

Diagnosis Discrepancy	Yes	No
Primary Tumor Site Discrepancy		
HiPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BB	Date Reviewed: 6/9/11

UUID:90DC98BA-4666-4702-8BA1-F57253E43CDD
TCGA-A2HC-01A-PR

Redacted



Surgical Pathology Final Report **Temporary Copy**

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Case #

Collected

Ordered by:

Patient

ID:

Location

Final Diagnosis

1. UTERUS WITH CERVIX; TOTAL ABDOMINAL HYSTERECTOMY:
 - High grade endometrial carcinoma, endometrioid type, FIGO grade III (6.5 x 5.0 x 4.0 cm) with myometrial invasion (<1/2 entire myometrial thickness) and lymphovascular invasion (slide 1Y)
 - pT1b, N1, MX (see comment)
 - Cellular leiomyoma (15 cm in greatest dimension) and multiple leiomyomata (see comment)
 - Chronic cervicitis

2. LYMPH NODE, LEFT PELVIC; BIOPSY:
 - Lymph node, 1, positive for metastatic carcinoma (1/1)

1CD-0-3

adenocarcinoma, endometrioid, NOS
8380/3

3. LYMPH NODE, RIGHT COMMON ILIAC; BIOPSY:
 - Lymph node, 1, positive for metastatic carcinoma (1/1)

Site: endometrium C54.1

4. ADNEXA, RIGHT; SALPINGO-OOPHORECTOMY:
 - Unremarkable ovary and fallopian tube, no evidence of malignancy

/w 6/19/11

5. ADNEXA, LEFT; SALPINGO-OOPHORECTOMY:
 - Unremarkable ovary and fallopian tube, no evidence of malignancy

6. LYMPH NODE, RIGHT PELVIC; DISSECTION:
 - Lymph nodes, 3/15, positive for metastatic carcinoma (3/15)

7. LYMPH NODE, LEFT PELVIC; DISSECTION:
 - Lymph nodes, 0/5, no evidence of malignancy

8. LYMPH NODE, LEFT COMMON ILIAC; DISSECTION:
 - Lymph nodes, 2/3, positive for metastatic carcinoma (2/3)

9. LYMPH NODE, PERIAORTIC ILIAC; BIOPSY:
 - Lymph node, 1, positive for metastatic carcinoma (1/1)

10. OMENTUM; BIOPSY:
 - Omental fat, no evidence of malignancy

ENDOMETRIUM CANCER STAGING SUMMARY

Site.....Endometrium
Size.....6.5 cm
Histologic type.....Endometrioid-type
FIGO Grade (I-III).....III
Depth of invasion (measure tumor invasion/myometrial thickness)...0.5 out of 3.3 cm
Lymphatic/Vascular invasion.....Present (slide 1Y)
Lower uterine segment involvement..Negative
Ectocervical involvement:
Mucosa.....Negative
Fibromuscular stroma.....Negative
Endocervical involvement:
Mucosa.....Negative

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Fibromuscular stroma.....Negative

Vaginal involvement:

Vaginal margin.....N/A

Parametrial soft tissue:

Right.....Negative

Left.....Negative

Regional Lymph Nodes

Metastasis/Total).....8/26

Right inguinal/obturator.....N/A

Left inguinal/obturator.....N/A

Right pelvic.....3/15

Left pelvic.....1/6

Right and left periaortic.....1/1

Right common iliac.....1/1

Left common iliac.....2/3

Extranodal extension.....Negative

Ancillary studies.....Ki-67, chromogranin, synaptophysin,
AE1/AE3 performed

ER.....N/A

PR.....N/A

Ploidy.....N/A

pTNM.....pT1b, N1, MX

Completed By:

(Electronically Signed)

Comment

This case was reviewed at the
conference were:

Those present at the

Immunostains performed as follows:

- Chromogranin focally stains the tumor epithelial cells, an indication of neuroendocrine differentiation. The findings are not consistent with a diagnosis of PNET.
 - Synaptophysin is negative
 - Cytokeratin (AE1/AE3) stains the tumor epithelial cells
 - Vimentin focally stains the stromal component of the tumor
 - Mucicarmine and PAS stain the luminal secretions of the tumor glands
 - Ki-67 stain of the cellular leiomyoma shows an average proliferative index of 5-8 cells per HPF.
- s notified.

