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 RB Date Reviewed 6.9.11

lw 6/19/11

PATIENT:

SEX: Female

ICD-O-3

adenocarcinoma, endometrioid, NOS 8380/3

Site: endometrium C54.1 lw 6/19/11

UUID:83BDA3FE-254F-4F99-B41E-FC1F8C128906
TCGA-AX-A2HD-01A-PR Redacted

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Clinical Information
Endometrial cancer

Diagnosis
A. TOTAL ABDOMINAL HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:
Uterus and cervix (215 grams):
Endometrial adenocarcinoma, endometrioid type, FIGO 3.
-Size: 7.5 cm in greatest dimension.
-Myometrial involvement: invading full thickness of myometrium, approximately 28 mm in a 28 mm thick myometrium.
-Lower uterine segment involvement by tumor: Yes.
-Cervical/endocervical involvement by tumor: Yes, stromal and epithelial.
-Lymphatic vascular space involvement by tumor: Yes, extensive.
-Margins: Negative, 2 cm from cervical margin.
Other findings:
Cervix: Focally erosive cervicitis.
Endometrium (background): No residual endometrial tissue for evaluation.
Myometrium: No additional findings.
Serosa: Positive for malignancy.
Parametrial tissue: Left and right parametrial tissue positive for malignancy

Right adnexa/ovary: Positive for malignancy.
Fallopian tube: Negative for malignancy where identified.

Left adnexa:
Ovary: Dystrophic calcification; no malignancy.
Fallopian tube: Paratubal inclusion cysts; no malignancy.

F. SIGMOID ADHESIONS, BIOPSY:
Poorly differentiated carcinoma.

K. OMENTUM, OMENTECTOMY:
Mature, lobulated adipose tissue, negative for malignancy

B-J. REGIONAL LYMPH NODE DISSECTIONS:
A total of 26 lymph nodes identified, no evidence of metastasis (0/26), as follows:
-B. Left external iliac (0/3)

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-C. Left obturator (0/4)
-D. Left common iliac (0/2)
-E. Left periaortic (0/1)
-G. Right common iliac (0/3)
-H. Right periaortic (0/8)
-I. Right external iliac (0/5)
-J. Right obturator (0/4).

AJCC (8th edition) staging: per surgeon.

Comment

This poorly differentiated carcinoma demonstrates focal glandular and squamous differentiation, consistent with endometrioid adenocarcinoma. A sarcomatous component is not identified.

Intraoperative Consultation

A. Tumor tissue sent to Precision Therapeutics for drug resistance assay on (confirmed by). Tumor tissue collected for studies.

Specimen

A. Uterus, bilateral tubes and ovaries
B. Left external iliac lymph nodes
C. Left obturator lymph nodes
D. Left common iliac lymph nodes
E. Left periaortic lymph nodes
F. Sigmoid adhesions
G. Right common iliac lymph nodes
H. Right periaortic lymph nodes
I. Right external iliac lymph nodes
J. Right obturator lymph nodes
K. Omentum

Gross Description

A. Received fresh for triage, labeled with the patient's name and designated "uterus, bilateral tubes and ovaries", is a previously bivalved uterus with attached cervix, left tube and ovary and possible disrupted right adnexa. The specimen weighs 215 gm and measures 10 cm from fundus to ectocervix, 9 cm from cornu to cornu and up to 5 cm from anterior to posterior. Gross photographs are taken prior to sectioning. In the fresh state tissue is procured from the left tube for the study. The serosal surface is purple-tan and diffusely congested with multiple bulging nodules present. On the posterior body near the right lateral wall is an area of exposed gray-white friable tumor possibly representing perforation site of the wall. The anterior wall is inked blue and the posterior wall is inked black to include the

exposed tumor. The cervical mucosa is purple-tan and congested throughout. Focal areas of green exudate-like material protrude from the endocervical canal to the cervical mucosa. The cervix measures 3.8 cm in thickness. Located within the posterior upper endocervical canal, located 2 cm from the cervical mucosa, is a bulging lesion that extends to involve the anterior and posterior bodies and fundus. This lesion appears to occupy the anatomic junction of the lower uterine segment and upper endocervical canal within the posterior plane. The anterior upper endocervical canal is similar in appearance. A lesion extends to within 2.5 cm of the anterior cervical mucosa at this site. A shallow slit is made at the anatomic junction of the lower uterine segment and upper endocervical canal. There is a moderate amount of attached bilateral parametria with the left side bearing focal areas of yellow chalky discoloration suggestive of involvement. The endometrial mass measures 7.5 x 7.5 x 4.5 cm. The endometrial cavity and myometrium are completely replaced by the lesion which extends through the serosal surface on the posterior plane. No normal-appearing endometrium or myometrium is identified. Bilaterally the walls are involved. Focal areas of chalky yellow-white discoloration are noted with possible calcification within the anterior and posterior body.

A separately submitted, 3 cm in greatest dimension papillary-appearing portion of purple-tan soft tissue is received within the accompanying container. This tissue is similar in appearance to that noted within the body of the endometrial cavity with adherent blood clot. The left tube has been previously sampled for the study. The tubal remnant bearing the fimbria measures 1 cm in length and 0.5 cm in diameter. Sectioning through the soft tissue attached at the cornu reveals small caliber blood vessels circumvented by gelatinous soft tissue. The left tan cerebriform ovary measures 1.5 x 1 x 0.8 cm. The ovarian parenchyma is remarkable for a calcified cyst that measures 0.7 cm in greatest dimension. No evidence of surface nodularity or involvement by metastatic disease is noted within the ovary.

