

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HPA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted	✓	lung
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials: <i>RB</i>	Date Reviewed: <i>5/19/11</i>	

Surgical Pathology Report

Final

SURGICAL PATHOLOGY REPORT FINAL

UUID: A8F4B3DC-787D-4F1F-A909-E23DAE23E52C
TCGA-FI-A2D5-01A-PR

Redacted



Patient Name:

Address:

Service:

Gynecology

Location:

Gender:

DOB:

Age:

Patient Ty

Reported:

Physician(s):

DIAGNOSIS:

OMENTUM, NODULE, BIOPSY

- POORLY DIFFERENTIATED CARCINOMA

UTERUS, CERVIX, BILATERAL TUBES AND OVARIES, HYSTERECTOMY AND BILATERAL
SALPINGO-OOPHORECTOMY:

- UNDIFFERENTIATED CARCINOMA ARISING FROM WELL TO MODERATELY DIFFERENTIATED
ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE
- THE CARCINOMA INVADERS THE ENTIRE MYOMETRIAL THICKNESS AND EXTENDS TO THE
SEROSAL SURFACE (DEPTH OF INVASION IS 2.0 CM)
- THE CARCINOMA INVADERS ENDOCERVICAL EPITHELIUM AND STROMA
- EXTENSIVE LYMPHOVASCULAR SPACE INVASION PRESENT
- RIGHT OVARY WITH SEROSAL SURFACE TUMOR DEPOSITS
- RIGHT FALLOPIAN TUBE, NO EVIDENCE OF MALIGNANCY
- LEFT OVARY, NO EVIDENCE OF MALIGNANCY
- LEFT FALLOPIAN TUBE, NO EVIDENCE OF MALIGNANCY

SOFT TISSUE, POSTERIOR CUL-DE-SAC TUMOR, BIOPSY

- POORLY DIFFERENTIATED CARCINOMA

SOFT TISSUE, LEFT URETER TUMOR, BIOPSY

- METASTATIC POORLY DIFFERENTIATED CARCINOMA IN ONE LYMPH NODE (1/1)

LYMPH NODE, LEFT EXTERNAL, BIOPSY

- ONE LYMPH NODE WITH NO EVIDENCE OF MALIGNANCY (0/1)

APPENDIX, APPENDECTOMY

- POORLY DIFFERENTIATED CARCINOMA INVOLVING PERIAPPENDICEAL ADIPOSE TISSUE

OMENTUM, OMENECTOMY

- POORLY DIFFERENTIATED CARCINOMA

SOFT TISSUE, FALCIFORM LIGAMENT, BIOPSY

- NO EVIDENCE OF MALIGNANCY

SOFT TISSUE, DIAPHRAGM NODULE, BIOPSY

- POORLY DIFFERENTIATED CARCINOMA

ICD-0-3
adenocarcinoma, endometrioid, NOS
Site: Endometrium C54.1
8380/3
lu
6/3/11

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SOFT TISSUE, SIGMOID TUMOR NODULE, BIOPSY
- POORLY DIFFERENTIATED CARCINOMA

SOFT TISSUE, EPIPLOICA, BIOPSY
- NO EVIDENCE OF MALIGNANCY

SOFT TISSUE, CECAL NODULE, BIOPSY
- POORLY DIFFERENTIATED CARCINOMA

SOFT TISSUE, SMALL BOWEL NODULE, BIOPSY
- POORLY DIFFERENTIATED CARCINOMA

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).

***Report Electronically Reviewed and Signed Out By:

Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up a specimen labeled 'omental nodule.' It consists of a 9.5 x 6.5 x 1 cm omentum portion that reveals fleshy, tan-white nodules; the largest is 3.5 x 2 cm. Tissue for frozen section. Rest for permanents," by

FS1: Omentum, omental nodule, biopsy
- "Poorly differentiated carcinoma consistent with Mullerian origin," by

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up a specimen labeled 'uterus, cervix, and bilateral tubes and ovaries.' It consists of a grossly distorted hysterectomy and bilateral salpingo-oophorectomy specimen weighing 1100 grams, and measuring 21 cm (cornu-to-cornu), 10 cm (anterior-to-posterior) x 12 cm (fundus-to-cervix). The serosal surface appears multinodular. The uterus is bivalved to show a markedly necrotic endometrial cavity measuring 9.5 x 6 cm, and filled with brown-green necrotic material. The myometrium is also markedly necrotic with nodular, yellow-green foci and measures 8.5 cm in greatest thickness. Tissue taken for study. Rest for permanents," by:

