[redacted]

[redacted]

Specimen Date/Time:

DIAGNOSIS

(A) RIGHT ADRENAL MASS:
ADRENOCORTICAL NEOPLASM OF UNCERTAIN MALIGNANT POTENTIAL (9.0 CM, IN GREATEST DIMENSION).
(SEE COMMENT)
Tumor is confined to the adrenal gland.
Margins of resection, no tumor present.

[redacted]

COMMENT

The tumor focally invades into the adrenal capsule, but no unequivocal invasion into periadrenal soft tissue is identified. No necrosis is present. The tumor cells have mostly eosinophilic cytoplasm. A small nest growth pattern is readily identified.

There are mitotic figures, but they are uncommon (7 mitotic figures/50 high-power fields). The Ki-67 index is 17.0% (performed by image analysis).

Per the modified Weiss' criteria, the tumor has a score of 4 (Nuclear atypia: 1, Mitoses: 1, Atypical mitoses: 0, Spongiocytic tumor cells: 0, Diffuse architecture: 1, Venous invasion: 0, Sinus invasion: 0, Capsular invasion: 1, Necrosis: 0).

Based on these findings, the tumor is considered of uncertain malignant potential.

GROSS DESCRIPTION

~~(A) RIGHT ADRENAL MASS - An adrenalectomy specimen (13.7 x 10.6 x 8.4 cm, 470.0 g).~~
There is a well-circumscribed mass (9.0 cm, in greatest dimension) located at the periphery and involving the adrenal gland. The mass is tan-pink and fleshy with focal areas of hemorrhage and possible necrosis.
The remainder of the uninvolved adrenal gland (4.0 x 2.5 x 0.4 cm) is unremarkable.
INK CODE: Black - outer surface.
SECTION CODE: A1-A3, tumor with adjacent uninvolved adrenal gland; A4, A5, tumor with inked outer surface; A6, tumor with area of hemorrhage and inked outer surface; A7-A10, tumor with hemorrhagic areas; A11-A15, tumor with fleshy areas.

CLINICAL HISTORY

Adrenal mass.

ICD-O-3

CONSULTANT(S)

Tumor, Adrenal Cortical Carcinoma 8370/3

SNOMED CODES

T-B3000, M-83709

Site: ® Adrenal Gland, cortex C74.0

GW 1/30/13

[redacted]

Specimen Date/Time:

"Some tests reported here may have been developed and performance characteristics determined by [redacted] specifically cleared or approved by the U.S. Food and Drug Administration."

These tests have not been

------END OF REPORT------

Uncertain malignant potential.
Process - ship or hold.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		
Case is (circle): Final / Corrected		
Reviewer Initials:	Date Reviewed:	

1/8/13

TCGA Pathologic Diagnosis Discrepancy Form

V4.00

Instructions: *The TCGA Pathologic Diagnosis Discrepancy Form should be completed when the pathologic diagnosis documented on the initial pathology report for a case submitted for TCGA is inconsistent with the diagnosis provided on the Case Quality Control Form completed for the submitted case.*

Tissue Source Site (TSS): _____ TSS Identifier: _____ Unique Patient Identifier: _____

Completed By *(Interviewer Name on OpenClinica)*: _____ Completed Date: _____

Diagnosis Information

#	Data Element	Entry Alternatives	Working Instructions
1	Pathologic Diagnosis Provided on Initial Pathology Report	Adrenocortical neoplasm of uncertain malignant potential	Provide the diagnosis/ histologic subtype(s) documented on the initial pathology report for this case. If the histology for this case is mixed, provide all listed subtypes.
2	Histologic features of the sample provided for TCGA, as reflected on the CQCF.	_____	Provide the histologic features selected on the TCGA Case Quality Control Form completed for this case.

Discrepancy between Pathology Report and Case Quality Control Form

3	Provide the reason for the discrepancy between the pathology report and the TCGA Case Quality Control Form.	Large adrenocortical tumor with pathological criteria meeting the diagnosis of adrenocortical carcinoma (weiss score of 4) as well as high Ki 67% (17%) ~~Initial reading pathologist was~~ also notified	Provide a reason describing why the diagnosis on the initial pathology report for this case is not consistent with the diagnosis selected on the TCGA Case Quality Control Form.
4	Name of TSS Reviewing Pathologist or Biorepository Director	_____	Provide the name of the pathologist who reviewed this case for TCGA.

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.

_____

TSS Reviewing Pathologist or Biorepository Director Date

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled. The Attending Pathologist or the Department Chairman has been informed or is aware of the above discrepancy in diagnoses.

_____

Principal Investigator Signature Date