

QCF category corrected to reflect "Mixed"

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy	Yes	
ICD-10 Discrepancy		
Prior Malignancy History		
Local/Synchronous Primary Malignancy		
Cases (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials: RB	Date Reviewed: 5/8/11	

hw 6/3/11

Surgical Pathology Report

Final

SURGICAL PATHOLOGY REPORT FINAL

100-0-3

(838013)

adenocarcinoma, mixed endometrioid +
serous (8441/3) - code to highest

Site: endometrium C54.1

8441/3

hw
6/3/11

(Age)

Service: Gynecology
Location:

Patient type:

Reported:

Physician(s):

DIAGNOSIS:

UTERUS, ENDOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- ADENOCARCINOMA, MIXED ENDOMETRIOID AND SEROUS TYPES
- ADENOCARCINOMA INVOLVES THE LOWER UTERINE SEGMENT
- SEE COMMENT AND SYNOPTIC

UTERUS, MYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY

- ADENOCARCINOMA BY DIRECT EXTENSION, INVADING TO A DEPTH OF 8 MM WHERE MYOMETRIAL THICKNESS IS 24 MM
- FOCAL LYMPHOVASCULAR INVASION BY ADENOCARCINOMA IS IDENTIFIED
- LEIOMYOMATA

UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY

- SQUAMOUS METAPLASIA
- CHRONIC INFLAMMATION
- INCIDENTAL CAPILLARY HEMANGIOMA

UTERUS, SEROSA, TOTAL ABDOMINAL HYSTERECTOMY

- FOCAL ENDOSALPINGIOSIS

FALLOPIAN TUBES, RIGHT AND LEFT, BILATERAL SALPINGO-OOPHORECTOMY

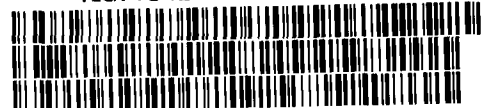
- NO HISTOPATHOLOGIC ABNORMALITY

OVARIES, RIGHT AND LEFT, BILATERAL SALPINGO-OOPHORECTOMY

- NO HISTOPATHOLOGIC ABNORMALITY

UUID: 75FB8F31-5C38-48C2-B4A5-2DA184DC039C
TCGA-FI-A2D2-01A-PR

Redacted



By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material submitted to the pathologist).

***Report Electronically Reviewed and Signed Out By

Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'cervix, uterus,

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bilateral fallopian tubes and ovaries' consists of a 7.1 x 6.2 x 5.2 cm uterus that measures 3.2 x 2.4 x 2.5 cm, cervix and attached adnexa. The specimen weighs 250 grams. Opened to show a 4.0 x 5.5 x 4.3 cm polypoid mass in the anterior wall with no obvious invasion. Shown to the surgeon. Tissue for "Rest for permanents," by _____

Microscopic Description and Comment:

Sections of the endometrial tumor show that it is composed of mixed histology. Approximately 70% of the tumor is endometrioid type adenocarcinoma, FIGO grade 1. The remaining 30% of the tumor is high grade serous adenocarcinoma.

and

History:

The patient is a _____ year old woman. Operative procedure: Examination under anesthesia with exploratory laparotomy with total abdominal hysterectomy, and bilateral salpingo-oophorectomy.

Specimen(s) Received:

A: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES

Gross Description:

The specimen is received in a formalin-filled container labeled _____ and "cervix, uterus, bilateral fallopian tubes and ovaries." It holds a 260-gram uterus with attached cervix, and bilateral adnexa. The uterus with attached cervix measures 7.5 cm from fundus to ectocervix, 5.2 cm from cornu to cornu, and 7.0 cm from anterior to posterior. The serosal surface is pink-tan, glistening, and shiny with a single subserosal fibroid that measures 5.0 x 5.0 cm. The 2.5 x 3.0 x 3.5 cm cervix has a 3.0 x 3.5 cm beige, glistening, and shiny ectocervix, and a 1.0 cm diameter external os. The 2.2 x 0.5 cm endocervical canal is pink-tan. The 3.5 x 3.0 cm endometrial cavity is pink-tan, replaced by a polypoid mass that measures 4.5 x 5.0 x 2.3 cm. The mass appears to be invading the lower uterine segment. The mass is 2.0 cm in maximum thickness, and it is 1.4 cm from the outer serosal surface. Sectioning shows well-circumscribed fibroid, comprised of whorled and rubbery tissue, ranging from 2.0 cm to 5.0 cm with calcification. The maximum myometrial thickness is up to 2.0 cm. The 2.5 x 2.0 x 1.5 cm ovary is pink-tan and appears to be normal. Cut sections show normal ovarian parenchyma. The 7.0 x 1.5 x 1.0 cm pink-tan-brown tortuous fallopian tube has a normal outer surface. Cut section shows a large lumen. The 2.5 x 1.5 x 1.0 cm pink-tan ovary has a normal outer surface. Cut sections show normal ovarian parenchyma. The 5.0 x 1.2 x 1.0 cm tortuous fallopian tube with fimbrial end has a normal outer surface. Cut sections show a pinpoint lumen. The sections are submitted as follows: A1 and A2 - anterior and posterior cervix; A3 and A4 - anterior lower uterine segment; A5 - posterior lower uterine segment; A6 to A9 - anterior endomyometrium with a polypoid mass (A6 and A7 - one section); A10 to A14 - posterior endomyometrium with the mass (A10 and A11 - one section; A13 and A14 - one section); A15 and A16 - fibroid; A17 and A18 - left adnexa; A19 and A20 - right adnexa. Jar 2.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, mixed type (endometrioid FIGO grade 1 and serous types)

TUMOR INVASION

Invasive tumor is present with superficial invasion into the luminal 1/3 of the myometrium

TUMOR SIZE

The tumor invades to a depth of 8 mm
The myometrial thickness is 24 mm

LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)
The lower uterine segment is involved by tumor

ENDOCERVICAL INVOLVEMENT

The endocervix is not involved by tumor

LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is present but limited in scope

REGIONAL LYMPH NODES (N)

Regional lymph nodes cannot be assessed (NX)

DISTANT METASTASIS (M)

Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)

Tumor invades less than one-half of the myometrium (T1b/IB)

STAGE GROUPING

Insufficient data to assign stage (Stage X)

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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