

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
Prior Malignancy History		
Qual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 11/29/11	

UID: FD22A233-9333-4DA2-A913-4DBA90600247
 TCGA-AX-A3G8-01A-PR
 Redacted

Name:
 Location:
 Med Rec #:
 Financial #:
 DOB/Age/Sex:
 Provider:
 Admit Date:

Surgical Pathology Final Report

Collected Date Received Date Verified Date Case Number

Surgeon

1CD-0-3

Specimen

- A. Uterus, cervix, bilateral tubes and ovaries
- B. Left pelvic lymph node
- C. Left common iliac lymph node
- D. Left periaortic lymph node
- E. Right pelvic lymph node
- F. Right common iliac lymph node
- G. Right periaortic lymph node

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

Diagnosis

- A. Uterus, Bilateral Ovaries and Fallopian Tubes; Hysterectomy and Bilateral Salpingo-oophorectomy:
 - 1. ENDOMETRIAL CARCINOMA, ENDOMETRIOID TYPE.
 - a. HISTOLOGIC GRADE: FIGO GRADE 3 (OF 3).
 - b. TUMOR SIZE: 4.4 X 3.2 X 1.8 CM.
 - c. MYOMETRIAL INVASION: PRESENT, TUMOR INVADES LESS THAN HALF OF THE MYOMETRIAL THICKNESS.
 - i. DEPTH OF INVASION: 0.4 CM.
 - ii. MYOMETRIAL THICKNESS: 3.3 CM.
 - d. CERVIX: NOT INVOLVED.
 - e. LOWER UTERINE SEGMENT: NOT INVOLVED.
 - f. ANGIOLYMPHATIC INVASION: NOT IDENTIFIED.
 - g. SURGICAL RESECTION MARGINS: NEGATIVE.
 - 2. CERVIX WITH NO SPECIFIC DIAGNOSTIC ABNORMALITIES.
 - 3. MYOMETRIUM WITH EXTENSIVE ADENOMYOSIS AND TWO LEIOMYOMATA.
 - 4. BILATERAL OVARIES AND FALLOPIAN TUBES WITH NO SPECIFIC DIAGNOSTIC ABNORMALITIES.
- B. Lymph Nodes, Left Pelvic, Regional Resection:

FOURTEEN LYMPH NODES WITH NO EVIDENCE OF METASTATIC CARCINOMA (0/14).
- C. Lymph Nodes, Left Common Iliac, Regional Resection:

TWO LYMPH NODES WITH NO EVIDENCE OF METASTATIC CARCINOMA (0/2).
- D. Lymph Node, Left Periaortic, Biopsy:

ONE LYMPH NODE WITH NO EVIDENCE OF METASTATIC CARCINOMA (0/1).
- E. Lymph Nodes, Right Pelvic, Regional Resection:

I

PATHOLOGY ASSOCIATES OF

Name:
Location:
Med Rec #:
Financial #:
DOB/Age/Sex:
Provider:
Admit Date:

S u r g i c a l P a t h o l o g y F i n a l R e p o r t

Collected Date Received Date Verified Date Case Number

TEN LYMPH NODES WITH NO EVIDENCE OF METASTATIC CARCINOMA (0/10).

F. Lymph Nodes, Right Common Iliac, Regional Resection:
FOUR LYMPH NODES WITH NO EVIDENCE OF METASTATIC CARCINOMA (0/4).

G. Lymph Node, Right Periaortic, Excision:
ONE LYMPH NODE WITH NO EVIDENCE OF METASTATIC CARCINOMA (0/1).

Comment: In summary, this is a FIGO Grade 3 (of 3) endometrioid adenocarcinoma that invades less than half of the myometrial thickness. A total of thirty-two lymph nodes are negative for metastatic carcinoma (0/32) (14 left pelvic, 2 left common iliac, 1 left periaortic, 10 right pelvic, 4 right common iliac and 1 right periaortic). The pelvic washings were reported as negative for malignancy. **AJCC pT1aN0 (Stage IA assuming no distant metastases).**

Dr. [REDACTED] has also reviewed the case and agrees with the above diagnosis.

[REDACTED]

[REDACTED]
(Electronically signed by)

Microscopic Description

The following slides have been examined by standard microscopy: 30 hematoxylin and eosin.

Frozen Section Diagnosis

Uterus, cervix, bilateral tubes and ovaries: Endometrial mass identified and tissue submitted for [REDACTED] protocol. (Gross examination only). [REDACTED]

Gross Description

Seven specimens are received.

