

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor site Discrepancy		<input checked="" type="checkbox"/>
ICDPA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Case is (circle):	<input checked="" type="checkbox"/> QUALIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials	Date Reviewed: 10/29/11	

UID:1DEA7C0C-3280-4E11-B0A4-13562DDF307B  
TCGA-AX-A0IZ-01A-PR



Redacted

NAME: [REDACTED]

NCBH#: [REDACTED]

EXAM DATE:

Account#:

Room#:

DOB: [REDACTED] Sex: F

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SURGICAL PATHOLOGY

1CD-0-3

ACCESSION NUMBER:

RECEIVED:

ORDERING PHYSICIAN:

PATIENT NAME: [REDACTED]

SURGICAL PATHOLOGY REPORT

adenocarcinoma, endometrioid, NOS 8380/3  
Site: Endometrium C54.1 lw 10/29/11

FINAL PATHOLOGIC DIAGNOSIS

\*\*\*MICROSCOPIC EXAMINATION AND DIAGNOSIS\*\*\*

A. TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL  
SALPINGO-OOPHORECTOMY:

Cervix: Nabothian cysts.

Myometrium: Adenomyosis.

Endometrium: High grade endometrioid adenocarcinoma (see  
comment and cancer protocol below).

Tubes: Benign tubes exhibiting evidence of previous  
tubal ligations.

Benign paratubal cysts (right tube).

Ovaries: Benign post-menopausal ovaries.

B. LYMPH NODES, LEFT PELVIC:

Benign lymph nodes (8).

C. LYMPH NODES, RIGHT PELVIC:

Benign lymph nodes (13).

D. LYMPH NODES, LEFT COMMON:

No lymph nodes identified.

Benign adipose tissue containing blood vessels.

E. LYMPH NODE, RIGHT COMMON:

Benign lymph node (1).

F. LYMPH NODES, PERI-AORTIC:

Benign lymph nodes (3).

G. OMENTUM, OMENTECTOMY:

Benign adipose tissue.

COMMENT:

The tumor in the endometrium exhibits FIGO architectural grade 3  
and nuclear grade 3 changes. It invades into the myometrium

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about 5 mm of 20 mm. The tumor extends into the lower uterine  
segment but not into the endocervix. No vascular invasion is  
seen and all lymph nodes are free of metastatic carcinoma.

GYN: ENDOMETRIAL HYSTERECTOMY - CANCER PROTOCOL

SPECIMEN TYPE: Hysterectomy

TUMOR SIZE: Greatest dimension: 4 cm

OTHER ORGANS PRESENT: Right ovary

Left ovary

Right fallopian tube

Left fallopian tube

Omentum and lymph nodes

HISTOLOGIC TYPE: Endometrioid adenocarcinoma, not otherwise  
characterized

HISTOLOGIC GRADE: FIGO Architectural Grade: Grade 3

FIGO Nuclear Grade: Grade 3

FIGO Final Grade: Grade 3

DEPTH OF MYOMETRIAL INVASION: Depth of myometrial invasion  
5mm, Total myometrial thickness 20mm, ( 25 %)

ENDOCERVICAL INVOLVEMENT: Absent

INVOLVEMENT OF OTHER STRUCTURES: Absent

MARGINS: Uninvolved by invasive carcinoma

LYMPHOVASCULAR INVASION: Absent

AJCC (FIGO) STAGE

PRIMARY TUMOR: pT1b (1B)

REGIONAL LYMPH NODES: pN0

Number involved: 0

Number examined: 25 (8 left pelvic, 13 right plevic, 1  
right common, 3 periaortic)

DISTANT METASTASIS: pMX

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I have personally reviewed the slides and/or other related  
materials referenced, and have edited the report as part of my  
pathologic assessment and final interpretation.

\*\*\*Electronically Signed Out By:

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Specimen(s) Received

- A: Uterus bilateral fallopian tubes and ovaries
- B: Left pelvic lymph nodes
- C: Right pelvic lymph nodes
- D: Left common lymph nodes
- E: Right common lymph nodes
- F: Periaortic lymph nodes
- G: Omentum

Clinical History

Cancer of uterus

Gross Description

A. The specimen is a 120 g, 9.5 x 6.0 x 3.5 cm hysterectomy received with attached adnexa. The serosa is tan-brown, smooth, and unremarkable. The ectocervical mucosa is 4.0 x 3.2 cm, with erythema overlying the 12 to 6 o'clock position. The os is 0.9 cm, patent and leads into a 2.2 cm long x 0.9 cm wide tan-white, trabeculated endocervical canal. The endometrial cavity is notable for a 4 x 2 cm tan-white flattened lesion on the anterior wall that approaches the anterior lower uterine segment, and is 2.5 cm from the external os. Further sectioning reveals that the lesion is 0.5 cm thick and 1.5 cm from the overlying serosa. The myometrium is 2 cm thick, tan-white with prominent tubular structures.

The left adnexa are 10.2g and consists of a 2 x 1 x 1 cm ovary, a 3.5 cm in length x up to 0.6 cm in diameter fimbriated fallopian tube, and attached meso-salpinx. The ovary is sectioned to reveal no abnormalities. The fallopian tube is notable for a previous tubal ligation and is otherwise unremarkable.

The right adnexa are 14.7g and consists of a 2.6 x 1.5 x 0.3 cm ovary, a 4.5 cm in length x 0.6 cm in diameter fimbriated fallopian tube, and attached meso-salpinx. The ovary is sectioned to reveal a simple 0.8-cm serous fluid-filled cortical cyst. The fallopian tube is notable for a previous tubal ligation and two serous fluid-filled paratubal cysts that are up to 1.2 cm.

BLOCK SUMMARY:

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A1-2 anterior cervix - lower uterine segment, tandem  
inked blue;  
A3-4 posterior cervix - lower uterine segment, tandem  
inked blue;  
A5 section of lesion, closest approach to serosa and  
greatest invasion into myometrium;  
A6-7 additional sections of lesion;  
A8 full thickness posterior uterus;  
A9 additional section of endomyometrium, posterior wall  
saved gross;  
A10 additional section of anterior lower uterine segment  
to include lesion;  
A11 sections of left ovary and fallopian tube  
A12 sections of right ovary to include cysts;  
A13 sections of right fallopian tube to include cysts.

B. The specimen consists of multiple fragments of yellow tan  
adipose tissue that are 5.5 cm in aggregate and sectioned to  
reveal 11 lymph nodes. The largest is 3.2 cm.

BLOCK SUMMARY:

B1 3 lymph nodes;  
B2-4 one lymph node, serially sectioned;  
B5 3 lymph nodes;  
B6-7 one lymph node, bisected;  
B8-10 one lymph node, serially sectioned;  
B11-12 one lymph node, bisected;  
B13-15 one lymph node, serially sectioned.

C. The specimen consists of multiple fragments of yellow-tan  
fibrofatty tissue that are up to 5 cm in aggregate and sectioned  
to reveal 13 lymph nodes. The largest is 2.5 cm.

BLOCK SUMMARY:

C1-2 one lymph node, bisected;  
C3-4 one lymph node, bisected;  
C5 two lymph nodes;  
C6-7 one lymph node, trisected;  
C8 3 lymph nodes;  
C9 two lymph nodes;  
C10 one lymph nodes;  
C11-12 one lymph node, bisected;  
C13-15 one lymph node, trisected

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D. The specimen consists of a 2.5 cm greatest dimension fragment  
of yellow lobulated tissue that is palpated to reveal no apparent  
lymphoid tissue. The specimen is entirely submitted in D1.

E. The specimen consists of a 2.1-cm in greatest dimension  
fragment of yellow-tan lobulated tissue it is bisected to reveal  
no apparent lymphoid tissue. The specimen is entirely submitted  
in E1 - E2.

F. The specimen consists of a 3.5 cm greatest dimension fragment  
of tan-pink firm tissue that is sectioned to reveal 5 lymph nodes  
that are up to 1.6 cm.

BLOCK SUMMARY:

F1 3 lymph nodes;  
F2 one lymph node, bisected;  
F3 one lymph node, bisected.

G. The specimen is an 8.5-cm in greatest dimension fragment of  
omentum that is sectioned to reveal yellow lobulated unremarkable  
tissue. Sections are submitted in G1 - G3.

Uterus bilateral fallopian tubes and ovaries

LABEL: RESULTS

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