Microscopic Description and Comment:

Immunohistochemical stains are performed on the section (B9), containing well differentiated endometrioid carcinoma and undifferentiated carcinoma. Malignant cells in both components are focally positive for P16 and negative for p63. Vimentin is diffusely positive in well differentiated component and focally in undifferentiated part. Estrogen receptors are positive in 95% of tumor cells in well differentiated component and 50% of undifferentiated carcinoma. The tumor in some areas has squamoid morphology and we will review the prior lung carcinoma specimen. An addendum will follow.

History:

The patient is a woman with metastatic endometrial cancer. Operative procedure and findings: Total abdominal hysterectomy, bilateral salpingo-oophorectomy, examination under anesthesia, exploratory laparotomy.

Specimen(s) Received:

A: OMENTAL NODULE
B: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES
C: POSTERIOR CUL-DE-SAC TUMOR
D: LEFT URETER TUMOR
E: LYMPH NODE, LEFT EXTERNAL
F: APPENDIX
G: OMENTUM
H: FALCIFORM LIGAMENT
I: DIAPHRAGM NODULE
J: SIGMOID TUMOR NODULE
K: EPIPLICA
L: CECAL NODULE
M: SMALL BOWEL NODULE

Gross Description:

The specimens are received in 13 formalin-filled containers, each labeled with a letter. The first container is labeled "omental nodule for frozen section" and "FS1/X." It holds a previously sectioned 9.5 x 6.5 x 1 cm, irregular, unoriented, fibroadipose tissue with multiple white nodules; the largest nodule measures 3.5 x 2 x 1 cm. Also submitted is a white histology cassette holding white, firm tissue measuring 2 x 1.3 x 0.3 cm. Labeled A1 - FS1; A2 - representative sections. Jar 1.

The second container is labeled "uterus, cervix, and bilateral salpingo-oophorectomy." It holds an 1100 gram total hysterectomy and bilateral salpingo-oophorectomy specimen measuring 21 cm (cornu-to-cornu) x 10 cm (anterior-to-posterior) x 12 cm (fundus-to-cervix). The serosal surface is tan-pink, glistening and has multiple subserosal nodules. The uterus is bivalved in the frozen section area to reveal a 9.5 x 6 x 6 cm mass bulging into the uterine cavity and filling it entirely. The entire lining of the uterine cavity is markedly necrotic. There are multiple extensions of the necrosis into the myometrium, mostly in the fundus. The myometrium appears fleshy through the uterus. The serosal surface of the right fundus has irregular, white, fungating mass (4 x 3.5 cm). The ectocervix is white, smooth, and glistening (2.5 x 2.5 cm). The external os is slit-like (1 cm in length). The endocervical canal is patent and measures 3.8 cm in length x 0.6 cm in diameter. An area of endometrial necrosis extends into the upper portion of the endocervical canal grossly. The right fallopian tube (5 cm in length x 0.7 cm diameter) and right ovary are adherent to the external surface of the uterus and have multiple small white nodules on their surface. The right ovary (4.5 x 3 x 2 cm) has a heterogeneous, tan-pink and yellow, cut surface. The left fallopian tube (6.5 cm in length x 0.6 cm in diameter) and ovary have multiple adhesions. The left ovary measures 4.5 x 2.5 x 2.5 cm. It has a tan-pink, homogeneous, smooth cut surface. The uterine cavity with necrosis measures 10 x 8 x 8 cm. Labeled B1 - right ovary; B2 - right ovary; B3 - right fallopian tube; B4 - left ovary; B5 - left fallopian tube; B6 - anterior cervix; B7 - tumor involving anterior lower uterine segment; B8 - posterior cervix; B9 - tumor involving posterior lower uterine segment; B10 - lower uterine segment anterior; B11 - full-thickness anterior endomyometrium; B12 to B15 - anterior endomyometrium; B16 - anterior fundus; B17 - posterior fundus; B18 to B20 - posterior endomyometrium; B21 and B22 - left lateral wall; B23 to B25 - complete cross-section of the mass in the right lateral wall; B26 - tumor protruding through the serosa in the right fundus; B27 and B28 - additional sections of tumor. Jar 4.