Clinical Information

Specimen(s): Uterus /w Cervix
Lymph Node, Left Pelvic
Lymph Nodes, Right Common Iliac
Right Adnexa
Left Adnexa

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Lymph Nodes, Right Pelvic
Lymph Nodes, Left Pelvic
Lymph Node, Left Common Iliac
Lymph Node, PeriAortic
Omentum

Clinical diagnosis: Endometrial CA

Operation: TAH-BSO

Clinical history: G2P2 endometrial CA

Frozen Section Diagnosis

1FSA. UTERUS; FROZEN SECTION:

- Malignant neoplasm, no evidence of invasion

2FSA. TWO LYMPH NODES, LEFT PELVIC; FROZEN SECTION:

- Metastatic malignant neoplasm

Accessioned:

Reported:

3FSA. RIGHT COMMON ILIAC LYMPH NODE; FROZEN SECTION:

- Positive for metastatic disease

Accessioned:

Reported:

Gross Description

Specimen 1, received fresh and labeled "uterus with cervix," consists of a large distorted uterus with attached cervix weighing 1742 grams and has the following measurements: 20.0 cm from cornu-to-cornu, 10.0 cm from cervix to fundus and 8.0 cm from anterior to posterior. The cervix itself measures 5.0 x 4.0 cm. The specimen is bivalved to reveal large filiform, hemorrhagic exophytic tumor which measures 6.5 x 5.0 x 4.0 cm and extensively involves the endomyometrial cavity as well as a large, circumscribed, round, soft, pink-tan, lobulated tumor with focal areas of necrosis and hemorrhage involving the myometrium measuring 15.0 x 10.0 x 6.5 cm. There are also multiple small to large, intramural and subserosal, round, well-circumscribed, firm, tan-white nodules with whorled appearance measuring from 1.2 to 6.2 cm in greatest dimension. The endocervical canal itself is smooth, tan, unremarkable and measures 6.0 cm in length and 0.5 cm in thickness. The endometrial cavity is also enlarged but severely distorted and has a smooth, pink-tan appearance. Gross photographs are taken. The first two tumors which were mentioned appear to be abutting next to each other and serial sectioning of the uterus reveals that they are less than 0.6 cm apart. Serial sectioning of the endomyometrium reveals a maximal myometrial thickness of 3.3 cm with the first filiform tumor invading to a maximal depth of 0.5 cm. Representative sections of the tumor, uterus and cervix are submitted as follows:

1FSA through 1C
1D & 1E

- remainder of frozen section tissue of the tumor
- cervix

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Case:

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Patient: [REDACTED]

ID:

Location:

1F & 1G

1H through 1K

1L through 1P

1Q & 1R

1S & 1T

1U & 1V

1W

1X through 1AC

1AD through 1AH

1AI through 1AK

- lower uterine segment

- parametrium

- filiform tumor with myometrium

- myometrium with inked serosa

- filiform tumor with myometrium again (showing maximal gross myometrial invasion)

- myometrial with inked serosa again

- section showing relationship between the two large tumors*

- filiform tumor with endomyometrium

- largest leiomyoma-like tumor

- leiomyomas

*the filiform tumor and the largest leiomyoma-like tumor

Specimen 2, received fresh and labeled "left pelvic node," consists of an enlarged soft, pink lymph node with attached fat measuring 3.0 x 2.5 x 0.4 cm. The entire specimen is submitted as follows:

2FSA

- remainder from frozen section tissue

2B through 2D

- tissue not used for frozen

Specimen 3, received fresh and labeled "right common iliac lymph node," consists of an enlarged soft, pink lymph node which measures 4.0 x 2.0 x 1.0 cm. Serial sectioning reveals two large, firm, tan, circumscribed nodules within the lymph node parenchyma which measure 1.3 and 0.9 cm in greatest dimension, respectively. The entire specimen is submitted as follows:

