

Surg Path Final Report

* Final Report *

UUID: 43BA8AFC-DE95-4260-88BF-EB184430B5A4
TCGA-AJ-A6NU-01A-PR

Redacted



Result Type: Surg Path Final Report
Result Date:
Result Status:
Result Title: Surgical Pathology Final Report
Verified By: [REDACTED]
Encounter info:

Clinical Information (Verified)
Endometrial cancer

Final Diagnosis (Verified)

ICD-O-3
Adenocarcinoma, endometrioid
8880/3
Site: Endometrium C54.1
9/15/13

Uterus, bilateral tubes and ovaries, resection, with frozen section:

Endometrioid adenocarcinoma.

Histologic grade: 1.

Maximum tumor size: 4.5 cm

Specimen integrity: Intact.

Myometrial invasion: Not identified (tumor is limited to the endometrium and does not extend into the myometrium).

Involvement of cervix: Tumor extends to the cervix and involves the superficial cervical stroma.

Lymphovascular invasion: Not identified.

Lymph node sampling: See below.

Extent of involvement of ovaries, fallopian tubes, and other organs: Not involved.

Right external iliac node:

One (1) negative lymph node.

Right common iliac node:

One (1) negative lymph node.

Right obturator nodes:

Printed by: [REDACTED]
Printed on:

Page 1 of 3
(Continued)

Surg Path Final Report

* Final Report *

One (1) negative lymph node.

Left external iliac nodes:

Five (5) negative lymph nodes.

Left obturator nodes:

Two (2) negative lymph nodes.

AJCC pathologic stage: pT2,pN0 or stage II.

Signature Line

[Redacted Signature]

Performing Lab (Verified)

Gross Description (Verified)

"FSA1." All frozen section tissue is submitted in cassette "FSA1."

"FSA2." All frozen section tissue is submitted in cassette "FSA2."

"FSA3." All frozen section tissue is submitted in cassette "FSA3."

"A, NFSA." The specimen consists of a 192 gram, 13.0 x 7.3 x 5.8 cm previously sectioned uterus with attached cervix and a small portion of yellow-tan, fatty tissue. The serosa is pink-tan to dark blue-gray with marked adhesions. The cervical neck is inked as follows: anterior orange and posterior black. The ectocervix is pink-tan, smooth, and glistening, and averages 2.5 x 4.4 cm. The os is patent. Previous sectioning reveals a pink-tan, friable, polypoid mass within the endometrial cavity. This mass measures 4.5 cm superior to inferior, 4.0 cm left to right, and 2.5 cm anterior to posterior. This mass grossly appears to be confined to the inner one-half aspect of the myometrium and comes to within 2.5 cm of the endocervical canal. Upon further examination, involving the inferior half of the cervical canal and extending to the cervical os, is a pink-tan, soft, friable possible separate mass. This measures 2.8 cm superior to inferior, 2.7 cm left to right, and 1.1 cm anterior to posterior. This mass grossly appears to come to within 0.4 cm of the anterior cervical neck. The remaining endometrium has a pale tan, roughened appearance and averages 0.3 cm in thickness. The myometrium averages 2.0 cm in thickness. There are multiple intramural nodules present. The largest measures up to 3.4 cm and is markedly calcified. The remaining nodules are gray-white and whorled.

Printed by:
Printed on:

[Redacted]

Page 2 of 3
(Continued)

Surg Path Final Report

* Final Report *

Attached to the uterus is a left fallopian tube with fimbriae, which measures 3.5 x 0.8 cm. Adherent to the tube is a 0.8 cm thin-walled clear fluid-filled cyst. There is also an attached left ovary, which measures 2.9 x 1.0 x 0.9 cm. On sectioning, the cut surface is pink-tan and solid.

Attached to the uterus is a right fallopian tube with fimbriae, which measures 3.2 x 0.7 cm. There is also an attached right ovary, which measures 3.3 x 1.4 x 1.0 cm. On sectioning, the cut surface is pink-tan and solid. "A1," adhesions; "A2," left parauterine vessels; "A3," right parauterine vessels; "A4," anterior cervix to include mass; "A5," anterior cervical neck to include mass; "A6-A8," anterior endomyometrium; "A9," posterior cervix to include mass; "A10," posterior cervical neck to include mass; "A11-A13," posterior endomyometrium; "A14," gray-white, whorled intramural nodules; "A15," left tube and ovary; "A16," right tube and ovary, representative.

"B, Right external." The specimen consists of a 7.2 cm yellow-tan, fatty fragment. On examination, a 3.8 cm possible lymph node is identified. Representative sections are submitted into cassette "B."

"C, Right common." The specimen consists of a 2.1 cm yellow-pink, fatty fragment. On examination, a 2.1 cm slightly ragged possible lymph node is identified. A representative section is submitted into cassette "C."

"D, Right obturator." The specimen consists of a 4.7 cm yellow-tan, fatty fragment. On examination, a 5.0 cm possible lymph node is identified. A representative section is submitted into cassette "D."

"E, Left external." The specimen consists of a 5.7 x 5.3 x 2.0 cm aggregate of yellow-tan, fatty tissue. On examination, 5 possible lymph nodes are identified. These range in size from 0.5 to 4.0 cm. The smallest lymph node is submitted in toto. Representative sections of the remaining lymph nodes are submitted into cassettes "E1-E2." "E1 to include smallest lymph node.

"F, Left obturator." The specimen consists of a 5.5 cm yellow-tan, fatty fragment. On examination, 2 possible lymph nodes are identified. These measure 0.8 and 4.6 cm. The smallest lymph node is submitted in toto into cassette "F1." Representative sections of the larger lymph node are submitted into cassette "F2."

"G, " Received in formalin is one yellow cassette labeled as follows:

This will be submitted for routine processing.

Signature Line

Frozen Section Diagnosis (Verified)

History:, endometrial cancer.

TAH-BSO. endometrial cavity contains friable, polypoid red-tan tumor involving both the anterior and posterior endometrium. Tumor grossly involves the cervix and appears at least superficially myoinvasive. Two representative sections of cervix frozen as FSA1 and FSA2.

Representative section of endometrial tumor frozen as FSA3.

FSA1-A3 Diagnosis: Endometrial carcinoma involving the cervical stroma.

Specimen reviewed with

Tumor obtained for both

Completed Action List:

Printed by:
Printed on:

Page 3 of 3
(End of Report)

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	Date Reviewed: 7/2/13	