

Patient Name: [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	AS	
Date Reviewed	11/29/11	

Surgical Pathology Report

Final

ICD-O-3

adenocarcinoma, endometrioid, NOS 8380/3
Site: Endometrium C54.1 11/29/11

SURGICAL PATHOLOGY REPORT FINAL

Patient Name: [REDACTED]

Address: [REDACTED]

Gender: [REDACTED]

DOB: [REDACTED]

Service: Gynecology

Location: [REDACTED]

MRN: [REDACTED]

Hospital #: [REDACTED]

Patient Type: SDSA

Accession #:

Taken:

Received:

Accession:

Reported:

Physician(s):

DIAGNOSIS:

UTERUS, ENDOMYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- INVASIVE POORLY DIFFERENTIATED ADENOCARCINOMA, ENDOMETRIOID TYPE WITH SQUAMOUS DIFFERENTIATION (FIGO GRADE 3)
- TUMOR INVADES MYOMETRIUM TO A DEPTH OF 10 MM WHERE THE MYOMETRIUM MEASURES 11 MM
- ADENOCARCINOMA INVADES LOWER UTERINE SEGMENT
- NO DEFINITE LYMPHOVASCULAR INVASION
- LEIOMYOMA (1.0 CM)
- SEE SYNOPSIS

UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY

- FOLLICULAR CERVICITIS
- NO EVIDENCE OF MALIGNANCY

OVARIES, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY

- FOCAL GRANULOMATOUS INFLAMMATION
- NO EVIDENCE OF MALIGNANCY

OVARIES, LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- NO EVIDENCE OF MALIGNANCY

FALLOPIAN TUBES, BILATERAL, BILATERAL SALPINGO-OOPHORECTOMY

- MULTIPLE PARATUBAL CYSTS
- 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

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

LYMPH NODES, RIGHT EXTERNAL ILIAC, DISSECTION

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

LYMPH NODES, RIGHT OBTURATOR, DISSECTION

- SIX LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/6)

UUID: EF16D53F-14A2-4127-B5F7-F318EC60C5C0
TCGA-A3FT-01A-PR

Redacted



Patient Name: [REDACTED]
DOB: [REDACTED]

Surgical Pathology Report

Final

SURGICAL PATHOLOGY REPORT

LYMPH NODES, RIGHT PERIAORTIC, DISSECTION

- TWO LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/2)

LYMPH NODES, LEFT PERIAORTIC, DISSECTION

- TWO LYMPH NODES WITH NO EVIDENCE OF MALIGNANCY (0/2)

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).

V.D.

***Report Electronically Reviewed and Signed Out By:

Intraoperative Consultation:

An Intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'uterus, bilateral salpingo-oophorectomy and cervix' consisting of a 140 gram and 4.1 cm (cornu to cornu) x 3.5 cm (inferior to posterior) x 8.6 cm (fundus to cervix) with attached bilateral tubes and ovaries. The right ovary measures 2.1 x 1.8 x 0.7 cm, the right fallopian tube measures 5.5 x 0.5 x 0.5 cm, the left ovary measures 2.1 x 1.3 x 0.7 cm, and the left fallopian tube measures 7.2 x 0.5 x 0.5 cm. The uterus is opened to show a 3.5 x 4.5 x 1.7 cm tan-white exophytic mass filling the endometrial cavity. Shown to surgeon. Tissue taken for Rest for permanents," by

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

History:

The patient is a year old woman with endometrial carcinoma. Operative procedure: Exam under anesthesia, total abdominal hysterectomy, bilateral salpingo-oophorectomy and lymph node dissection.

Specimen(s) Received:

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

Gross Description:

The specimens are received in seven formalin-filled containers, each labeled [REDACTED]. The first container is labeled "uterus, BSO and cervix." It contains a previously opened uterus consistent with the intraoperative nonmicroscopic consultation (weighing 141 grams and measuring 4.1 x 3.5 x 8.6 cm). The uterine serosa is dull, tan-brown. The cervix measures 2.8 x 2.5 cm and has a glistening white-tan mucosa with focal hemorrhage. The uterus has been bivalved to show a tan-white herringbone mucosa within the endocervical canal (3.3 cm in length). The transformation zone is unremarkable. The endometrial cavity (4.0 cm from cornu to cornu x 4.5 cm in length) is filled by a large, exophytic, tan mass, measuring 4.5 x 3.5 x 1.7 cm. The mass appears to be involving predominantly the posterior aspect of the endometrium as well as the superior fundus. The tumor appears to invade into the wall of the uterus with a depth of 1.7 cm out of 2.2 cm at its thickest point, however, the majority of the wall of the uterus is thinned, measuring 0.8 cm at its thinnest area. The tumor appears to invade to within 0.1 cm of the serosa at the left cornu. The tumor also appears to invade deeply near the left cornu as well. There is firm, well-circumscribed,

Patient Name: [REDACTED]
DOB: [REDACTED]

MRN: [REDACTED]
[REDACTED]

Surgical Pathology Report

Final

SURGICAL PATHOLOGY REPORT

white-tan, whorled appearing nodule within the anterior myometrium which measures 1.0 cm. The bilateral tubes and ovaries are attached and consistent with the measurements in the nonmicroscopic consultation. The right fallopian tube has areas of cystic lesions filled with mucoid material, measuring up to 1.5 x 0.8 cm. The right ovary has a bosselated tan surface with no gross lesions seen. The left fallopian tube has multiple cystic lesions along the length filled with mucoid material, measuring up to 1.5 cm. The left ovary has a bosselated tan-white surface with one firm, white, plaque-like area consistent with a corpora albicans. The ovary is sectioned to show a mottled, tan-white parenchyma with no gross lesions seen. The specimen is submitted labeled A1 - anterior cervix; A2 - anterior lower uterine segment; A3 and A4 - anterior endomyometrium (A1 to A4 are contiguous sections); A5 - posterior cervix; A6 - posterior lower uterine segment; A7 and A8 - posterior endomyometrium (A5 to A8 are contiguous sections); A9 and A10 - anterior endomyometrium near fundus; A11 and A12 - tumor near the right cornus; A13 to A16 - tumor in the posterior endomyometrium; A17 and A18 - tumor near left cornu; A19 - right fallopian tube; A20 - right ovary; A21 - left fallopian tube; A22 - left ovary. Jar 2.

