

Patient Name: [REDACTED]  
DOB: [REDACTED]

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
IPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	KB	
Date Reviewed	11/24/11	

## Surgical Pathology Report

Final

UUID: 81608C78-6495-4FC7-9210-1132E9335D01  
TCGA-AX-A3G7-01A-PR

Redacted



1CD-0-3

adenocarcinoma, serous, NOS 8441/3

Site: endometrium C54.1 lw 11/24/11

## SURGICAL PATHOLOGY REPORT

FINAL

Patient Name: [REDACTED]

Address: [REDACTED]

Service:

Gynecology

Location:

Accession #:

aken:

Gender:

F

MRN:

Hospital #:

Patient Type:

Received:

Accessioned:

Reported:

Physician(s):

### DIAGNOSIS:

UTERUS, ENDOMYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- HIGH-GRADE SEROUS ADENOCARCINOMA (SEE SYNOPSIS)
- CARCINOMA INVADES TO A DEPTH OF 21 MM OUT OF A TOTAL MYOMETRIAL THICKNESS OF 24 MM
- TUMOR INVADES INTO LOWER UTERINE SEGMENT AND CERVIX
- LYMPHOVASCULAR INVASION BY CARCINOMA, EXTENSIVE
- ENDOMETRIAL POLYP, 8 MM
- ADENOMYOSIS, FOCAL
- LEIOMYOMATA, LARGEST = 11 CM

UTERUS, CERVIX, TOTAL HYSTERECTOMY (INCLUDING FS1)

- HIGH-GRADE SEROUS ADENOCARCINOMA BY DIRECT EXTENSION

UTERUS, SEROSA, TOTAL HYSTERECTOMY

- CARCINOMA IDENTIFIED

OVARY, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL CARCINOMA IDENTIFIED

FALLOPIAN TUBE, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL CARCINOMA IDENTIFIED IN PARATUBAL SOFT TISSUE
- SEROSAL ADHESIONS
- BENIGN PARATUBAL CYST

OVARY, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL CARCINOMA IDENTIFIED

FALLOPIAN TUBE, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL CARCINOMA IDENTIFIED IN PARATUBAL SOFT TISSUE

SOFT TISSUE, OMENTUM, OMENTECTOMY

- CARCINOMA IDENTIFIED, LARGEST NODULE = 2.5 CM

By this signature, I attest that the above diagnosis is based upon my personal

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examination of the slides (and/or other material indicated in the diagnosis).

\*\*\*Report Electronically Reviewed and Signed Out By

#### Intraoperative Consultation:

"Called to pick up a 'uterus, cervix, bilateral tubes and ovaries,' consist of a 187 gram uterus that measures 8.9 cm from cornu to cornu, 4 cm from anterior to posterior, and 9.2 cm from fundus to cervix, with attached bilateral adnexa. The right adnexa consists of a 4.5 x 4.5 x 1 cm unremarkable ovary and a 2 x 0.5 x .5 cm stump of fallopian tube. The left adnexa consists of a 5.5 x 0.5 x 0.5 cm fallopian tube. The tube appear to be previously ligated. The uterus is opened to show a 3.5 x 1.5 cm, exophytic, friable mass located in the anterior endometrial wall. In the cervix there is a 4 x 2 cm separate mass with a similar gross appearance. A piece of the mass is frozen as 'FS1.' Rest for

FS1: Cervical biopsy  
- "Adenocarcinoma," by

#### Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

#### History:

The patient is [REDACTED] year old woman with grade 3 serous endometrial carcinoma with large intraabdominal tumor with debulking. Operative procedure: Total abdominal hysterectomy with bilateral salpingo-oophorectomy with debulking and omentectomy.