A Container: uterus, cervix, bilateral tubes and ovaries. Received: specimen consists of a 117 gm, 7.5 x 4.5 x 4 cm uterus and cervix with attached bilateral adnexa. The 2.7 cm in diameter ectocervix is grossly unremarkable. At the upper uterine fundus is a 4.4 x 3.2 x 1.8 cm thick somewhat friable exophytic tumor mass which grossly penetrates 0.4 cm into the 3.3 cm thick fundic wall. A portion of the tumor is submitted [REDACTED] protocol. The tumor is more than 2.5 cm from the lower uterine segment. The remainder of the endometrium is somewhat granular and the fundic wall shows whorled pink-white cut surfaces and contains two fibroid nodules, 1.2 cm in greatest dimension each; one is calcified. The 8 gm left adnexa consists of a 2.5 cm in length by 0.5 cm in diameter segment of tan-pink fallopian tube with fimbriated end. Attached to the left tube is a smooth 2.2 x 0.9 x 0.7 cm tan-yellow ovary containing a 0.4 cm in diameter cyst. The 8.8 gm right adnexa consists of a 2 cm in length by 0.5 cm in diameter tan-pink fallopian tube segment with fimbriated end. Attached to the right tube is a smooth 2.5 x 1 x 0.7 cm tan-yellow ovary with unremarkable cut surfaces.

Date Reported: [REDACTED]

Page: 2 of 4

PATHOLOGY ASSOCIATES OF

Name:
Location:
Med Rec #:
Financial #:
DOB/Age/Sex:
Provider:
Admit Date:

S u r g i c a l P a t h o l o g y F i n a l R e p o r t

Collected Date Received Date Verified Date Case Number

Blocks:

- A1 anterior cervix with black-inked paracervical margin;
- A2 anterior lower uterine segment with black-inked parametrial margin;
- A3 posterior cervix with black-inked paracervical margin;
- A4 posterior lower uterine segment with black-inked parametrial margin;
- A5-A6 sections comprising full thickness fundic wall;
- A7-A8 sections comprising full thickness fundic wall;
- A9 endomyometrium with tumor;
- A10-A11 additional endomyometrium including remainder of tumor;
- A12 representative fibroid nodule submitted following short decalcification;
- A13 entire left fallopian tube segment;
- A14 representative left ovary;
- A15 entire right fallopian tube segment;
- A16 representative right ovary.

B Container: left pelvic lymph node. Received: specimen consists of a 4 x 4 x 2 cm aggregate of blood-tinged fibroadipose tissue fragments containing 14 possible nodes ranging from 0.5 to 2.3 cm in greatest dimension. Blocks:

- B1 five possible nodes;
- B2 four possible nodes;
- B3 three possible nodes;
- B4 one node bisected;
- B5 one node bisected.

C Container: left common iliac lymph node. Received: specimen consists of a 2.2 x 2 x 1 cm aggregate of blood-tinged fibroadipose tissue fragments containing two possible lymph nodes, 0.7 cm in greatest dimension each. Blocks: C1 two possible nodes.

D Container: left periaortic lymph node. Received: specimen consists of a 3.9 x 2.1 x 1.4 cm hemorrhagic fibroadipose tissue fragment containing a single 2.3 cm in greatest dimension lymph node which is partially sectioned. Blocks: D1-D2 entire node sectioned.

E Container: right pelvic lymph node. Received: specimen consists of a 5 x 5 x 2 cm in aggregate of disrupted blood-tinged fibroadipose tissue fragments containing ten possible lymph nodes ranging from 0.5 to 2.3 cm in greatest dimension. Blocks:

- E1 one node bisected;
- E2 one node bisected;
- E3 seven possible nodes;
- E4 one node trisected.

F Container: right common iliac lymph node. Received: specimen consists of a 2.5 x 1.6 x 1.3 cm fragment of disrupted hemorrhagic fibroadipose tissue containing four possible nodes ranging from 0.5 to 1.1 cm in greatest dimension. Blocks: F1 four possible nodes.

G Container: right periaortic lymph node. Received: specimen consists of a 3.1 x 1.4 x 1 cm disrupted fragment of blood-tinged fibroadipose tissue containing a single 1 cm in greatest dimension lymph node. Blocks: G1 one possible node.

Date R

PATHOLOGY ASSOCIATES OF

Name:
Location:
Med Rec #:
Financial #:
DOB/Age/Sex:
Provider:
Admit Date:

S u r g i c a l P a t h o l o g y F i n a l R e p o r t

Collected Date

Received Date

Verified Date

Case Number

Clinical Information

Endometrial cancer

Di:

PATHOLOGY ASSOCIATES OF