The right adnexa is visibly absent. A possible round ligament remnant extends from the cornu. The round ligament remnant measures 2 cm in length and 0.6 cm in diameter with multiple small caliber blood vessels extending parallel to the long axis. Ovarian tissue is not identified. Perpendicular sections are taken at the right adnexa and all identifiable soft tissue at this site is submitted.

Cassette Key:

1. Anterior cervix
2. Anterior upper endocervical canal
3. Posterior cervix
4. Posterior upper endocervical canal
5-6. Left parametria
7-10. Right parametria
11. Right lateral wall from anterior body
12. Left lateral wall from anterior body
13-14. Anterior body with transmural involvement
15. Anterior fundus with adherent blood clot within endometrial cavity
16. Left lateral wall of body-posterior
17. Right lateral wall of body-posterior
18-19 Posterior body with transmural involvement
20 Separately submitted fragment of possible necrotic tumor
21 Left tubal fimbria
22 Left paratubal soft tissue

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23-24. Reppresentative sections of left ovary with calcified cyst
25-26. All recognizable soft tissue of right cornu

B. Received in formalin, labeled with the patient's name " and designated "left external iliac lymph nodes", the specimen consists of 1 fragment(s) of fibroadipose tissue that in aggregate measure 4.5 x 4 x 3 cm. Candidate lymph node(s) are dissected that range in size from 1 cm to 2 cm in greatest dimension. All possible lymph node(s) are entirely submitted as follows:
Cassette Key
1. One possible node, bisected
2. One node, bisected
3-5. Largest fatty-replaced node serially sectioned

C. Received in formalin, labeled with the patient's name and designated "left obturator lymph nodes", the specimen consists of multiple fragment(s) of fibroadipose tissue that in aggregate measure 3 cm. Candidate lymph node(s) are dissected that range in size from 0.2 cm to 3 cm in greatest dimension. All possible lymph node(s) are entirely submitted as follows:
Cassette Key
1. Three smaller nodes
2-4. Largest node serially sectioned

D. Received in formalin, labeled with the patient's name " and designated "left common iliac lymph nodes", the specimen consists of 1 fragment(s) of fibroadipose tissue that in aggregate measure 4 x 1 x 1 cm. Candidate lymph node(s) are dissected that range in size from 1 cm to 2 cm in greatest dimension. All possible lymph node(s) are entirely submitted as follows:
Cassette Key
1-2. One node per cassette, each bisected

E. Received in formalin, labeled with the patient's name and designated "left periaortic lymph nodes", the specimen consists of 1 fragment(s) of fibroadipose tissue that in aggregate measure 1.5 x 0.5 x 0.4 cm. Candidate lymph node(s) are dissected that range in size from 1 cm in greatest dimension. Entire specimen submitted.

F. Received in formalin, labeled with the patient's name " and designated "sigmoid adhesions", are multiple fragments of congested adipose tissue admixed with mucoid blood clot. The specimen measures approximately 2 cm in aggregate.

G. Received in formalin, labeled with the patient's name " and designated "right common iliac lymph nodes", the specimen consists of multiple fragment(s) of fibroadipose tissue that in aggregate measure 2.5 cm. Candidate lymph node(s) are dissected that range in size from 0.2 cm to 1 cm in greatest dimension. All possible lymph node(s) are entirely submitted as follows:
Cassette Key
1. One node bisected

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2. Three nodes

H. Received in formalin, labeled with the patient's name " and designated "right periaortic lymph nodes", the specimen consists of multiple fragment(s) of fibroadipose tissue that in aggregate measure 2.5 cm. Candidate lymph node(s) are dissected that range in size from 1.5 cm to 1 cm in greatest dimension. All possible lymph node(s) are entirely submitted as follows:
Cassette Key
1. One node bisected
2. Three possible nodes

I. Received in formalin, labeled with the patient's name " and designated "right external iliac lymph nodes", the specimen consists of multiple fragment(s) of fibroadipose tissue that in aggregate measure 6 cm. Candidate lymph node(s) are dissected that range in size from 0.5 cm to 2.5 cm in greatest dimension. All possible lymph node(s) are entirely submitted as follows:
Cassette Key
1. Two possible nodes, one inked blue and the other bisected
2. One node bisected
3-4. One node serially sectioned
5. One node bisected

J. Received in formalin, labeled with the patient's name " and designated "right obturator lymph nodes", the specimen consists of multiple fragment(s) of fibroadipose tissue that in aggregate measure 3.5 cm. Candidate lymph node(s) are dissected that range in size from 0.2 cm to 2 cm in greatest dimension. All possible lymph node(s) are entirely submitted as follows:
Cassette Key
1. One node bisected
2. Two nodes
3-4. One node serially sectioned

K. Received in formalin, labeled with the patient's name " and designated "omentum", is a portion of yellow-tan lobulated omentum without recognizable metastatic disease present. The specimen measures 30 x 16 x 1.9 cm. No areas of fat necrosis or congestion are identified.