

# Surgical Pathology Report

Diagnosis Discrepancy	Yes	No
Primary Tumor Site Discrepancy		✓
HPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	AS	Date Reviewed: 11/23/11

Final

100-0-3  
adenocarcinoma, serous, NOS 8441/3  
Site: endometrium C54.1 11/29/11

UUID: 7E8857D6-4347-4BC5-8655-40AAD7197789  
TCGA-AX-A3G4-01A-PR Redacted



## SURGICAL PATHOLOGY REPORT

FINAL

Patient Name: [REDACTED]  
Address: [REDACTED]  
Gender: F  
DOB: [REDACTED]  
Service: Gynecology  
Location: [REDACTED]  
MRN: [REDACTED]  
Hospital #: [REDACTED]  
Patient Type: [REDACTED]  
Accession #: [REDACTED]  
Taken: [REDACTED]  
Received: [REDACTED]  
Accessioned: [REDACTED]  
Reported: [REDACTED]

Physician(s):

### DIAGNOSIS:

A. UTERUS, CERVIX, BILATERAL FALLOPIAN TUBES AND OVARIES, HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY

#### UTERUS:

- UTERINE SEROUS CARCINOMA
- CARCINOMA INVADES TO A DEPTH OF 32 MM IN AN AREA OF MYOMETRIAL THICKNESS OF 38 MM
- EXTENSIVE LYMPHOVASCULAR SPACE INVASION IS IDENTIFIED
- SEE COMMENT

#### CERVIX:

- NEGATIVE FOR TUMOR

#### LEFT OVARY:

- UTERINE CARCINOMA CELLS IN VASCULAR SPACE OF HILUM

#### RIGHT OVARY AND BILATERAL SALPINGO-OOPHORECTOMY:

- NEGATIVE FOR TUMOR

#### B. LYMPH NODE, RIGHT PELVIC, EXCISION (INCLUDES FS1)

- METASTATIC SEROUS CARCINOMA IN ONE LYMPH NODE (1/1)

#### C. LYMPH NODE, LEFT PELVIC, EXCISION

- METASTATIC SEROUS CARCINOMA IN ONE LYMPH NODE (1/1)

#### D. OMENTUM, OMENTECTOMY

- NEGATIVE FOR TUMOR

#### E. LYMPH NODES, RIGHT PERIAORTIC, EXCISION

- METASTATIC SEROUS CARCINOMA IN TWO OF FOUR LYMPH NODES (2/4) WITH EXTRANODAL EXTENSION

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).

Patient Name: [REDACTED]  
DOB: [REDACTED]

## Surgical Pathology Report

Final

### SURGICAL PATHOLOGY REPORT

\*\*\*Report Electronically Reviewed and Signed Out By

#### Intraoperative Consultation:

An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'uterus, cervix, bilateral tubes and ovaries' consists of a uterus with attached cervix, bilateral ovaries, and fallopian tubes, weighing 227 grams and measuring (fundus - cervix) 11.0 cm, (cornu to cornu) 6.5 cm, (anterior to posterior) 5.5 cm. Opened to show an invasive nodular yellow-tan mass on the posterior wall measuring 5.5 x 4.5 x 3.0 cm. Shown to surgeon. Tissue taken for [REDACTED] Rest for permanents," by

FS1: Right pelvic lymph node

- "Metastatic carcinoma (portion given to [REDACTED])" by

#### Microscopic Description and Comment:

The tumor shows a high grade nuclear feature with glandular differentiation. The differential diagnosis is between high grade endometroid carcinoma and uterine serous carcinoma. Immunostains (performed on 2 different blocks) showed that the tumor cells are strongly and diffusely positive for p16 and P53. Immunostains for ER and PR are positive in tumor cells (weak for ER, mixed weak and strong for PR). This immunophenotype supports the diagnosis of uterine serous carcinoma.

#### History:

The patient is a [REDACTED] year old with a history of endometrial adenocarcinoma, FIGO grade 3 ([REDACTED]). Operative procedure: Hysterectomy, bilateral salpingo-oophorectomy, omentectomy and lymph node dissection.

#### Specimen(s) Received:

A: UTERUS, CERVIX, BILATERAL TUBES AND OVARIES  
B: RIGHT PELVIC LYMPH NODE  
C: LEFT PELVIC LYMPH NODE  
D: OMENTUM  
E: RIGHT PERIAORTIC LYMPH NODE

#### Gross Description:

The specimens are received in five formalin-filled containers each labeled with the patient's name. The first container is labeled "uterus, cervix, bilateral tubes and ovaries." It consists of a 227 gram uterus with attached cervix, and bilateral adnexa. It measures 11.0 x 6.5 x 5.5 cm. The cervix measures 3.2 cm in maximum diameter, and the external os is up to 0.5 cm. The serosa, both anteriorly and posteriorly, is smooth and glistening. The specimen has been previously extensively sectioned, during intraoperative consultation, to disclose the posterior wall is replaced by a 5.5 x 4.5 x 3.0 cm neoplasm. The lesion is tan-gray, has a nodular appearance, with foci of hemorrhage on cut surfaces. It extends more than two-thirds of the 4.2 cm endometrial thickness. The distal endometrial cavity is 5.2 x 3.8 cm with focally hemorrhagic endometrial lining. Both the lower uterine segment and the 3.8 cm long cervical canal appear free of tumor. The anterior wall, which has an identical nodular appearance on cut

