

SURGICAL PATHOLOGY:

PROCEDURE DATE: RECEIVED DATE: REPORT DATE:

COPY TO:

Pre-Op Diagnosis
Endometrial cancer
Post-Op Diagnosis
Same as above
Clinical History
Nothing indicated
Gross Description:
Five parts

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Comments (circle):	QUALIFIED	DISQUALIFIED
Reviewed by:	Date Reviewed: 1/7/12	

Container labeled "1 - cervix, uterus, bilateral tubes and ovaries" has a previously laterally opened slightly distorted uterus with attached cervix and bilateral adnexa. The uterus and cervix together weigh 50 grams and on reconstruction measure approximately 7.0 x 4.5 x 3.0 cm. The cervix has a wrinkled pink-red ectocervical mucosa. The os is patent. The uterine canal is lined by trabeculated tan-pink mucosa. The uterine serosa is smooth and tan-pink. The myometrium measures up to 1.3 cm and is gray-pink and fibrotic. The entire endometrial canal over both the anterior and posterior aspects as well as the fundus in both lateral aspects is occupied by a granular gray-tan to pink plaque-like lesion measuring overall 6.6 x 4.5 cm. This grossly extends into the lower uterine segment. On sectioning, this has a tan-gray focally verrucous-appearing fibrotic-appearing cut surface. In the posterior aspect this measures up to 0.9 cm in thickness and grossly extends into the myometrium where it is seen at its nearest point 1.0 cm from the posterior serosa. The small amount of parametrial soft tissue on each side shows no nodularity or gross lesions. The left fallopian tube measures 6.0 x 0.5 x 0.5 cm. The right fallopian tube measures 5.7 x 0.5 x 0.5 cm. Each has a smooth tan-pink serosa with a tan wall and a pinpoint lumen. The left ovary measures 1.2 x 0.9 x 0.7 cm and has a lobular tan-yellow outer surface with a mottled tan-gray fibrotic cut surface. The right ovary measures 1.6

1CD-0-3

8380/3

8441/3

adenocarcinoma, mixed endometrioid and serous - code to highest

Site: endometrium C54.1

lw
1/7/12

UUID:32C3C850-5F65-424E-894C-75B4725BBD09
TCGA-AJ-A3NG-01A-PR

Redacted



x 1.1 x 0.9 cm and has a lobular tan-yellow outer surface with a mottled tan fibrotic cut surface. Also received in the same container are two tissue cassettes labeled " " Representative sections are submitted labeled as follows: A - anterior cervix; B - posterior cervix; C - lower uterine segment shaved posterior serosa; D-H - anterior endomyometrium; I-N - posterior endomyometrium; O-P - left lateral endomyometrium; Q-R - right lateral endomyometrium; S-Y - fundic endomyometrium; Z - left parametrium; AA - right parametrium; BB - left adnexa; CC - right adnexa.

Container labeled " [REDACTED] 2 - right pelvic lymph nodes" has 7.0 x 6.0 x 1.6 cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal a few poorly defined pink-yellow nodules up to 3.0 cm. The largest nodule is bisected and submitted labeled A-B. Individual nodules are bisected and individually submitted labeled C-D. Whole smaller nodules are submitted labeled E.

Container labeled " [REDACTED] 3 - left pelvic lymph nodes" has 6.5 x 6.0 x 1.5 cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal a few poorly defined pink-yellow nodules up to 3.1 cm. The largest nodule is sectioned and submitted labeled A-B. Remaining nodules are each bisected and individually submitted labeled C-E.

Container labeled " [REDACTED] 4 - right aortic lymph nodes" has 6.0 x 4.5 x 1.3 cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal several poorly defined pink-yellow nodules up to 2.0 cm. The largest nodules are bisected and individually submitted labeled A-B. Whole smaller nodules are submitted labeled C.

Container labeled " [REDACTED] 5 - left common iliac nodes" has 3.0 x 2.2 x 0.8 cm of tan-yellow fibroadipose tissue fragments which on palpation and sectioning reveal a single 1.8 cm poorly defined elongated pink-yellow nodule. The nodule is bisected and entirely submitted in a single cassette.

[REDACTED]
Microscopic Description:
Reviewed are slides labeled [REDACTED]

Final Diagnosis

Uterus, cervix, bilateral fallopian tubes and ovaries, hysterectomy with bilateral salpingo-oophorectomy:

Tumor characteristics:

Specimen integrity: Intact, previously opened.

Histologic type: Mixed, with endometrioid and papillary serous features (see comment).

Histologic grade: Poorly differentiated (grade III).

Tumor site: Endometrial cavity, near entirety.

Tumor size: 6.6 x 4.5 x 0.9 cm.

Myometrial invasion: Present, tumor invades 0.9 cm into a 1.5 cm thick myometrium

(greater than one-half).

Involvement of cervix: Tumor focally involves endocervical stroma.

Extent of involvement of other organs: Not identified.

Lymphovascular space invasion: No unequivocal lymphovascular space

invasion identified in
sections examined.
Surgical margin status:
Surgical margins appear free of malignancy in sections
examined.
Lymph node status:
Number of lymph nodes received: See below.
Number of lymph nodes containing metastatic carcinoma: 0
Other:
Leiomyoma.
Bilateral ovaries with changes of atrophy.
Fallopian tubes with no pathologic diagnosis.
Lymph nodes, right pelvic, resection:
Six lymph nodes negative for metastatic carcinoma (0/6).
Lymph nodes, left pelvic, resection:
Four lymph nodes negative for metastatic carcinoma (0/4).
Lymph nodes, right aortic, resection:
Seven lymph nodes negative for metastatic carcinoma (0/7).
Lymph node, left common iliac:
One lymph node negative for metastatic carcinoma (0/1). PAS 9
SPC-A

CPT: 88309, 88307 x 3, 88305

Stage: pT2N0

Comments

The patient's clinical history of endometrial cancer is noted. No
prior pathology specimens are available within the
system for comparative evaluation. Histologic sections demonstrate a
moderate to poorly differentiated adenocarcinoma demonstrating
predominantly endometrioid type. Focally, however, areas of
papillary serous differentiation are noted. Large areas of solid
growth pattern are seen. These findings are consistent with a poorly
differentiated tumor.

Clinical correlation and correlation with prior pathology is
recommended.

At the request of the undersigned pathologist, these slides have
been additionally reviewed by Dr. [REDACTED], who concurs with the
diagnosis.

This test has been finalized at the [REDACTED] Campus.

Original report signed out by Dr. [REDACTED]

ADDENDUM:

Addendum is made to add Stage pT2N0 to the diagnosis.

ADDENDUM DATE: