

Specimen Date/Time:

***** MODIFIED REPORT - REVIEW ADDENDUM SECTION *****

DIAGNOSIS

100-0-3

Carcinoma, serous, NOS 8441/3

Site: Endometrium C54.1 3/3/11

A) OMENTUM:

Fibroadipose tissue, no tumor present.

B) CERVIX, UTERUS, BILATERAL TUBES AND OVARIES:

UTERUS: UTERINE PAPILLARY SEROUS CARCINOMA, TUMOR EXTENDS TO WITHIN 0.5 CM FROM UTERINE SEROSA (MAXIMUM MYOMETRIAL THICKNESS IS 1.5 CM), EXTEND INTO POSTERIOR LOWER UTERINE SEGMENT.

LYMPHOVASCULAR INVASION IS PRESENT.

BILATERAL OVARIES AND FALLOPIAN TUBES: FOCALLY INVOLVED BY HIGH GRADE SEROUS CARCINOMA (See comment).

Cervix with mild focal dysplasia (koilocytic atypia).

(C) LEFT PERIAORTIC LYMPH NODES:

METASTATIC CARCINOMA IN ONE OUT OF EIGHT LYMPH NODES (1/8).

(D) RIGHT EXTERNAL ILIAC LYMPH NODES:

Five lymph nodes, no tumor present.

(E) LEFT PARA-AORTIC LYMPH NODES:

METASTATIC SEROUS CARCINOMA IN ONE LYMPH NODE (1/1).

(F) RIGHT PELVIC LYMPH NODE:

Four lymph nodes, no tumor present (0/4).

(G) LEFT PELVIC LYMPH NODE:

Six lymph nodes, no tumor present (0/6).

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	3/3/11	3/10/11

Comment: The tumors involved in ovaries and tubes are small foci and are contiguous with benign ovarian and tubal and epithelial cells. These tumors may represent independent primaries rather than metastasis from uterine cancer.

UUID: EBBDE504-29C9-4662-8D06-44E8CBAD0741
TCGA-DI-A1NN-01A-PR

Redacted



GROSS DESCRIPTION

(A) OMENTUM - A flap of a grossly unremarkable omental adipose tissue measuring 36.0 x 15.0 x 0.8 cm. Representative sections are submitted.

SECTION CODE: Representative sections are submitted in cassettes A1-A10. A small amount of normal tissue is submitted to Tumor Bank.

(B) CERVIX, UTERUS, BILATERAL TUBES AND OVARIES - A 10.5 x 7.0 x 5.5 cm uterus with attached unremarkable ovaries (each 2.5 x 1.1 x 0.5 cm) and unremarkable right fallopian tube (6.0 cm in length and 0.4 cm in diameter). The left fallopian tube has a bulbous fimbrial end measuring 1.5 x 1.5 x 1.0 cm. The left fallopian tube measures 6.0 cm in length and 0.4 cm in diameter proximally. Located within the fundus and extending posteriorly up to the lower uterine segment is a 6.5 x 4.5 x 1.5 cm ill-defined, soft, friable, polypoid mass that involves the anterior and posterior walls. Tumor invades the myometrium and is 0.5 cm away from the serosal surface. The myometrium is 1.5 cm in thickness. Tumor tissue is submitted for the Tissue Bank.

INK CODE: Uterine serosa - black; deep margin (not the true margin) - yellow.

SECTION CODE: B1-B3, full thickness section with yellow indicating the deeper surface; B4-B6, full thickness section with tumor, yellow indicating the deeper surface; B7, tumor with posterior lower uterine segment; B8, tumor with normal endometrium, anterior uterine wall; B9, tumor with normal endometrium, anterior uterine wall; B10, anterior lower uterine segment; B11, posterior cervix; B12, anterior cervix; B13-B15, right ovary, entirely submitted; B16-B19, right fallopian tube, entirely submitted; B20-B21, left ovary, entirely submitted; B22-B23, left fallopian tube, fimbriated end; B24-B26, remaining left fallopian

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ube.

C) LEFT PERIAORTIC LYMPH NODES - A fragment of fibroadipose tissue with embedded lymph nodes (3.6 x 2.0 x 2.0 cm). Several lymph nodes are dissected. The largest one measures 3.0 cm in the greatest dimension and is grossly positive for metastatic carcinoma. One representative section of the largest lymph node is submitted for frozen section diagnosis. A touch preparation is made. The lymph nodes are entirely submitted as follows.

SECTION CODE: C1, representative section of the grossly positive lymph node for frozen section diagnosis; C2-C3, remainder of the lymph node; C4, eight possible lymph nodes; C5, C6, one possible lymph node serially sectioned.

*FS/DX: METASTATIC CARCINOMA.

(D) RIGHT EXTERNAL ILIAC LYMPH NODES - A single fragment of a fatty tissue measuring 4.5 x 2.5 x 0.6 cm. Dissection reveals four possible lymph nodes ranging from 0.5 up to 0.9 cm in their greatest dimension. Possible lymph nodes and the rest of the fatty tissue are entirely submitted.

SECTION CODE: D1, two possible lymph nodes; D2, two possible lymph nodes; D3, the rest of the fatty tissue.

(E) LEFT PARAAORTIC LYMPH NODES - A single nodule measuring 3.5 x 1.8 x 1.5 cm. Cut surface is glistening tan-gray, centrally bright yellow and entirely submitted in E1-E3.

(F) RIGHT PELVIC LYMPH NODES - Multiple fragments of fatty tissue measuring in aggregate, 5.0 x 3.5 x 1.5 cm. Dissection reveals multiple possible lymph nodes ranging from 0.4 up to 2.0 cm in their greatest dimension. Possible lymph nodes and the rest of the fatty tissue are entirely submitted.

SECTION CODE: F1, one possible lymph node; F2, one bisected possible lymph node; F3, one sectioned possible lymph node; F4, one sectioned possible lymph node; F5, one sectioned possible lymph node; F6, F7, rest of the fatty tissue.

(G) LEFT PELVIC LYMPH NODES - Several fragments of fatty tissue measuring in aggregate, 3.5 x 2.8 x 1.0 cm. Dissection reveals multiple possible lymph nodes ranging from 0.7 up to 1.4 cm in their greatest dimension. Possible lymph nodes and the rest of the fatty tissue are entirely submitted.

SECTION CODE: G1, two possible lymph nodes; G2, one sectioned possible lymph node; G3, one sectioned possible lymph node; G4, one sectioned possible lymph node; G5, rest of the fatty tissue.

CLINICAL HISTORY

Uterine cancer.

SNOMED CODES

"Some tests reported here may have been developed and performance characteristics determined by I specifically cleared or approved by the U.S. Food and Drug Administration."

These tests have not been

Entire report and diagnosis completed by: \

Start of ADDENDUM

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ADDENDUM

This modified report is being issued to report special studies/IHC/Molecular studies.

The tumor is positive for PMS-2, MLH1, MSH6, and MSH2 immunohistochemical stains.

Entire report and diagnosis completed by:

-----END OF REPORT-----