Page 2 of 4

Patient Name: [REDACTED]  
DOB: [REDACTED]

## Surgical Pathology Report

Final

### SURGICAL PATHOLOGY REPORT

surfaces, has a maximum thickness of 2.6 cm. The left ovary is tan-gray, vaguely cerebriform, measuring 2.0 x 1.4 x 0.5 cm. It has a grossly normal ovarian parenchyma on cut surface. The tortuous fallopian tube segment, with fimbriated end, is 6.5 x 0.5 cm. The right ovary is gray-tan, vaguely cerebriform, measuring 2.3 x 1.7 x 0.5 cm. This has grossly normal ovarian tissue on cut surface. The accompanying fallopian tube segment, with fimbriated end, is 5.5 x 0.8 cm. Labeled A1 and A2 - anterior and posterior cervix; A3 and A4 - anterior and posterior lower uterine segments; A5 and A6 - contiguous sections of anterior endomyometrium; A7 - additional section of anterior endomyometrium; A8 to A13 - contiguous sections of posterior wall; A14 - additional section of posterior wall; A15 and A16 - left adnexa; A17 and A18 - right adnexa. Jar 2.

The second container is labeled "right pelvic lymph node." It holds a tissue cassette labeled "FS1." It contains a tan-gray remnant of the intraoperative frozen section measuring 2.3 cm in overall dimension. Labeled B1 (FS1). Additional included in the specimen container is the remainder of the tissue from which the frozen section was taken. It measures 2.9 x 2.2 x 0.5 cm. Labeled B2 and B3. Jar 0.

The third container is labeled "left pelvic lymph node." It holds an enlarged lymph node, with attached fat, measuring 4.0 x 2.2 x 1.3 cm. It contains a cystic space with yellowish-colored serous contents. Representative sections are submitted in cassettes labeled C1 and C2. Jar 1.

The fourth container is labeled "omentum" It holds an irregular portion of fatty omental tissue, without grossly visible or palpable densities, measuring 29 x 11.2 x 1.2 cm. Labeled D1 to D5. Jar 2.

The fifth container is labeled "right paraaortic lymph nodes." It contains an enlarged tan-gray lymph node measuring 3.1 x 1.5 x 1.3 cm. Representative sections are submitted in cassettes labeled E1 and E2. Attached to the latter, is an irregular portion of fatty tissue, measuring 4.9 x 1.5 x 0.7 cm, which on cut sections show two additional lymph nodes. Labeled E3 - one bisected lymph node; E4 - one bisected lymph node. Jar 0.

### SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

#### HISTOPATHOLOGIC TYPE

The histologic diagnosis is adenocarcinoma, serous papillary type

#### 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 outer 1/3 of the myometrium

#### TUMOR SIZE

The tumor invades to a depth of 32 mm

The myometrial thickness is 38 mm

#### LOWER UTERINE SEGMENT INVOLVEMENT

(does not change the stage)

The lower uterine segment is not involved by tumor

#### ENDOCERVICAL INVOLVEMENT

The endocervix is not involved by tumor

#### LYMPHVASCULAR SPACE INVASION

Lymphovascular space invasion by tumor is present and widespread in scope

#### REGIONAL LYMPH NODES (N)

Regional lymph node metastasis to para-aortic lymph nodes, with or without pelvic positive nodes (N2/IIIC2)

The regional lymph nodes are free of tumor in 2 nodes

The regional lymph nodes are involved by tumor in 4 nodes

Patient Name: [REDACTED]  
DOB: [REDACTED]

## Surgical Pathology Report

Final

### SURGICAL PATHOLOGY REPORT

The total number of lymph nodes examined is 8  
Extranodal extension by tumor metastases is present

DISTANT METASTASIS (M)  
Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)  
Tumor invades one-half or more of the myometrium (T1b/1B)

STAGE GROUPING  
pT1B/N2/MX

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

The performance characteristics of some investigations of clinical, forensic, or other laboratory tests and procedures are subject to change. The laboratory is not responsible for the accuracy of the results of any test performed by a third party.

Quality Assurance

Compliance with the Federal Food, Drug, and Cosmetic Act (FDCA) and the Clinical Laboratory Improvement Act of 1988 (CLIA '88). Some of these tests are not on the list of tests approved by the FDA for use in the United States. Such

investigations should not be performed in a facility that is certified by the Department of Health and Human Services as a high complexity laboratory.

reported as investigational or for research. Nevertheless, federal rules concerning the publication of results should be strictly followed and the following disclaimer be attached to the report.

The test was performed and its performance characteristics determined by the [Laboratory]

as approved by the U.S. Food and Drug Administration