

DOB: [REDACTED]

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Notes		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RB	
Date Reviewed	10/29/11	

# Surgical Pathology Report

00:00 Final

UUID:DE971C2D-31E8-42AC-A943-29E76FCD8F68  
TCGA-AX-A01W-01A-PR

Redacted



1CD-0-3

adenocarcinoma, serosa, NOS 8441/3

Site: Endometrium C54.1 lw 10/29/11

## SURGICAL PATHOLOGY REPORT FINAL

DOB: [REDACTED]

(Age: [REDACTED])

Patient Type: [REDACTED]

Accession #: [REDACTED]  
Taken: [REDACTED]  
Received: [REDACTED]  
Accessioned: [REDACTED]  
Reported: [REDACTED]

Physician(s): [REDACTED]

### DIAGNOSIS:

UTERUS, ENDOMYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- HIGH-GRADE SEROUS PAPILLARY ADENOCARCINOMA (SEE SYNOPSIS)
- CARCINOMA INVADERS MYOMETRIUM TO A DEPTH OF 3 MM OUT OF 11 MM
- LOWER UTERINE SEGMENT IS INVOLVED BY CARCINOMA
- VASCULAR SPACE INVASION BY CARCINOMA IDENTIFIED
- LEIOMYOMATA (LARGEST MEASURES 4 MM IN GREATEST DIMENSION)

UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY

- MILD CHRONIC INFLAMMATION
- NO DYSPLASIA OR MALIGNANCY

FALLOPIAN TUBE, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- INVOLVED BY HIGH-GRADE PAPILLARY SEROUS CARCINOMA (SEE COMMENT)

FALLOPIAN TUBE, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

OVARY, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

OVARY, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

LYMPH NODES, LEFT EXTERNAL ILIAC, DISSECTION

- FIVE LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/5)

LYMPH NODES, LEFT OBTURATOR, DISSECTION

- THREE LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/3)

LYMPH NODES, RIGHT EXTERNAL ILIAC, DISSECTION

- NINE LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/9)

LYMPH NODES, RIGHT OBTURATOR, DISSECTION

- SEVEN LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/7)

LYMPH NODES, RIGHT COMMON PERIAORTIC, DISSECTION

- FIVE LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/5)

DOB: [REDACTED]

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### SURGICAL PATHOLOGY REPORT

LYMPH NODES, LEFT COMMON PERIAORTIC, DISSECTION  
- FOUR LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/4)

OMENTUM, OMENTECTOMY  
- NO EVIDENCE OF MALIGNANCY

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material indicated in the diagnosis).

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

#### Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'uterus, BSO, and cervix,' consisting of a 107 gram uterus (9.2 x 6.2 x 3.3 cm) with attached bilateral fallopian tubes (right 5.7 x 0.7 x 0.6 cm; left 6.3 x 1.5 x 1.5 cm), and ovaries (right 3 x 1.5 x 0.8 cm; left 3 x 1.4 x 0.7 cm). The uterus is bivalved to show a pink-tan polypoid exophytic mass occupying the entire endometrial cavity (tumor measures 4.3 x 4.2 cm on the posterior half, and 5.0 x 4.2 cm on the anterior half). The specimen is shown to the surgeon. Tissue is taken for and tumor bank. Rest for permanents," by "

#### Microscopic Description and Comment:

The serous carcinoma in the left fallopian tube exhibits predominantly intraluminal growth, with muscular wall invasion identified. While a second primary arising in the tube is in the differential diagnosis, the consensus of the is that this represents a metastasis from the endometrial primary.

#### History:

The patient is a year old woman with no further history provided. Operative procedure: Exploratory laparotomy, abdominal hysterectomy, and bilateral salpingo-oophorectomy.

