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TCGA-EO-A2CH-01A-PR



Redacted

Surgical Pathology Consultation Report

ICD-0-3

Carcinoma, serous, NOS 8441/3

Site: endometrium C54.1 w 4/20/11

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
Site-A Discrepancy		X
Prior Malignancy History		X
Qualifying Synchronous Primary Noted		X
Case & (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RM	6/7/11

Specimen(s) Received

1. Omentum: omentum
2. Uterus: Uterus, cervix, bilateral salpingo-oophorectomy

Diagnosis

1. Omentum, partial omentectomy:

- Mature adipose tissue, negative for malignancy.

2. Uterus, cervix, bilateral fallopian tubes and ovaries, Total abdominal hysterectomy and bilateral salpingo-oophorectomy:

Endometrium:

- ~~UTERINE SEROUS CARCINOMA~~ (Please see synoptic report)
- Background of atrophy.

Myometrium:

- Invaded by endometrial adenocarcinoma, extending to outer half, 0.9 mm from serosal surface.

Cervix:

- Glandular involvement by endometrial adenocarcinoma.

Right & left ovaries:

- Epithelial inclusion cysts.

Right & left fallopian tubes:

- No histological abnormality.

Synoptic Data

----- MACROSCOPIC -----
Specimen Type: Total Hysterectomy
Tumor Site: Fundus
Tumor Size: Greatest dimension: 0 cm

Other Organs Present:	Right ovary Left ovary Right fallopian tube Left fallopian tube Omentum
----- MICROSCOPIC -----	
Histologic Type:	Serous adenocarcinoma
Histologic Grade:	Not applicable
Myometrial Invasion:	Invasion Present Greater than 50% myometrial invasion
Cervix Involvement:	Glandular involvement of endocervix
LUS Involvement:	Yes
Venous/Lymphatic Invasion:	Absent
Nodal Involvement:	No nodes submitted
Margins:	Uninvolved by invasive carcinoma
Primary Tumor (pT):	pT3b (IIIB): Involvement of vagina (direct extension or metastasis), rectal or bladder wall (without mucosal involvement), or pelvic wall(s) (frozen pelvis)
Regional Lymph Nodes (pN):	pN0: No regional lymph node metastasis Number of regional lymph nodes examined: 0 Number of regional lymph nodes involved: 0
Distant Metastasis (pM):	pMX: Distant metastasis cannot be assessed
Additional Pathologic Findings:	Other: atrophy
NeoAdjuvant Treatment:	No
Collaborative Staging Extension:	Not applicable

Comment

The pathologic and clinical staging is based on the presence of tumor in the previous vaginal biops

Electronically

verified by:

Gross Description

1. The specimen labeled with the patient's name and as "Omentum: Omentum". It consists of a large unoriented segment of omentum, measuring 24.0 x 10.0 x 1.5 cm (weighing 103.2 g-fresh). Cross-sections appear homogeneously yellow-tan and focally hemorrhagic. No distinct nodules or tumors are grossly identified.
1A-1E representative sections submitted

2. The specimen, labeled with the patient's name and as "Uterus: Uterus, cervix, bilateral salpingo-oophorectomy". The specimen is received fresh and subsequently placed in 10% buffered formalin. It consists of a uterus with attached cervix, bilateral ovaries and fallopian tubes; weighing 128.9 g (fresh). The body of the uterus is slightly distorted and measures 9.0 cm SI x 5.5 cm ML x 5.2 cm AP. The serosal surface is pink-tan, focally hemorrhagic and smooth. The cervix has a maximum diameter of 2.0 cm. The cervical Os measures 0.4 cm in maximum diameter and has a "slit-like" shape. The uterus is bivalved. Both endo/myometrial layers are not of uniform thickness. There is a large tumor occupying the entire endometrial cavity, measuring 8.7 cm SI x 4.5 cm ML x 5.0 cm AP. The tumor extends from the endometrial cavity to the lower

uterine segment and towards the exocervix. Gross invasion into the myometrium is identified. The cut surface of the tumor appears pale-tan, focally hemorrhagic and partially necrotic. The distance from the tumor to the closest margins are as follows: 1.4 cm from the anterior exocervix, 0.9 cm from the posterior exocervix and <0.1 cm from the closest serosal surface (posterior aspect). The cervical canal is patent and shows small amounts of mucoid material. The cervix reveals a few Nabothian cysts, the largest measuring 0.2 cm in diameter. All of the Nabothian cysts are filled with tan gelatinous material. The right ovary measures 2.0 x 1.1 x 0.9 cm. The surface of the right ovary appears tan and slightly nodular. Cross sections show corpus albicans. Within the right parovarian tissue, one poorly defined nodule is identified measuring 0.4 x 0.3 x 0.3 cm. The cut surface of the nodule appears homogeneously white, solid and firm. The right fallopian tube measures 5.0 cm in length x 0.7 cm in diameter. The surface of the right fallopian tube appears pink-tan and smooth, showing one para tubular cyst measuring 0.2 cm in maximum dimension (filled with white milky fluid). Cross sections appear pale-tan and grossly unremarkable. The left ovary measures 1.9 x 1.1 x 0.8 cm. The surface of the left ovary appears tan and slightly nodular. Cross sections show corpus albicans. The left fallopian tube measures 5.5 cm in length x 0.6 cm in diameter. The surface of the left fallopian tube appears pink-tan and smooth. Cross sections appear pale-tan and grossly unremarkable. Multiple sections from both ovaries/ fallopian tubes, as well as two pieces of the endometrial tumor have been taken for tissue banking. Representative sections are submitted as follows:

- 2A section of left ovary/fallopian tube, previously submitted by research PA
- 2B section of right ovary/fallopian tube, previously submitted by research PA
- 2C endometrial tumor (posterior aspect), previously submitted by research PA
- 2D right fimbria, longitudinally bisected
- 2E sections of right fallopian tube, adjacent to tissue banking
- 2F-2G remainder of right fallopian tube, EIT
- 2H nodule within right parovarian tissue, bisected and EIT
- 2I sections of right ovary, adjacent to tissue banking
- 2J-2L remainder of right ovary, EIT
- 2M left fimbria, longitudinally bisected
- 2N sections of left fallopian tube, adjacent to tissue banking
- 2O-2P remainder of left fallopian tube, EIT
- 2Q sections of left ovary, adjacent to tissue banking
- 2R-2T remainder of left ovary, EIT
- 2U-2Y a full thickness/transverse section of endo/myometrium, including endometrial tumor, anterior aspect (blocks 2V-2W and 2X-2Y each contains a bisected section)
- 2Z-2AB a full length/partial thickness section of endo/myometrium, including endometrial tumor, from endometrial cavity to exocervix, anterior aspect
- 2AC tumor with closest serosal surface, anterior aspect (adjacent to the fundus)
- 2AD-2AF a partial thickness/transverse section of endo/myometrium, including endometrial tumor, posterior aspect
- 2AG-2AJ a full length/partial thickness section of endo/myometrium, including endometrial tumor, from endometrial cavity to exocervix, posterior aspect
- 2AK tumor with closest serosal surface, posterior aspect (adjacent to the fundus)