The second container is labeled "left external iliac lymph nodes." It contains multiple lobulated yellow fragments of tissue, measuring 6.0 x 5.0 x 2.5 cm in aggregate. Multiple putative lymph nodes are identified ranging from 1.0 x 0.5 x 0.5 cm to 2.5 x 1.5 x 1.3 cm. The largest lymph node is bisected to show a firm, tan, mottled parenchyma. The lymph nodes are submitted as follows: B1 and B2 - largest lymph node, trisected and entirely submitted; B3 - two additional lymph nodes; B4 - two additional lymph nodes. Jar 1.

The third container is labeled "left obturator lymph nodes." It contains multiple irregular, yellow and brown fragments of tissue, measuring 5.0 x 3.5 x 1.8 cm, in aggregate. Multiple putative lymph nodes are identified, ranging from 0.4 x 0.3 x 0.2 cm to 2.8 x 1.5 x 0.5 cm. The largest lymph node is bisected to show a tan, mottled parenchyma. The specimen is submitted, labeled C1 - largest bisected lymph node; C2 - two additional lymph nodes; C3 - multiple putative small lymph nodes. Jar 1.

The fourth container is labeled "right external iliac lymph nodes." It contains multiple, irregular, yellow and brown fragments of tissue, measuring 4.5 x 1.8 x 1.5 cm, in aggregate. Multiple putative lymph nodes are identified within the tissue, ranging from 0.7 x 0.6 x 0.5 cm to 1.5 x 1.0 x 0.4 cm. The largest lymph node is bisected to show a white-tan, mottled parenchyma. The specimen is submitted, labeled D1 - largest bisected lymph node; D2 - four additional putative lymph nodes. Jar 1.

The fifth container is labeled "right obturator lymph nodes." It contains a yellow-brown fragment of tissue, measuring 6.0 x 2.0 x 1.5 cm. Multiple putative lymph nodes are identified, ranging from 0.7 x 0.6 x 0.4 cm to 2.8 x 1.5 x 0.7 cm. The larger lymph nodes are bisected to show fatty infiltration of the largest lymph node, and the remainder of the lymph nodes have a tan-white, mottled parenchyma. The specimen is submitted as follows: E1 - largest lymph node bisected, and submitted entirely; E2 - one bisected lymph node; E3 - one bisected lymph node; E4 - one bisected lymph node; E5 - two additional lymph nodes. Jar 1.

The sixth container is labeled "right periaortic lymph nodes." It contains a brown fragment tissue, measuring 4.0 x 0.8 x 0.6 cm. There appears to be two putative lymph nodes within the tissue. Both are of similar size, measuring 1.5 x 0.7 x 0.5 cm and 1.8 x 0.6 x 0.5 cm. The lymph nodes are bisected to show a mottled, tan-brown parenchyma. One bisected lymph node is submitted as F1, and the remainder of the tissue (one bisected lymph node) is submitted as F2. Jar 0.

The seventh container is labeled "left periaortic lymph nodes." It contains multiple irregular, yellow and brown fragments of tissue, measuring 3.0 x 2.0 x 1.0 cm. Two putative lymph nodes are identified, measuring 1.0 x 0.5 x 0.5 cm and 0.9 x 0.5 x 0.4 cm. The two lymph nodes are submitted as a whole in G1. The remainder of the specimen is submitted in G2. Jar 0.

.D.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, endometrioid type with squamous differentiation

FIGO GRADE

[REDACTED]

[REDACTED]

7-7-

• •

[REDACTED]

TUMOR INVASION

TUMOR SIZE

LOWER UTERINE SEGMENT INVOLVEMENT

The lower uterine segment is involved by tumor

The endocervix is not involved by tumor

Lymphovascular space invasion by tumor is absent

No regional lymph node metastasis (N0)

The regional lymph nodes are involved by tumor in 0 nodes

Extranodal extension by tumor is not applicable; no nodal metastases are present

Distant metastasis cannot be assessed (MX)

Tumor invades one-half or more of the myometrium (T1b/IB)

The overall pathologic AJCC stage of the tumor is T1b/N0/M0 (Stage IB)

[REDACTED]

The authors are indebted to the following persons, institutions and organizations for their generous aid in the completion of this work: ...

and of the program and its components will naturally fluctuate slightly over time as the Council takes very important

* A response to the 2004 industry request originates by Don Hill from the EPA.

4. **Method:** Each diagnosis code may or may not be performed in a family that is covered by the plan report of health care payment if it meets all of the following criteria under CLIA 88. The FDA has determined that each diagnosis is approved or not necessary. This report is used for clinical

This page is intended not to represent an endorsement or disapproval by the National Labor Relations Board. No statement, factual or otherwise, concerning the veracity of any information furnished herein shall be taken as such.

The info was developed and so partners share their interest

Page 4 of 4