UUID:4989F66F-57F8-4B1C-97DD-69F3036EB0BA TCGA-AX-A3FZ-01A-PR Redacted Diagnosis Discrepancy Primary Tumor Site Discrepancy HIPAA Discrepancy Prior Malignancy History Dual/Synchre nous Primar

Page 1 of 5

Report for

TEST: SURG PATH FINAL REPORT Collected Date & Time:

Result Name Surg Path Final

Results Patient Name:

Units

Reference Range

Patient Name: Accession No.:

> Surg Path

Final Report Received

Accession Number

Collected

Pathologist

Date/Time

Date/Time

Diagnosis:

1) OMENTUM, OMENTECTOMY

METASTATIC HIGH GRADE ENDOMETRIOID ADENOCARCINOMA

2) OVARY AND FALLOPIAN TUBE, RIGHT

SEROSAL METASTASIS OF HIGH GRADE ENDOMETRIOID ADENOCARCINOMA OVARIAN HYPOPLASIA

3) UTERUS, SUPERCERVICAL HYSTERECTOMY HIGH GRADE ENDOMETRIOID ADENOCARCINOMA, FIGO GRADE 3 SEE COMMENT AND PROTOCOL

4) CERVIX

METASTATIC HIGH GRADE ENDOMETRICID ADENOCARCINOMA TO THE POSTERIOR REFLECTION

5) OVARY AND FALLOPIAN TUBE, RIGHT SEROSAL METASTASIS OF HIGH GRADE ENDOMETRIOID ADENOCARCINOMA OVARIAN HYPOPLASIA

6) LYMPH NODES, LEFT PELVIC

NO EVIDENCE OF MALIGNANCY IN FOUR LYMPH NODES

SOFT TISSUE IMPLANTS OF HIGH GRADE ENDOMETRIOID ADENOCARCINOMA

7) LYMPH NODES, RIGHT PELVIC

NO EVIDENCE OF MALIGNANCY IN FIVE LYMPH NODES

8) SMALL BOWEL, SEGMENTAL RESECTION

SEROSAL METASTASIS OF HIGH GRADE ENDOMETRIOID ADENOCARCINOMA

9) APPENDIX

NO EVIDENCE OF MALIGNANCY

10) OMENTUM, OMENTECTOMY

METASTATIC HIGH GRADE ENDOMETRICID ADENOCARCINOMA

(Electronically signed by) Verified:

Comment:

The tumor appears to have arisen in the endometrial cavity in association with a complex hyperplasia with atypia. The tumor has then spread through

the myometrium via lymphatics with apparent area of perforation of the Patient Name: '

Accession No.:

Surg Path Final Report

Accession Number Collected

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Date/Time fire/Time

myometrium and extension out into the serosa and surrounding organs with omental metastasis. The tumor is composed of solid sheets of cells with

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no papillary structures. There is a high mitotic index. Occasional
     organoid (acinar) structures can be found. To better define this tumor,
 Ι
     also performed two immunoperoxidase stains to include ER which was
    positive in the complex hyperplasia of the endometrium, however, the
tumor
    cells which were invading are negative. A p53 stain showed diffuse
     positivity of the invasive tumor.
     CAP Protocol:
     3: ENDOMETRIUM: Hysterectomy (01/10)
     SPECIMEN:
    Uterine Corpus, Cervix, Right ovary, left ovary, Right falloipan tube,
    Left fallopian tube, Omentum, Bowel, Appenxi, Lymph nodes
    PROCEDURE:
    Radiacal hysterectomy, Omentectomy, Bowel resection, Appendectomy, Lymph
    node biopsies
    LYMPH NODE SAMPLING:
    Performed
    Pelvic lymph nodes
    SPECIMEN INTEGRITY:
    Morcellated hysterectomy
    *TUMOR SITE:
     *Anterior endometrium
    *Posterior endometrium
    TUMOR SIZE:
    Cannot be determined (see Comment)
    HISTOLOGIC TYPE:
    Endometrioid adenocarcinoma, not otherwise characterized
    HISTOLOGIC GRADE:
    FIGO grade 3
    MYOMETRIAL INVASION:
    Present
    Depth of invasion: 17 mm
    Myometrial thickness: 17 mm
    INVOLVEMENT OF CERVIX:
    Not involved
    EXTENT OF INVOLVEMENT OF OTHER ORGANS:
    Right ovary not involved
    Left ovary not involved
    Right fallopian tube involved
    Left fallopian tube involved
    *Right parametrium involved
    *Left parametrium involved
    *Omentum involved
    Patient Name:
    Accession No.:
                          Path
                  Surg
                                      Final Report
    Accession Number
                       Collected
                                          Received
                                                             Pathologist
                       Date/Time
                                          Date/Time
    *Other (specify): Bowel serosa
    *PERITONEAL ASCITIC FLUID:
    *Malignant (positive for malignancy)
    LYMPH-VASCULAR INVASION:
    PATHOLOGIC STAGING (pTNM [FIGO]):
    pT3b[IIIB]: Vaginal involvement (direct extension or metastasis) or
    parametrial involvement
    pNO: No regional lymph node metastasis
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Pelvic lymph nodes:
Number examined: 9
Number involved: 0
pM1 [IVB]: Distant metastasis
*Specify site(s), if known): Omentum, Bowel serosa
*ADDITIONAL PATHOLOGIC FINDINGS:
*Atypical hyperplasia
*Complex
*ANCILLARY STUDIES:
*Specify: tissue
Specimen(s):
1. OMENTUM6. LEFT PELVIC LYMPH NODE2. RIGHT TUBE AND OVARY7. RIGHT
PELVIC LYMPH NODE3. UTERUS WITHOUT CERVIX8. BOWEL4. CERVIX9.
APPENDIX5. LEFT TUBE AND OVARY10. OMENTUM
Clinical Information:
Pelvic mass
Frozen Section Diagnosis:
    Metastatic poorly differentiated carcinoma and studies obtained
3) Poorly differentiated carcinoma/endometrial with perforation of the
uterus
RSS/PCW
Gross Description:
1) Specimen 1 designated as "omentum" is received fresh in a container
labeled with the patient's name and medical record number and consists of
multiple fragments of omental tissue with embedded tumor which has an
aggregate measurement of 30 x 21 x 6.1 cm. A frozen section is done with Dr. Smith and submitted in FS1A. Additional sections are submitted in
cassettes 1B & C.
Patient Name:
Accession No.:
      AP- Surg Path
                                  Final Report
Accession Number Collected
                                       Received
                                                          Pathologist
                   Date/Time
                                       Date/Time
2) Specimen 2 designated as "right tube and ovary" is received fresh in a
container labeled with the patient's name and medical record number and
consists of a fallopian tube with fimbria attached which measures 3.5 \times
0.5 cm. The adjacent ovary measures 3.2 x 1.3 x 1.1 cm. Representative
section of tube and ovary are submitted in cassette 2A.
3) Specimen 3 designated as "uterus, without cervix" is received fresh in
a container labeled with the patient's name and medical record number and
consists of a uterus with no cervix and no adnexa which measures 6 x 9 \times
cm and weighs 194 grams. The serosal surface is completely covered with
shaggy tumor. Upon sectioning, the endomyometrium is completely filled
with tumor. Sections are submitted as:
FS3A & B: Frozen section
3C-I:
         Additional section of tumor through endomyometrium and
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4A: Posterior reflection

