

Patient Name:

Med Rec #:

Requested By:

Ordered By:

Report Name:

ICD-O-3
Carcinoma, serous NOS
8441/3
Site: Endometrium
c54.1
JW6/18/13

Surg Path Case - STATUS: Final

**SEE NOTE

Collect/Perform:

Ordered By:

Ordered Date:

Facility:

Department:

UUID:C975AED-7370-4D1D-81AE-D3ABE5364055
TCGA-PG-A618-01A-PR

Redacted



Physician Who Performed Procedure:

Requesting Physician:

SURGICAL PATHOLOGY,

CASE#:

Attending Pathologist

*****MODIFIED REPORT/ADDITIONAL
RESULTS*****

HER-2/neu

assay:

Staining Score: 1+

Overexpression Assessment*: NEGATIVE

DIAGNOSIS:

1. Uterus, cervix, ovaries and tube, laparoscopic vaginal hysterectomy and
bilateral salpingo-
oophorectomy:

- High grade carcinoma of the endometrium.
- The tumor is poorly differentiated, with some histologic features suggestive of serous carcinoma. Tumor cells show no immunoreactivity for p53, ER and PR.
- Tumor invades less than one half the thickness of the myometrium.
- Lymphovascular invasion is easily identified.
- No endocervical involvement seen.
- See synoptic report below for full details.

2. LEFT pelvic lymph nodes, biopsy:

- Sixteen lymph nodes, negative for tumor (0/16).

3. LEFT common lymph node, biopsy:

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- One lymph node, negative for tumor (0/1).

4. RIGHT pelvic lymph nodes, biopsy:

- Six lymph nodes, negative for tumor (0/6).

5. RIGHT para aortic lymph node, biopsy:

- Four lymph nodes, negative for tumor (0/4).

6. LEFT para aortic lymph nodes, biopsy:

- Adipose tissue with focal lymphoid aggregates.

- No lymph nodes identified.

- No tumor seen.

7. Omentum, omentectomy:

- Unremarkable adipose tissue.

- No tumor seen.

SYNOPSIS REPORT (contains pertinent details from all parts of this case):

- Histologic Type: Poorly differentiated endometrial carcinoma

- Histologic Grade: G3 (poorly differentiated);

- Nuclear grade: High grade

- Tumor Size: 3.0 x 2.7 x 1.5cm

- Specimen Integrity: Intact

- Tumor Site: Posterior endometrium

- Myometrial Invasion: 37.5%

Depth of invasion: 0.9cm

Myometrial thickness: 2.4cm

- Cervical Stromal Invasion: Not identified. (There is mechanical displacement of a fragment of tumor tissue in slide 1E)

- Lymph-vascular Invasion: Present

- Paracervical Soft Tissue Margin: Negative for invasive carcinoma

- Other Tissues/Organs Involved: None

- Pelvic/peritoneum washing: Negative (See

- Regional Lymph Node Metastasis:

Pelvic nodes: 0/23

Para-aortic nodes: 0/4

- Distant Metastasis (including abdominal lymph nodes): Cannot be determined

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- Additional Pathologic Findings: Adenomyosis

- Ancillary Studies:

ER (immunohistochemical stain): Negative

PR (immunohistochemical stain): Negative

Other: P53 immunostain is negative

- AJCC Pathologic Staging: pT1a NO M not applicable; FIGO: 1A

CLINICAL INFORMATION:

Uterine cancer.

GROSS DESCRIPTION:

