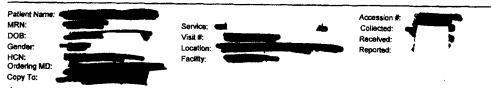
TCGA-EO-A3AS-01A-PR Redacte	d
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Criteria		Yes	Not
Diagnosis Discrepancy			1-4
Primary Tumor Site Discrepancy			X
HIPAA Discrepancy			 X
Prior Malignancy History			$-\chi$
Dual/Synchronous Primary Notes	\rightarrow \Box		X
Casajis (circle): QUALIFIE			-1+
Reviewer tyles	eviewed:	470	~ ++
	118/11		

Surgical Pathology Consultation Report



Specimen(s) Received

- 1. Soft-Tissue: Left Fallopian Tube and Ovary Soft-Tissue: Right Fallopian Tube and Ovary
- 3. Uterus: Uterus and cervix

Diagnosis

1. Left Fallopian Tube and Ovary: Ovary- Surface adhesions, negative for tumor Fallopian tube- Negative for tumor

2. Right Fallopian Tube and Ovary: Ovary- Surface adhesions, negative for tumor Fallopian tube- Negative for tumor

3. Uterus and cervix:

Endometrial adenocarcinoma, endometrioid type, FIGO grade 3/3 with:

- Invasion into inner half of myometrium - Positive for involvement of cervix (glandular)
- No diagnostic evidence of lymphovascular space invasion
- Background endometrium: atrophic

Please see synoptic report

Synoptic Data

----- MACROSCOPIC ------

Specimen Type: Tumor Site:

Tumor Size:

Total Hysterectomy Posterior endometrium

Other Organs Present:

Greatest dimension: 3.3 cm Additional dimensions: 2.9x1.8 cm Right ovary

Left ovary Right fallopian tube Left fallopian tube

----- MICROSCOPIC -----

Histologic Type: Histologic Grade: Endometrioid adenocarcinoma, not otherwise characterized

G3: More than 50% nonsquamous solid growth

Myometrial Invasion: Invasion Present

adenocacinoma, indometriorid, Nes 8380/3 Site: Indometrian C.54-1

11/13/10

Surgical Pathology Consultation Report

Cervix Involvement: LUS Involvement

Venous/Lymphatic Invasion:

Regional Lymph Nodes (pN):

Nodal Involvement: Margins:

Nα

Absent

Primary Tumor (pT):

No nodes submitted Uninvolved by invasive carcinoma

Less than 50% myometrial invasion

Glandular involvement of endocervix

Tumor limited to the glandular epithelium of the endocervix. There is no evidence of

connective tissue stromal invasion. pNX: Regional lymph nodes cannot be assessed

Number of regional lymph nodes examined: 0 Number of regional lymph nodes involved: 0

Distant Metatstais (pM): pMX: Distant metastasis cannot be assessed Additional Pathologic Findings None identified

NeoAdjuvant Treatment: Unknown

Not applicable Collaborative Staging Extension:

Electronically verified by:

Gross Description

1. The specimen labeled with the patient's name and as "Soft-Tissue: Left fallopian tube and ovary". It consists of a left ovary with attached fallopian tube/parovarian tissue, weighing 4.7 g (fresh). The left ovary measures 2.6 x 1.2 x 0.7 cm. The surface of the ovary appears pale-tan and smooth. Cross sections show corpus albicans. The attached fallopian tube measures 2.5 cm in length x 0.5 cm in diameter. The surface of the fallopian tube appears pink-tan and smooth. Cross sections appear pale-tan and grossly unremarkable. One section from the ovary/fallopian tube has been taken for tissue banking. Representative sections are submitted as follows:

1A section of left ovary/fallopian tube, previously submitted by

- 1B left fimbria, longitudinally bisected
- 1C remainder of left fallopian tube, EIT
- 1D sections of left ovary, adjacent to tissue banking
- 1E-1G remainder of left ovary, EIT
- 2. The specimen labeled with the patient's name and as "Soft-Tissue: Right fallopian tube and ovary". It consists of a right ovary with attached fallopian tube/parovarian tissue, weighing 6.0 g (fresh). The right ovary measures 2.2 x 1.6 x 0.9 cm. The surface of the ovary appears pale-tan and smooth. Cross sections show corpus albicans. The attached fallopian tube measures 2.4 cm in length x 0.6 cm in diameter. The surface of the fallopian tube appears pink-tan and smooth Cross sections appear pale-tan and grossly unremarkable. The adjacent parovarian tissue shows multiple cysts, ranging from 0.1 up to 0.3 cm in diameter (all filled with white milky fluid). One section from the ovary/fallopian tube has been taken for tissue banking. Representative sections are submitted as follows: 2A section of right ovary/falloplan tube, previously submitted by
- 2B-2C right fimbria, longitudinally quadrasected 2D remainder of right fallopian tube,
- 2E sections of right ovary, adjacent to tissue banking
- 2F-2H remainder of right ovary,
- 3. The specimen, labeled with the patient's name and as "Uterus: Uterus and cervix". The specimen is received fresh and subsequently placed in 10% buffered formalin. It consists of a uterus with attached cervix, weighing 61.5 g (fresh). The body of the uterus is uniform and measures 6.0 cm SI x 4.2 cm ML x 2.5 cm AP. The serosal surface is pink-tan and smooth. The cervix has a maximum diameter of 2.6 cm. The cervical Os measures 1.0 cm in maximum diameter and has an oval shape. The uterus is bivalved. Both endo/myometrial layers are not of uniform thickness. Within the endometrial cavity, a well-circumscribed tumor is identified measuring 2.9 cm SI x 3.3 cm ML x 1.8 cm AP. The cut surface of the tumor appears homogeneously white, solid and firm; showing gross invasion into the myometrium. The tumor is located: 1.1 cm from the anterior exocervix, 1.5 cm from the posterior exocervix and 0.6 cm from the closest serosal surface (anterior aspect). The cervical canal is patent and shows small amounts of mucoid material. The cervix reveals a few



Surgical Pathology Consultation Report



Nabothian cysts, the largest measuring 0.5 cm in diameter. All of the Nabothian cysts are filled with clear gelatinous material. Two sections of endometrial tumor have been taken for tissue banking. Representative sections are submitted

as follows:

3A one section of endometrial tumor, previously submitted by research PA

3B-3C two full-thickness/transverse sections of endo/myometrium (including endometrial tumor), anterior aspect

3D-3E a full-length/full thickness section of endo/myometrium (including endometrial tumor), from endometrial cavity to

SD-3C a full-engulruli trickness section of endo/myometrium (including endometrial tumor), from endometrial cavity to exocervix, anterior aspect
3F-3G a full thickness/transverse section of endo/myometrium (including endometrial tumor), posterior aspect
3H-3I a full thickness/transverse section of endo/myometrium (including endometrial tumor), posterior aspect
3J-3K a full length/full thickness section of endo/myometrium (including endometrial tumor), from endometrial cavity to exocervix, posterior aspect