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Final Surgical Pathology Report

adenocarcinoma, Indometriord, Nos 8380/3 Site: indometrium C54.1

Procedure:

Diagnosis

A. Uterus, cervix, "bilateral" tubes and ovaries, total hysterectomy with bilateral oophorectomy and left salpingectomy: Uterus with grade 3 endometrioid adenocarcinoma of endometrium, invading 25% of the myometrial thickness. All margins are negative for tumor. MSI testing pending. Cervix with squamous metaplasia, negative for tumor.

Left ovary and fallopian tube, negative for tumor. Right ovary, negative for tumor.

- B. Small bowel, segmental resection: Segment of small intestine with serosal adhesions and hemorrhagic perforation, negative for tumor.
- C. Right pelvic lymph nodes, dissection: 6 lymph nodes all negative for metastatic disease, 0/6.
- D. Right para-aortic lymph nodes, dissection: 2 lymph nodes negative for metastatic disease, 0/2.
- E. Left pelvic lymph nodes, dissection: 8 lymph nodes all negative for metastatic disease, 0/8.
- F. Left para-aortic lymph nodes, excision: Adipose tissue, negative for tumor. No lymph nodes present.

Microscopic Description:

A. The anterior portion of the endometrium contains relatively abundant, exophytic grade 3 endometrioid adenocarcinoma. Foci of adenocarcinoma are also noted on the posterior wall microscopic. Histologic type: Endometrioid adenocarcinoma Histologic grade: Grade 3 Myometrial invasion: 8 mm depth of invasion 32 mm depth of myometrial thickness 25 % of myometrial wall Cervix: Squamous metaplasia, negative for tumor Primary tumor (pT) TNM (FIGO): pTla Margins of resection: Negative Vascular invasion: Negative

Regional lymph nodes (pN): As per parts G. through B., all 16 lymph nodes are negative for metastatic disease, 0/16, pNO Distant metastasis (pM): Cannot be assessed

Other findings: Proliferative endometrium. Attached left ovary with follicle cysts, attached left tube without significant pathology Separate right ovary with follicle cysts; no right fallopian tube present

MSI testing: Ordered on block A5

B. through F. Microscopic examination performed

Specimen

- A. Uterus, cervix, bilateral tubes and ovaries
- B. Small bowel
- C. Right pelvic lymph nodesD. Right periaortic lymph nodes
- E. Left pelvic lymph nodes
- F. Left periaortic lymph nodes

Gross Description A. Received fresh labeled "uterus, cervix, bilateral tubes and ovaries" is a 183 g, $7.3 \times 5.9 \times 5.8$ cm symmetrical uterine corpus with attached 4.5 cm cervix and left adnexa. The serosa is scabrous tan-pink-red with multiple tan-purple serosal adhesions. The annular 2.6 cm tan-pink ectocervix surrounds a 0.2 x 0.1 cm ovoid patent os. Endocervical mucosa is mildly trabecular tan-pink with a few mucus filled cysts measuring up to 0.5 cm. The triangular 5.8 \times 3.4 cm uterine cavity contains a polypoid 3.0 x 2.0 cm soft tan-pink-red endometrial lesion anteriorly. A portion of tumor and a portion of normal endometrium are submitted for tissue procurement as requested. On sectioning, the lesion has a maximal thickness of 1.7 cm and appears superficial, involving the upper one 3rd of the myometrium. The remaining endometrium is lush tan-pink and averages 0.6 cm. The myometrium is moderately trabecular tan-pink and measures up to 3.5 cm in thickness. The left ovary is tan-pink and measures 2.5 x 2.3 x 1.5 cm. Several tan-pink fibrous adhesions are present along the capsular surface. On sectioning, the stroma is tan-pink with identifiable corpora albicantia. In addition there are a few smooth lined serous fluid-filled cysts measuring up to 0.7 cm. The fimbriated tan-pink left fallopian tube measures 4.7 cm in length and averages 0.6 cm in diameter. The lumen is pinpoint and stellate. Received separately within the specimen container is a 2.8 x 2.5 x 1.8 cm rubbery tan-pink ovary. The stroma is tan-pink with identifiable corpora lutea and corpora albicantia. In addition, there are a few smooth lined serous fluid-filled cysts measuring up to 0.6 cm. No associated fallopian tube segment is identified. Summary: 1 and 2 - anterior cervix/Lus, continuity inked blue, 3 and 4, 5 and 6, 7 and 8, 9 - anterior endomyometrium including tumor full thickness, fundus to Lus, 10 and 11 - posterior cervix/Lus, continuity inked black, 12 and 13, 14 and 15, 16, 17 - posterior endomyometrium, sequentially from fundus to Lus, 18 - left adnexa, 19 and 20 separately received adnexa

- B. Received fresh labeled "small bowel" is a previously unopened 15.5 cm segment of small bowel with multiple tan-red fibrous adhesions and a scant amount of attached mesentery. A 2 cm transmural defect is present centrally. The specimen averages 4 cm in circumference throughout its length. On opening, the mucosa is glistening dusky tan-pink with regular folds and the wall averages 0.4 cm. No mucosal mass lesion or additional abnormality is noted. RS 3 Summary: 1 margins, 2 transmural defect (margin of defect inked green), 3 random from remainder
- C. Received fresh labeled "right pelvic lymph nodes" is a 3.3 x 2.5 x 1.2 cm aggregate of soft, lobulated tan gold adipose tissue. Several slightly rubbery tan-pink-red tissues in keeping with lymph nodes measuring up to 1.8 cm in greatest dimension are recovered. The lymphoid tissues are entirely submitted.

 Summary: 1 and 2 2 lymph nodes per cassette, 3 and 4 one bisected lymph node per cassette
- D. Received fresh labeled "right periaortic lymph nodes" is a 2.0 x 1.8 x 0.5 cm portion of soft, lobulated tan gold adipose tissue which contains 2 tan-pink tissues in keeping with lymph nodes measuring up to 1 cm.

 Summary: 1 1 whole lymph node, 2 1 bisected lymph node
- E. Received fresh labeled "left pelvic lymph nodes" is a $4.5 \times 3.4 \times 1.7 \text{ cm}$ aggregate of soft, lobulated tan gold adipose tissue. Several slightly rubbery tan-pink tissues in keeping with lymph nodes measuring up to 3 cm in greatest dimension are recovered. The lymphoid tissues are entirely submitted.

Summary: 1 and 2 - whole lymph nodes, 3 and 4 - 1 bisected lymph node per cassette

F. Received fresh labeled "left periaortic lymph node" is a 1.8 \times 1.5 \times 0.3 cm aggregate of fragmented soft tan gold adipose tissue. No definitive lymphoid tissues are recovered. The specimen is entirely submitted in one block.

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