1. The specimen is received fresh and labeled uterus, cervix, ovaries and tubes. It consists of a uterus, cervix with attached bilateral ovaries and fallopian tubes. The specimen weighs 107gram in toto and with following measurements: 8.5cm from fundus to exocervix; 5.0cm from cornu to cornu; 3.7cm from anterior to posterior. The right ovary and fallopian tube measures 2.2 x 1.0 x 0.7cm and 8.0 x 0.6 x 0.5cm, respectively. The left ovary and fallopian tube measures 2.4 x 1.2 x 0.7cm and 8.3 x 0.6 x 0.5cm, respectively. The exocervix is tan white and smooth. On opening, the endocervical canal measures 2.8cm in length and is 0.6cm across. It has a tan unremarkable mucosa. The endometrial cavity measures 4.0cm in length and 3.5cm from cornu to cornu. The endometrium is tan and has a sessile polypoid tumor on the posterior wall, measuring 3.0 x 2.7 x 1.5cm. The tumor appears to be invasion of the underlying mucosa to a depth of 0.5cm of the myometrium. The myometrium measures 1.8cm in maximum thickness. The tumor is located 1.3cm from the lower uterine segment. Rest of the endometrium is tan-red, smooth and grossly unremarkable. There is a 1.0 cm of tan-white, rubbery and well-circumscribed leiomyoma within the myometrium. The right and left ovaries have a tan white smooth outer surface with several white corpora albicantia. The both fallopian tubes have grossly identifiable pinpoint lumen with fimbriated ends. Representative sections are submitted as follows:

A: tumor with deepest invasion

B: tumor with deepest invasion

C: tumor with lower segment of the uterine

D: tumor

E: posterior cervix

F: anterior cervix

G: anterior endometrium and myometrium

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H: leiomyoma

I-J: entire left ovary

K-M: entire left fallopian tube

N: entire right ovary

O-Q: entire right fallopian tube

2. The specimen is received fresh labeled "LEFT pelvic lymph nodes." It consists of fragments of tan-yellow and focally hemorrhagic adipose tissue measuring 4x 2 x 1 cm in aggregate. The specimen is submitted entirely as follows:

A - possible lymph nodes

B-C - remainder of adipose tissue

3. The specimen is received fresh labeled "LEFT common lymph node" and consists of a portion of tan-yellow adipose tissue measuring 1 x 0.6 x 0.3 cm. The specimen is submitted entirely in one cassette.

4. The specimen is received fresh labeled "RIGHT pelvic lymph nodes." It consists of fragments of tan-yellow and focally hemorrhagic adipose tissue measuring 3.5x 2 x 1 cm in aggregate. Possible intact lymph nodes are palpated and the specimen is entirely submitted in two cassettes.

5. The specimen is received fresh labeled "RIGHT para-aortic lymph nodes." It consists of fragments of tan-yellow and focally hemorrhagic adipose tissue measuring 2 x 1.5 x 0.5 cm in aggregate. Possible lymph nodes are palpated and the specimen is submitted entirely in one cassette.

6. The specimen is received fresh labeled "LEFT para-aortic lymph nodes" and consists of 3 fragments of tan-yellow adipose tissue measuring 1.3 x 1.0 x 0.3 cm in aggregate. Possible lymph nodes are palpated and the specimen is submitted entirely in one cassette.

7. The specimen is received fresh labeled "omentum" and consists of a portion of tan-yellow to tan-red adipose tissue measuring 4 x 3 x 0.6 cm. The specimen is submitted entirely as follows:

A - possible lymph nodes

B-C - remainder of fat

The following special studies were performed on this case and the interpretation is incorporated in the diagnostic report above:

1xESTROGEN RECEPTOR, 1xPROGESTERONE RECEPTOR, 1xP53, 1xHER-2-NEU POLY,
HERCEPT

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** Electronic Signature **

**Electronically Signed Out by

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the final diagnosis(es).

Note: The histology, immunochemistry and in situ hybridization components for this case were performed at

The Attending Pathologist reviewed this case and made the diagnosis.

Where applicable, immunohistochemistry and in situ hybridization tests were developed and the performance characteristics determined by the

These tests have not been cleared or approved by the US Food and Drug Administration and the results should be correlated with other clinical and laboratory data. Appropriate controls were performed for all immunohistochemistry, in situ hybridization and histochemical tests.

| Criteria | Yes | No |
|--|---------|---------|
| Diagnosis Discrepancy | ✓ | |
| Primary Tumor Site Discrepancy | | ✓ |
| HIPAA Discrepancy | | ✓ |
| Prior Malignancy History | | ✓ |
| Dual/Synchronous Primary Cited | | ✓ |
| Case is (circle): QUALIFIED DISQUALIFIED | | |
| Reviewer Initials | 5/31/13 | 5/31/13 |

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