endocervical canal

4B: Anterior transformation zone

4C: Posterior transformation zone

5) Specimen 5 designated as "left tube and ovary

4) Specimen 4 designated as "cervix" is received in formalin in a container labeled with the patient's name and medical record number and consists of a cervix which measures 4 cm in length and has a width of 2.5 cm. The external os measures 0.7 cm in width. Sections are submitted

are

is received in formalin

in a container labeled with the patient's name and medical record number and consists of a fallopian tube with fimbria attached which measures 4.5×0.3 cm. The adjacent ovary measures $3 \times 1.4 \times 1.4$ cm. In the soft tissue between the tube and ovary, there appears to be tumor implant. Sections are submitted as:

5A: Left tube and ovary

5B: Possible tumor implant

6) Specimen 6 designated as "left pelvic lymph node" is received in formalin in a container labeled with the patient's name and medical record

number and consists of multiple irregular shaped fragments of yellow adipose tissue which has an aggregate measurement of 5.5 x 5.4 x 2.3 cm. The adipose tissue is covered with tumor implant. Several lymph nodes

appreciated which range from 0.5 to 1.7 cm. Sections are submitted as:

6A: Lymph nodes

6B: One bisected node

6C: One bisected node

6D & E: Sample of tumor implants found in the adipose tissue Patient Name:

Accession No.:

AP- Surg Path Final Report

Accession Number Collected

Received Pathologist

Date/Time Date/Time

7) Specimen 7 designated as "right pelvic lymph node" is received in formalin in a container labeled with the patient's name and medical record

number and consists of multiple irregular shaped fragments of yellow adipose tissue which has an aggregate measurement of $4.5 \times 4 \times 1.5$ cm. Several lymph nodes are appreciated which range from 0.4 to 1.4 cm. Sections are submitted as:

7A: Lymph nodes

7B: One bisected node

7C: One bisected node

8) Specimen 8 designated as "bowel" is received in formalin in a container

labeled with the patient's name and medical record number and consists of a short segment of bowel which measures 5 cm in length. The attached adipose tissue is dark red in color. Representative sections are submitted in cassettes 8A & B.

9) Specimen 9 designated as "appendix" is received in formalin in a container labeled with the patient's name and medical record number and consists of a vermiform appendix with attached adipose tissue which measures 5 x 0.5 cm. The serosal surface is smooth and glistening. The lumen is devoid of substance. The proximal section is notched.

Representative sections of the proximal, distal and middle of the appendix $\ensuremath{\mathsf{P}}$

are submitted in cassette 9A.

10) Specimen 10 designated as "omentum" is received in formalin in a container labeled with the patient's name and medical record number and consists of a large sheet of omentum with numerous tumor implants which measures $18 \times 17 \times 2$ cm. Representative sections are submitted in cassettes 10A & B.

Microscopic Description:

A microscopic exam was performed.

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Immunoperoxidase/Special Stain Results: ER: Positive in the endometrium in the complex hyperplasia P53: Positive in the invasive tumor cells Appropriate controls positive

Gran .. .