	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials RB	Date Reviewed 10/28/11	

lw 10/30/11

UUID:493C5DDA-E629-4324-8574-AEC67223DA9E
TCGA-AX-A06H-01A-PR

Redacted

PATIENT:

ACCT #:
AGE/SX: /F
STATUS:

LOC:
RM/BED:
TLOC:

U#:
REG:
DIS:

REG DR:

SPEC #:
STATUS:

Obtained:
Received:

Subm Dr:

CLINICAL HISTORY:

GRADE II ENDOMETRIAL CANCER; OUCI,

SPECIMEN/PROCEDURE:

1. LYMPH NODE - RIGHT PELVIC; LAP.ASST'D VAGINAL HYSTERECTOMY/LND
2. LYMPH NODE - RIGHT PARA-AORTIC
3. LYMPH NODE - RIGHT OCMMON ILIAC
4. LYMPH NODE - LEFT PARA-AORTIC
5. LYMPH NODE - LEFT PELVIC
6. LYMPH NODE - LEFT COMMON ILIAC
7. UTERUS - WITH CERVIX, BILATERAL TUBES AND OVARIES

ICD-O-3

IMPRESSION:

adenocarcinoma, endometrioid, NOS 8380/3
Site endometrium C54.1
lw 10/30/11

1) LYMPH NODES, RIGHT PELVIC, REGIONAL DISSECTION:
   - Nine benign lymph nodes (0/9).

2) LYMPH NODES, RIGHT PARA-AORTIC, REGIONAL DISSECTION:
   - Two benign lymph nodes (0/2).

3) SPECIMEN DESIGNATED LYMPH NODE, RIGHT COMMON ILIAC, BIOPSY:
   - Benign fibroadipose tissue.
   - No lymph nodes identified (0/0).

4) LYMPH NODES, LEFT PARA-AORTIC, REGIONAL DISSECTION:
   - Two benign lymph nodes with focal endosalpingiosis (0/2).

5) LYMPH NODES, LEFT PELVIC, REGIONAL DISSECTION:
   - Ten benign lymph nodes (0/10).

6) LYMPH NODES, LEFT COMMON ILIAC, BIOPSY:
   - One benign lymph node (0/1).

7) UTERUS WITH CERVIX, BILATERAL TUBES AND OVARIES; LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY:
   ENDOMYOMETRIUM:
   - Endometrial adenocarcinoma, endometrioid type; FIGO grade II, nuclear grade 2; see checklist.
   - Endometrial adenocarcinoma involves adenomyosis and invades the outer half of the

** CONTINUED ON NEXT PAGE **

IMPRESSION: (continued)

myometrium; carcinoma invades 16 mm of 20 mm total myometrial thickness (80%).
- Lymphovascular invasion is not identified.

CERVIX:
- Squamous and endocervical glandular mucosa with mild chronic cystic cervicitis.
- No evidence of significant dysplasia or malignancy.

FALLOPIAN TUBE, RIGHT:
- Endometrial adenocarcinoma involves lumen of fallopian tube (by probable direct extension).
- Hydrosalpinx.

FALLOPIAN TUBE, LEFT:
- Microscopic focus compatible with endometrial adenocarcinoma present within probable lymphovascular space within paratubal connective tissue.
- Hydrosalpinx.

UTERINE SEROSA:
- No significant histopathologic abnormality.

OVARIES, BILATERAL:
- Benign and atrophic physiologic changes.
- Fibroma (0.7 cm; right).

ENDOMETRIAL CARCINOMA CHECKLIST
MACROSCOPIC

SPECIMEN TYPE
Hysterectomy

TUMOR SITE
Anterior and posterior uterine walls.

TUMOR SIZE
Greatest dimension: approximately 8.5 cm
Additional dimensions: approximately 8.0 x 1.3 cm

OTHER ORGANS PRESENT
Right ovary
Left ovary
Right fallopian tube
Left fallopian tube

MICROSCOPIC
HISTOLOGIC TYPE
Endometrioid adenocarcinoma, not otherwise characterized

HISTOLOGIC GRADE
G2: 6% to 50% nonsquamous solid growth

** CONTINUED ON NEXT PAGE **

SPEC #:

IMPRESSION: (continued)

MYOMETRIAL INVASION
Invasion present
Maximal depth of myometrial invasion: 16 mm
Thickness of myometrium in area of maximal tumor invasion: 20 mm
The % of myometrial involvement: 80%

EXTENT OF INVASION
PRIMARY TUMOR (pT)
TNM (FIGO)
pT3 (III): Local and/or regional spread as specified in T3a,T3b, N1, and FIGO IIIA, IIIA and IIIC
pT3a (IIIA): Tumor involves serosa, parametria, and/or adnexa (direct extension or metastasis)

REGIONAL LYMPH NODES (pN)
TNM (FIGO)
pN0: No regional lymph node metastasis
Number examined: 24

DISTANT METASTASIS (pM)
TNM (FIGO)
pMX: Cannot be assessed

MARGINS
Uninvolved by invasive carcinoma
Distance of invasive carcinoma from closest margin: 1.5 mm from right tubal serosal surface

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)
Probable lymphovascular space invasion (left paratubal connective tissue)

ADDITIONAL PATHOLOGIC FINDINGS
Adenomyosis

Pathologic TNM (AJCC 6th Edition): pT3a N0 MX

Dictated by:
Entered:

COMMENT:
Representative sections reviewed by
Entered:

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SPEC #:

GROSS DESCRIPTION:

1) Received labeled with the patient's name, and "right pelvic lymph node", is a 4.5 x 4.6 x 1.7 cm aggregate of yellow-gold lobulated adipose tissue dissected for possible lymph nodes. Nine possible lymph nodes are identified, ranging from 0.5 to 3.0 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:
Cassette 1A: Four possible lymph nodes.
Cassette 1B: Two possible lymph nodes.
Cassette 1C: One lymph node, bisected.
Cassette 1D: One lymph node, bisected.
Cassette 1E: One lymph node, bisected.

