[redacted]

UUID:0D1601D0-E0F4-4DBA-91EA-62092FE8621F
TCGA-AX-A3FV-01A-PR Redacted

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle): QUALIFIED	DISQUALIFIED	
Reviewer Initials RC	Date Reviewed: 11-28-11	

lw 11/29/11

Patient Information

Name	MRN	Sex	DOB (Age)
		Female	

Unit	Current Location
	ONCOLOGY

SURGICAL PATHOLOGY

Results

Status: **Final result**

Lab Order Information

Lab Test	Accession #	Order #
SURGICAL PATHOLOGY	CoPath	

Component Results

Pathology Report::

SURGICAL PATHOLOGY REPORT

Note no cytology done

Reports generated via electronic interface contain original data; however they are lacking the format of the original report.
Caution should be taken when reading/interpreting unformatted reports.

Name: Accession #:
DOB: MRN #:

Collect Date:
Location: eceive Date:
Provider: MD
Copy to: MD

ICD-O-3
adenocarcinoma, endometrioid, NOS 8380/3
Site: endometrium C54.1
lw 11/29/11

Final Pathologic Diagnosis:

A. Appendix, appendectomy:
1. Appendiceal serosa positive for metastatic carcinoma.
2. Appendiceal mucosa with no pathologic features.
B. Uterus, cervix, ovaries and fallopian tubes, radical hysterectomy:
1. Endometrial adenocarcinoma, Endometrioid type. See comment.
- FIGO grade III.
- Tumor location: Anterior and posterior endometrium.
- Tumor involves middle and lower third of endometrium and invades into greater than 50% of the myometrium.
- Tumor entirely replaces right ovary (bulk of tumor measures 8.5 cm)

- AJCC: pT3a, pNX, pM1.
- Lymphovascular invasion: Present.
2. Adjacent endometrium shows cystic atrophy.
3. Cervix: Negative for tumor.
4. Myometrium: Adenomyosis.
5. Serosa: Uninvolved by tumor.
6. Right ovary with involvement and replacement by metastatic adenocarcinoma.
7. Left ovary with no specific pathologic features.
8. Right fallopian tube with serosal involvement by metastatic adenocarcinoma.
9. Left fallopian tube with no specific pathologic features.
C. Small bowel, segmental resection:
1. Mesenteric fat positive for metastatic adenocarcinoma.
D. Portion of omentum, excision:
1. Negative for carcinoma.

Comment:
Within the endometrium, there is a FIGO III endometrioid adenocarcinoma that invades into the underlying myometrium to closely approach the serosa. Tumor however, is not identified on the serosal surface. Metastases are noted in the right ovary, periappendiceal fat (at the tip), and within the mesenteric fat of the small bowel. The metastases seen in the small bowel mesentery and ovary show somewhat divergent (higher grade) histology than the primary endometrioid adenocarcinoma. The pattern of infiltration as well as the cytology raised the possibility of a synchronous neuroendocrine carcinoma. As a result, immunohistochemical stains for cytokeratin 7, cytokeratin 20, chromogranin, and synaptophysin were performed on both the endometrium and ovarian tumor (B3 and B13). The staining profiles are identical and consistent with a metastatic endometrioid adenocarcinoma. Neuroendocrine differentiation is not seen by immunohistochemistry. Immunohistochemistry for estrogen and progesterone has been performed on (B3) and (B13) and will be reported separately. has been called with the results on

Block	Antibody (Clone)	Result
B3, B13 (both)	CK7	Positive
	CK20	Negative (both)
	Chromogranin (LK2H10,	Negative (both)
	Synaptophysin (Snp88,	Negative (both)
	Estrogen Receptor (ER1D5,	Pending
	Progesterone receptor (PgR1294,	Pending

NOTE: "One or more of the reagents used in immunohistochemical testing in this case may not have been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. These reagents' performance characteristics have been determined by This

laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing."

