

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Distal/Synchronous Primary Malignancy		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	AR	
Date Reviewed	9/17/12	
	5/1/11	

ICD-0-3

adenocarcinoma, endometrioid, NOS 8380/3

Site: Endometrium C54.1 pw 5/1/11

## Surgical Pathology Report

Patient Name: [REDACTED]  
 Med Rec No: [REDACTED] Client: [REDACTED]  
 DOB: [REDACTED] Location: [REDACTED]  
 Gender: F Pt. Phone no [REDACTED]  
 Physician(s): [REDACTED]  
 cc: [REDACTED]

Accession #: [REDACTED]  
 Taken:  
 Received:  
 Reported:

History/Clinical Dx: Endometrial cancer

Postoperative Dx: Pending pathology examination

UUID: 02980888-B88D-4492-AC9A-9094E0DD101C  
 TCGA-B5-A0U9-01B-PR

Redacted

### Specimen(s) Received:

- A: Right gutter implant
- B: Uterus, cervix, tubes and ovaries
- C: Left pelvic lymph node
- D: Left aortic lymph node
- E: Right pelvic lymph node
- F: Right caval lymph node

### DIAGNOSIS:

- A. Right gutter implant: Endosalpingiosis, no tumor present
- B. Uterus, cervix, tubes and ovaries: ENDOMETRIAL ADENOCARCINOMA

### Tumor Information:

Operative procedure:	TAH-BSO with staging
Histologic type:	Endometrioid
Histologic grade(FIGO):	Grade 3
Nuclear grade:	3
Tumor size:	6.0 cm
Extent of invasion:	Less than 50% (less than 1mm of invasion)
Lympho/vascular invasion:	Not identified
Serosa:	Free of tumor
Parametrium:	Free of tumor
Cervical involvement:	<u>Present, mucosal extension</u>
Right adnexa:	Free of tumor
Left adnexa:	Free of tumor
Other findings:	Adenomyosis
Special studies:	On request
Staging information:	T2a, N0

- C. Left pelvic lymph nodes: Eighteen lymph nodes negative for metastasis (0/18)
- D. Left aortic lymph node: One lymph node negative for metastasis (0/1)

### Perforatory Statement:

The following statement may be applicable to some of the reagents/chemicals used in developing this assay report. This test was developed and its performance characteristics determined by [REDACTED] and approved by the U.S. Food and Drug Administration. The FDA has determined that such reagents or apparatus is not necessary. This test is used for clinical purposes. It should not be regarded as a replacement for [REDACTED]. 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**

- E. Right pelvic lymph nodes:** Sixteen lymph nodes negative for metastasis (0/16)
- F. Right caval lymph nodes:** Two lymph nodes negative for metastasis (0/2)

**Gross Description**

- A. Received in formalin labeled "right gutter implant" is a fragment of yellow-tan soft tissue, 1.0 gms, 2.0 x 1.5 x 0.5 cm. The cut surface is grossly unremarkable. Entirely submitted, block A.
- B. Received in formalin labeled "uterus, cervix, tubes and ovaries" is a previously opened uterus with attached cervix and attached right and left fallopian tubes and ovaries, 303 gms. The uterus is symmetrical in configuration, 9.0 cm in length, 7.0 cm in broadest extent, and up to 5.5 cm in anterior-posteriorly. The serosa is pink-tan smooth and dull. The cervix is 3.5 cm in greatest diameter. The cervix is unremarkable. The portion of the cervix has been removed intraoperatively and submitted for cancer research. Situated along the anterior aspect of the endometrial canal is a friable, red-tan polypoid lesion, 6.0 x 4.0 cm across. The cut surface of the tumor reveals it to be grossly confined to the endometrium. At this level, the myometrium is 2.0 cm in thickness. A portion of the endometrium has been removed and submitted for cancer research. Sections through the uterine wall reveal no gross leiomyoma. The right fallopian tube has been previously ligated. The tube is unremarkable. The right ovary is 2.5 cm in greatest dimension. The ovary is unremarkable except for a few corpora albicantia. The left fallopian tube has been previously ligated. The tube is unremarkable. The left ovary is 2.0 cm in greatest dimension. The ovary is unremarkable except for a few corpora albicantia. Representative sections, blocks B1-B13.

**KEY TO CASSETTES:**

- B1 - Anterior cervix
- B2 - Posterior cervix
- B3 - Upper cervix canal
- B4-B9 - Tumor
- B10 - Right adnexa
- B11 - Left adnexa
- B12 - Right parametrium
- B13 - Left parametrium

- C. Received in formalin labeled "left pelvic lymph node" is a fragment of yellow-tan fatty soft tissue, 12.0 gms, 4.5 x 3.5 x 2.0 cm. Embedded within the soft tissue, are multiple pink-tan rubbery lymphoid nodules, 2.0 cm in greatest dimension. The largest lymph nodes are bisected. Entirely submitted blocks C1-C5.

**KEY TO CASSETTES:**

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

- D. Received in formalin labeled "left aortic lymph node" is a fragment of yellow-tan fatty soft tissue, 2.0 gms, 2.5 x 1.5 x 0.5 cm. Embedded within the soft tissue is a pink-tan rubbery lymphoid nodule, 0.5 cm in greatest dimension. Entirely submitted, blocks D1-D2.

**KEY TO CASSETTES:**

- D1 - One lymph node
- D2 - Remainder of sample

- E. Received in formalin labeled "right pelvic lymph node" is a fragment of yellow-tan fatty soft tissue, 17.0 gms, 5.0 x 4.0 x 3.0 cm. Embedded within the soft tissue, are several pink-tan rubbery lymphoid nodules, 1.0 cm in greatest dimension. Entirely submitted, blocks E1-E4.

**KEY TO CASSETTES:**

- E1 - Two lymph nodes
- E2-E4 - Remainder of sample

[REDACTED]

## Surgical Pathology Report

[REDACTED]

- F. Received in formalin labeled [REDACTED], right caval lymph node" is a fragment of yellow-tan fatty soft tissue, 3.0 gms, 3.0 x 2.5 x 1.0 cm. Embedded within the soft tissue, is a pink-tan rubbery lymphoid nodule, 1.0 cm in greatest dimension. Entirely submitted, blocks F1-F2.

KEY TO CASSETTES:

F1 - One lymph node  
F2 - Remainder of sample

### Microscopic Description

The microscopic findings support the above diagnosis.

[REDACTED]