#### Specimen(s) Received:

A: UTERUS, BILATERAL TUBES AND OVARIES, CERVIX  
B: LYMPH NODE, LEFT EXTERNAL ILIAC  
C: LYMPH NODE, LEFT OBTURATOR  
D: LYMPH NODE, RIGHT EXTERNAL ILIAC  
E: LYMPH NODE, RIGHT OBTURATOR  
F: LYMPH NODE, RIGHT COMMON/PERIAORTIC  
G: LYMPH NODE, LEFT COMMON/PERIAORTIC  
H: OMENTUM

#### Gross Description:

The specimens are received in eight formalin-filled containers, each labeled "uterus, BSO, and cervix." It consists of a previously described 107 gram uterus measuring 9.2 cm from fundus to cervix, 6.2 cm from cornu to cornu, and 3.3 cm in the anterior/posterior plane. Both right and left ovaries and fallopian tubes are present. The right ovary shows a tan-yellow, cerebriform external surface, and measures 3.0 x 1.5 x 0.8 cm. The right fallopian tube is grossly unremarkable and measures 5.7 cm in length and up to 0.7 cm in

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diameter. The left ovary shows a similar tan-yellow cerebriform external surface, and measures 3.0 x 1.4 x 0.7 cm. The left fallopian tube measures 6.3 cm in length. The distal third of the left fallopian tube is enlarged up to 1.5 cm in dimension. The serosal surface of the uterus is intact and shows no gross involvement by tumor. The uterus has been previously bivalved to show a fungating lesion, virtually filling the endometrial cavity and grossly extending to the superior aspect of the lower uterine segment. Tumor does not extend to the endocervix. Both the anterior and posterior uterine corpus are sectioned. This shows tumor infiltration 3 mm into an 11 mm myometrium in the fundic aspect of the endomyometrium. Labeled A1 - posterior cervix and lower uterine segment; A2 - anterior cervix and lower uterine segment; A3 to A5 - tumor in anterior endomyometrium; A6, A7 - tumor in posterior endomyometrium; A8 - tumor in fundus; A9 - right fallopian tube and ovary; A10 - left ovary and non-tumor fallopian tube; A11, A12 - sections of fallopian tube tumor. Jar 2.

The second container is labeled "left external iliac." It contains portions of fibrofatty tissue measuring 3.5 x 3.0 x 1.0 cm. From this, five potential lymph nodes are dissected. Labeled B1 - one lymph node bisected; B2 - four lymph nodes. Jar 1.

The third container is labeled "left obturator." It holds a portion of fibrofatty tissue measuring 3.8 x 2.5 x 1.3 cm. From this, one large and one small lymph node are dissected. Labeled C1 - small lymph node; C2 - one lymph node, bisected. Jar 0.

The fourth container is labeled "right external iliac." It holds a portion of fibrofatty tissue measuring 4.0 x 3.5 x 1.3 cm. From this, eight potential lymph nodes are dissected. Labeled D1 - one lymph node bisected; D2 - four lymph nodes; D3 - one lymph node bisected; D4 - two lymph nodes. Jar 1.

The fifth container is labeled "right obturator." It holds a portion of fibrofatty tissue measuring 4.5 x 2.8 x 1.8 cm. From this, eight potential lymph nodes are dissected. Labeled E1 - four lymph nodes; E2 - two lymph nodes; E3 - two lymph nodes. Jar 1.

The sixth container is labeled "right common periaortic lymph nodes." It consists of a portion of fibrofatty tissue measuring 5.0 x 3.0 x 1.8 cm. From this, five potential lymph nodes are dissected. Labeled F1 - one lymph node, bisected; F2 - two lymph nodes; F3 - two lymph nodes. Jar 0.

The seventh container is labeled "left common periaortic." It consists of two portions of fibrofatty tissue measuring 3.0 x 2.3 x 1.1 cm in aggregate. From this, four potential lymph nodes are dissected. Labeled G1 - three lymph nodes; G2 - one lymph node bisected. Jar 0.

The eighth container is labeled "omentum." It holds a portion of omentum measuring 20.0 x 7.5 x 1.0 cm. Sectioned to show no gross evidence of tumor. Labeled H1 to H5. Jar 2.

## SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

### HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, serous papillary type

### TUMOR INVASION

Invasive tumor is present with superficial invasion into the luminal 1/3 of the myometrium

### TUMOR SIZE

The tumor invades to a depth of 3 mm  
The myometrial thickness is 11 mm

### LOWER UTERINE SEGMENT INVOLVEMENT (does not change the stage)

The lower uterine segment is involved by tumor

### ENDOCERVICAL INVOLVEMENT