Document reviewed and electronically signed by:
MD
Report Date:
By the signature above, the attending physician certifies that he/she has personally conducted a gross and/or microscopic examination of the described specimens and rendered or confirmed the above diagnosis.

Specimen(s) Received:
A. Appendix
B. Uterus, cervix, tubes & ovaries
C. Portion bowel
D. Omentum

Clinical History:
Endometrial ca; A. Please evaluate tip for Ca. Colon ca vs. GYN mets; C. study

Intraoperative Interpretation:
Appendix, appendectomy:
FS1. Periappendiceal serosal nodule: Adenocarcinoma, metastatic, favor GYN origin
I have reviewed these slides with the resident and concur with the frozen diagnosis. Called by

FS2. Uterus/cervix/tubes/ovaries: Poorly-differentiated carcinoma, similar histologic features to (FS1) (frozen section done on ovarian mass)
Results discussed with

I have reviewed this case with the fellow and concur with the diagnosis

Gross Description:
Received fresh labeled "[redacted]" and "appendix" is an 8.0 cm in length by 0.7 cm in diameter appendix, stapled at the resection margin. There is a 2.5 x 2.0 x 2.0 cm, indurated, hemorrhagic nodule surrounding the distal tip. This nodule is sectioned and representative sections are submitted for frozen section analysis as FS1 with the interpretation as rendered above. Metastatic tumor is procured for the [redacted]. The uninvolved appendix is serially sectioned to reveal a light tan, unremarkable cut surface with the wall measuring approximately 0.2 cm in thickness. The appendix is not dilated. Representative sections are submitted as follows:

BLOCK KEY

A1 Frozen section control (FS1)
A2 Additional indurated nodule to include tip of appendix and en face distal resection margin (inked black)

Received in normal saline labeled [redacted] and "uterus, cervix, tubes, ovaries" is a 395 gram uterus including cervix and bilateral attached adnexa. The uterus measures 9.2 cm from cervix to fundus, 4.5 cm from cornu to cornu, and 3.2 cm from anterior to posterior. The serosal surface of the uterus is smooth, shiny, and unremarkable without grossly apparent nodules or masses. The right ovary is entirely replaced by a tan-yellow, partially necrotic and hemorrhagic mass that measures 8.5 x 6.5 x 5.5 cm. The mass appears to grossly obliterate the fallopian tube. However, there is a focal, 1.5 x 1.3 x 1.0 cm portion of what appears to be fimbriated end adherent to the mass. In addition, immediately adjacent to the right cornu is a 3.5 cm in length by 1.0 cm in diameter, distended and dilated tubular structure with a smooth, shiny serosal surface that may represent residual fallopian tube. The left ovary (2.0 x 1.2 x 0.6 cm) is smooth and shiny and has a cerebriform surface within grossly evident nodules or masses. Sectioning this ovary reveals a white to yellow, homogenous cut surface, again without masses. The left fallopian tube measures 5.0 cm in length by 0.6 cm in diameter and has a smooth, shiny, unremarkable serosa without grossly apparent nodules or masses. There is a 0.2 cm, white, shiny paratubal cyst identified adjacent to the fimbriated end. Bivalving the uterus into anterior and posterior halves reveals a thin, somewhat atrophic endometrium with abundant overlying hemorrhage. The endometrium measures approximately 0.1 cm in greatest thickness and contains no grossly apparent nodules or masses. The myometrium is light tan, trabeculated, and contains two white, whorled nodules measuring 0.7 cm in greatest diameter and 2.0 cm in greatest diameter. The myometrium measures 1.8 cm in greatest thickness. The right ovarian mass, while adherent to the right cornu of the uterus, does not grossly invade into the uterus and does not involve the serosa. A representative section of the right adnexal mass is submitted for frozen section analysis with the interpretation as rendered above. Tissue is procured for the [redacted] protocol. Representative sections, to include the entire endometrium and the entire fimbriated end of both right and left fallopian tubes, are submitted as follows:

BLOCK KEY

B1 Frozen section control (FS2)
B2-B5 Representative right fallopian tube with adjacent mass to include entire fimbriated end
B6 Representative ovarian mass to adjacent myometrium, to include portion of large whorled nodule
B7, B8 Additional representative sections of mass
B9 Representative anterior endoectocervix
B10 Representative posterior endoectocervix
B11 Representative full thickness anterior endomyometrium, section from middle third
B12 Representative large whorled nodule, anterior myometrium

[redacted]

B13, B14 Representative anterior endometrium, submitted from middle third to lower third
B15, B16 Anterior endometrium, submitted from middle third to upper third
B17 Representative full thickness posterior endomyometrium
B18, B19 Representative posterior endometrium, submitted from mid portion to lower portion (B18
includes small whorled nodule)
B20, B21 Representative posterior endometrium, submitted from mid portion to upper portion
B22, B23 Left fallopian tube to include entire fimbriated end (B22)
B24 Representative left ovary

Received fresh labeled "[redacted]" and "portion bowel" is a closed segment of small bowel that measures 21.5 cm in length by 4.3 cm in internal circumference. There is a single stapled resection margin and opposing non-stapled resection margin. The margins are un oriented. On the serosal aspect of the bowel, there is a 3.2 x 2.0 x 1.0 cm, firm, hemorrhagic, tan-gray mass. This mass is adherent to the bowel serosa and is also adherent to the attached portion of mesenteric fat. The mass measures 10.0 cm to the stapled resection margin and 8.0 cm to the non-stapled resection margin. Sectioning the mass reveals the aforementioned involvement of the serosa in mesenteric fat. There is no evidence of invasion into the muscularis propria or bowel mucosa. The bowel mucosa is light tan, folded, and unremarkable. Representative sections are submitted as follows:

BLOCK KEY

C1 Stapled resection margin (large tissue) and non-stapled resection margin (small tissue)
C2, C3 Representative mass adherent to bowel serosa
C4 Representative uninvolved bowel

Received in normal saline labeled [redacted] and "portion omentum" is a 12.0 x 9.0 x 2.0 cm portion of yellow, finely lobulated omental fat. Thorough examination of the omental fat reveals no definitive nodules or masses. However, there are scattered foci of hemorrhage. Representative sections are submitted as (D1) and (D2). (Dr.

ESTROGEN AND PROGESTERONE RECEPTOR IMMUNOPEROXIDASE STAINS
Date Ordered: Status: Signed Out
Date Complete: By:
Date Reported:

Interpretation

Uterus, cervix, ovaries and fallopian tubes, radical hysterectomy:
- Endometrial adenocarcinoma, endometrioid type.
1. Negative for estrogen receptors.
2. Negative for progesterone receptors.

Description
Tissue submitted: Paraffin embedded tissue block labelled
om e.

An immunohistochemical assay for estrogen receptors (ER1D5, and progesterone receptors (PgR1294, has been performed on this specimen. Standard heat activated antigen retrieval protocol (EDTA buffer at pH 8.0 and 98 C x 30 minutes) was employed followed by automated immunostaining. Intranuclear receptor complexes were visualized on tissue sections using an HRP polymer immunohistochemical technique.

Results are reported as negative (no nuclear staining) or positive with the proportion of positive cells noted. Estrogen receptor expression in <5% of tumor cells may not have a strong interaction with estrogen receptor modulators such as Tamoxifen. (

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End of Report

[redacted]

SURGICAL PATHOLOGY [

Pathology Order:

Order Date:
Released By:
Department:

Allergies:

Order Information

Order Date Department

Provider Information

Ordering User	Ordering Provider	Authorizing Provider
	ID	
Attending Provider(s)	Admitting Provider	PCP
ID	)	)

Order Details

Frequency	Duration	Priority	Order Class
ONCE	1 Occurrence	Routine	None

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time

Original Order

Ordered On	Ordered By

Patient Information

Patient Name	Sex	DOB	SSN

Additional Information

Associated Reports
View Encounter
Priority and Order Details
Collection Information.