The third container is labeled "#3 posterior cul-de-sac tumor." It contains multiple irregular tan-pink tissues measuring 2 x 1.3 x 0.5 cm in aggregate. Labeled C1. Jar 0.

The fourth container is also labeled "left ureter tumor." It holds one irregular, unoriented, rubbery, tan-red tissue measuring 2 x 1.5 x 0.4 cm. Labeled D1. Jar 0.

The fifth container is also labeled "left external lymph node." It holds one unoriented, irregular, tan-and-yellow fibroadipose tissue measuring 4.5 x 1.5 x 1 cm. Sectioned to reveal one lymph node that is 2.3 x 1.3 x 1 cm. Labeled E1 - one lymph node, bisected; E2 - remaining fibroadipose tissue. Jar 0.

The sixth container is labeled "appendix." It holds a 23 gram appendectomy specimen measuring 6 x 4.3 x 2 cm containing a 6.5 cm in length appendix x 0.6 cm in diameter and edematous and hemorrhagic appendiceal fat, 1.3 cm in thickness. Sectioned to reveal a patent pinpoint lumen of the appendix (0.2 cm in diameter). In the periappendiceal fat, there are multiple, firm, irregular, white tumor nodules, extending to the cauterized margin in multiple foci. Labeled F1 - tip of appendix; F2 - representative sections of appendix; F3 - tumor to cauterized margin. Jar 1.

The seventh container is labeled "omentum." It contains unoriented fibroadipose tissue with multiple firm, white nodules. The specimen measures 30 x 25 x 2 cm. Serially sectioned to reveal aggregates of white, irregular, firm

nodules. The largest aggregate is 11 x 10.5 x 2 cm. Labeled G1 and G2 - sections of nodules.

The eighth container is labeled "falciform ligament." It holds a 46 gram fibroadipose tissue covered with mesothelial lining, measuring 8 x 5.6 x 1.5 cm. Sectioned to reveal lobulated adipose tissue covered with glistening, tan-pink, smooth mesothelium. Representative sections submitted. Labeled H1 and H2. Jar 1.

The ninth container is labeled "diaphragm nodule." It holds three irregular, tan-pink, firm tissues, measuring 1 x 1 x 0.3 cm in aggregate. Labeled I1. Jar 0.

The 10th container is labeled "sigmoid tumor nodule." It holds one unoriented, tan-purple, firm tissue, measuring 2.7 x 2.3 x 0.7 cm. One side of the tissue is lined with glistening smooth membranes. The opposite side is tan-purple, with a rough surface. Sectioned to reveal a firm, smooth, tan-pink, homogeneous cut surface. Labeled J1. Jar 1.

The 11th container is labeled "epiploica." It holds one irregular, unoriented, fibroadipose tissue covered with glistening tan-pink, smooth lining. Sectioned to reveal unremarkable lobulated adipose tissue. Representative sections submitted. Labeled K1. Jar 1.

The 12th container is labeled "cecal nodule." It holds three irregular, tan-pink, firm tissues measuring 1.5 x 1 x 1 cm in aggregate. Labeled L1. Jar 0.

The 13th container is labeled "small bowel nodule." It holds multiple irregular, white, firm tissues, measuring 1 x 1 x 0.5 cm in aggregate. Labeled M1. Jar 0.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, endometrioid type

The histologic diagnosis is undifferentiated carcinoma

FIGO GRADE

The FIGO Grade of the tumor is 51 to 100% solid growth pattern (FIII)

TUMOR INVASION

Invasive tumor is present with invasion of the entire myometrium and penetration of the serosa

TUMOR SIZE

The tumor invades to a depth of 20mm

The myometrial thickness is 20 mm

LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)

The lower uterine segment is involved by tumor ✓

ENDOCERVICAL INVOLVEMENT

The endocervix is involved by invasive tumor in the mucosa and stroma

LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is present and widespread in scope ✓

REGIONAL LYMPH NODES (N)

Regional lymph node metastasis (N1)

The regional lymph nodes are involved by tumor in 1 nodes

The total number of lymph nodes examined is 2

PRIMARY TUMOR (TNM Category/FIGO Stage)

Tumor involves serosa and/or adnexa (direct extension or metastasis) and/or cancer cells in ascites or peritoneal

washings (T3a/IIIA)

STAGE GROUPING

The overall pathologic AJCC stage of the tumor is T3/N1/MX (Stage IIIC)

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

Surgical Pathology report is available on-line on

END OF REPORT

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