPOMA/ADIPOSE (1)

UTERUS W/NO ADNEXAE, NOT TUMOR OR PROLAPSE.

**ICD9 Codes:**

Electronically Signed by: \_\_\_\_\_

\*\* END OF REPORT \*\*