2) Received labeled with the patient's name and "right para-aortic lymph node", is a 2.5 x 2.4 x 1.0 cm aggregate of yellow-gold lobulated adipose tissue dissected for possible lymph nodes. Two possible lymph nodes are identified, ranging from 1.2 to 2.4 cm in greatest dimension.

CASSETTE SUMMARY:
Cassette 2A: One lymph node, bisected.
Cassette 2B: One lymph node, bisected.

3) Received labeled with the patient's name and "right common iliac lymph node", is a 1.0 x 0.7 x 0.4 cm aggregate of yellow-gold lobulated adipose tissue dissected for possible lymph nodes. No lymph nodes grossly identifiable. Specimen is entirely submitted in cassette #3.

4) Received labeled with the patient's name and "left para-aortic lymph node", is a 3.0 x 2.0 x 1.0 cm aggregate of yellow-gold lobulated adipose tissue dissected for possible lymph nodes. Two possible lymph nodes are identified, ranging from 1.0 to 1.4 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:
Cassette 4A: One lymph node, bisected.
Cassette 4B: One lymph node, bisected.

5) Received labeled with the patient's name and "left pelvic lymph nodes", is a 4.0 x 3.3 x 1.7 cm aggregate of yellow-gold lobulated adipose tissue dissected for possible lymph nodes. Ten possible lymph nodes are identified, ranging from 0.6 to 2.0 cm in greatest dimension. Submitted as follows:

CASSETTE SUMMARY:
Cassette 5A: Four possible lymph nodes.
Cassette 5B: Two possible lymph nodes.
Cassette 5C: One lymph node, bisected.
Cassette 5D: One lymph node, bisected.
Cassette 5E: One lymph node, bisected.

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SPEC #:

GROSS DESCRIPTION: (continued)

Cassette 5G: One lymph node, bisected.

6) Received labeled with the patient's name and "left common iliac lymph node", are four portions of yellow-gold lobulated adipose tissue, ranging from 0.5 to 2.0 cm in greatest dimension. Specimen is dissected for possible lymph nodes. No lymph nodes grossly identifiable. Specimen is entirely submitted in cassette #6.

7) Received fresh, labeled with the patient's name and "uterus, cervix, bilateral tubes and ovaries", is a 207-gram TAH BSO specimen including uterus (11.5 x 8.0 x 5.0 cm), right ovary (3.1 x 1.5 x 0.6 cm), left ovary (2.9 x 1.7 x 0.9 cm), right fallopian tube (4.1 cm in length and dilated to 2.1 cm in diameter at the fimbriated end), left fallopian tube (4.5 cm in length, dilated to 2.1 cm in diameter at the fimbriated end). The exocervix (3.0 x 3.0 cm) covered by white-tan glistening mucosa. The external os is patent and measures 0.8 cm in diameter. The endocervical canal (2.5 cm) has a pink to red-tan, hemorrhagic herringbone mucosa. The endometrial cavity (8.5 cm from cornu to cornu, 8.0 cm in length) has a pink-tan, exophytic tumor that is friable and grossly involves anterior and posterior uterine walls. Tumor invades the myometrium to a maximum depth of 1.3 cm in the anterior endomyometrium. There is a white-tan, intramural nodule present in the anterior endomyometrium (measuring 4.5 cm in greatest dimension). The myometrium measures 2.3 cm in maximum thickness. The serosa is smooth and glistening and without adhesions. The right ovary has a smooth outer surface with a white-tan well-circumscribed nodule present on the surface with a whorled cut appearance (0.9 cm in greatest dimension). The left ovary has a smooth outer surface and a pale yellow grossly unremarkable parenchyma. The right fallopian tube is dilated at the fimbriated end into a cystic lesion (2.2 cm in maximum dimension). The cyst contains clear serous fluid, possibly representing hydrosalpinx. The left fallopian tube is dilated to 2.5 cm at the fimbriated end and contains clear serous fluid representing hydrosalpinx. Representative sections of the specimen are submitted as follows:

CASSETTE SUMMARY:

Cassette 7A:	Right ovary.
Cassette 7B,7C:	Right fallopian tube.
Cassette 7D,7E:	Anterior cervix, bisected, submitted in two cassettes.
Cassette 7G,7H:	Posterior cervix, sectioned, bisected, submitted in two cassettes.
Cassette 7J:	Anterior lower uterine segment.
Cassette 7K:	Posterior lower uterine segment.
Cassette 7L-7Q:	Posterior endomyometrium with tumor, full thickness sections.
Cassette 7R:	Tumor with anterior endomyometrium, one full thickness section.
Cassette 7S-7X:	Full thickness sections of anterior endomyometrium, each section, bisected, submitted in two cassettes.
Cassette 7Y:	Left ovary, left fallopian tube.
Cassette 7Z:	Left hydrosalpinx.
Cassette 7AA,7BB:	Left fallopian tube, entirely submitted.
Cassette 7CC,7DD:	Right fallopian tube, entirely submitted.

Dictated by:

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SPEC #:

GROSS DESCRIPTION: (continued)
Entered:

CPT Codes:
LYMPH NODE BX (1) 0, LYMPH NODE, REGIONAL RESECT,
SOFT TISSUE, LIPOMA/ADIPOSE (1) , UTERUS W/WO ADNEXAE,TUMOR-

ICD9 Codes:

Resident Physician:

I have personally reviewed the material
(specimen/slide) and approve this final report.

Electronically Signed by: _____ _____ _____
Physicians

** END OF REPORT **