3FSA

- remainder from frozen section tissue

3B through 3F

- tissue not used for frozen

Specimen 4, received in formalin and labeled "right adnexa," consists of a small, ovoid, firm, wrinkled tan ovary with attached fallopian tube and which measures 4.4 x 3.3 x 1.6 cm. The unremarkable-appearing ovary measures 2.3 x 1.6 x 1.2 cm and the attached fallopian tube has a soft, pink, coiled, tubular-like structure which measures 4.5 cm in length and 0.7 cm in diameter. No tumor is seen on the external surface of this adnexal structure. On cross section, the fallopian tube has a pinpoint lumen. Representative sections are submitted as follows:

4A

- ovary

4B

- ovarian hilum with blood vessels

4C

- fallopian tube

4D and 4E

- two more representative sections of the ovary

Specimen 5, received in formalin and labeled "left adnexa," consists of an ovary with attached fallopian tube which measures altogether 5.1 x 2.6 x 2.8 cm. The firm, tan, wrinkled unremarkable-appearing ovary itself measures 2.8 x 2.5 x 0.9 cm and the attached fallopian tube is a soft, pink, coiled, tubular-like structure which measures 4.2 cm in length and 0.7 cm in maximal diameter. No tumor is seen grossly on the external surface of the specimen. Representative sections are submitted as follows:

5A through 5C

- ovary

5D

- ovarian hilum including blood vessels

5E

- fallopian tube

Specimen 6, received in formalin and labeled "right pelvic nodes," consists of a fragment of fatty yellow tissue which measures 4.6 x 2.9 x 1.1 cm. Careful palpation reveals several small to large lymph nodes which range in size from 0.6 to 2.5 cm in largest dimension. The entire specimen is

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Case:

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Location:

submitted as follows:

6A and 6B

- largest lymph node bisected

6C and 6D

- second largest lymph node bisected

6E through 6H

- smaller lymph nodes bisected, one lymph node per cassette

Additional lymph nodes are found and these are submitted as follows:

6I and 6J

- lymph nodes bisected, one per cassette

6K and 6L

- multiple smaller lymph nodes

Specimen 7, received in formalin and labeled "left pelvic nodes," consists of several fragments of soft, yellow fatty tissue which measures in aggregate 5.0 x 3.2 x 1.5 cm. Careful palpation reveals several small to large lymph nodes which range in size from 0.8 to 2.6 cm in largest dimension. The entire specimen is submitted as follows:

7A and 7B

- largest lymph node bisected

7C and 7D

- largest lymph node bisected

7E

- smaller lymph node bisected

7F and 7G

- fatty tissue

Specimen 8, received in formalin and labeled "left common iliac lymph nodes," consists of three small to large soft, pink lymph nodes which range in size from 0.8 to 2.5 cm in largest dimension. The entire specimen is submitted as follows:

8A through 8C

- largest lymph node serially sectioned

8D

- second largest lymph node

8E

- smallest lymph node bisected

Specimen 9, received in formalin and labeled "periaortic iliac lymph nodes," consists of an enlarged, soft, pink-tan lymph node which measures 2.9 x 1.6 x 1.1 cm. The specimen is serially sectioned to reveal firm, well-circumscribed, tan cut surface and is entirely submitted in cassettes 9A through 9D.

Specimen 10, received in formalin and labeled "omental biopsy," consists of a soft, yellow, fatty fragment of tissue which measures 5.6 x 3.4 x 1.2 cm. No obvious tumor nodules are seen or palpated. The entire specimen is submitted in cassettes 10A through 10A.

Microscopic Exam

All sections are examined. Histologic findings are summarized in Pathologic Diagnosis.

The attending pathologist whose signature appears on this report has reviewed the diagnostic slides and has edited the gross and/or microscopic portion of the report in rendering the final microscopic diagnosis.