#### Specimen(s) Received:

A: UTERUS, CERVIX, BILATRAL TUBES AND OVARIES  
B: OMENTUM

#### Gross Description:

The specimens are received in two formalin-filled containers, each labeled "The first container is labeled 'uterus, cervix, bilateral tubes and ovaries.' It holds a 187 gram uterus with attached cervix with attached bilateral adnexa that measures 9.2 cm from fundus to ectocervix, 8.9 cm from cornu to cornu, and 4 cm from anterior to posterior. The serosal surface is pink-tan, glistening and shiny with multiple adhesions with a single putative nodule that measures up to 1.5 cm. The 3 x 2 x 1.5 cm cervix has a 2 x 1.7 cm ectocervix and a 0.8 cm external os. The endocervical canal is pink, necrotic, measures 4 x 1 cm. Endometrial cavity filled with an exophytic, tan-brown, friable mass that measures 3.5 x 1.5 cm. The mass appears to be invading more than two-thirds of the myometrium and it is 0.3 cm from the outer serosal surface on the endometrial cavity side whereas on the cervix side the mass appears to be invading up to 95% of the cervix and it is 0.1 cm from the outer part of the cervix. The mass appears to be invading the lower uterine segment as well as the cervix. In the cervix the mass appears to measure 4 x 2 cm. The mass appears to be extending from the endometrial cavity to the cervix. Sectioning shows the maximum myometrial thickness is 2 cm. Sectioning also shows multiple intramural fibroids, the largest one that measures 11 x 3 cm. Cut sections of the fibroid appears to be whorled pattern and rubbery. The 4.5 x 4.5 x 1 cm attached ovary has a tan-brown outer surface. Cut sections show normal ovarian parenchyma. The attached tissue surrounding the left ovary has no grossly identified fallopian tube. The soft tissue surrounding the left ovary measures 2.5 x 2 x 2 cm. The 3 x 2.5 x 1.2 cm attached right ovary has a tan-brown outer surface. Cut sections show tan-brown cut surface. The 5 x 0.7 x 0.5 cm tortuous, tan-brown attached right fallopian tube has a tan-brown outer surface. Cut sections show a pinpoint lumen. Also in the container there is a white cassette which holds a single fragment of tan-off white soft tissue that measures 2 x 1.8 x 0.3 cm. Labeled A1 and A2 - anterior cervix; A3 and A4 - posterior cervix; A5 and A6 - anterior and posterior lower uterine segment; A7 and A8 - anterior endomyometrium with a febrile mass in relation with the outer aspect of

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Patie  
DOB:

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the serosal surface; A11 to A14 - posterior mass in relation with the outer aspect of the serosal surface; A15 to A18 - attached fibroids; A19 - left ovary; A20 to A22 - attached soft tissue for the left fallopian tube; A23 and A24 - right adnexa; A25 (FS1). Jar 3. Case also shown to the fellow and the resident for the orientation because orientation was a little difficult.

The second container is labeled "omentum." It holds 35 x 8 x 2 cm omental tissue. Sectioning shows multiple firm areas throughout the omentum, the largest one that measures 2.5 x 2.5 cm. Cut section also shows yellow soft adipose tissue.

### SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

#### HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, serous papillary type

#### FIGO GRADE

The FIGO Grade of the tumor is 51 to 100% solid growth pattern (FIII)

#### TUMOR INVASION

Invasive tumor is present with invasion of the entire myometrium and penetration of the serosa

#### TUMOR SIZE

The tumor invades to a depth of 21 mm

The myometrial thickness is 24 mm

#### LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)

The lower uterine segment is involved by tumor

#### ENDOCERVICAL INVOLVEMENT

The endocervix is involved by invasive tumor in the stroma (with or without mucosa)

#### LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is present and widespread in scope

#### REGIONAL LYMPH NODES (N)

Regional lymph nodes cannot be assessed (NX)

#### DISTANT METASTASIS (M)

Distant metastases (M1)

The source of pathologic metastatic specimen is omentum

#### PRIMARY TUMOR (TNM Category/FIGO Stage)

Distant metastasis includes metastasis to inguinal lymph nodes, intraperitoneal disease, or lung, liver or bone. It excludes metastasis to para-aortic lymph nodes, vagina, pelvic serosa or adnexa (M1/IVB)

#### STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T3a/NX/M1 (Stage IVB)

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

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**SURGICAL PATHOLOGY REPORT**

**Surgical Pathology report is available on-line**

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performance of the personnel and on some not with laboratory maintained requirements drawn from the  
test procedure. Such diagnosis will only be performed on a basis that is not final by  
the person. It should not be regarded as a final report. Information is to be used for  
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END OF REPORT

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