

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Equal/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BB	Date Reviewed: 6/9/11

PATIENT: [REDACTED]
 DOB: [REDACTED] Female
 MRN:
 FIC:
 ADMITTED:
 PT LOCATION:
 ADMITTING PROVIDER:
 DISCHARGED:
 PT TYPE:

ICD-O-3
 Carcinoma, serous, NOS 8441/3
 Site: Endometrium C54.1
 6/22/11

Surgical Pathology Report - Final

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RECEIVED DATE / TIME

ACCESSION NUMBER

Clinical Information

Endometrial cancer

UUID: 54548F58-3D26-4D61-B0A8-30A06ECD0E60
 TCGA-AX-A2HF-01A-PR Redacted

Diagnosis

A. Left salpingo-oophorectomy:
 Ovary: Fibrothecoma (4.5 cm).
 Fallopian tube: without diagnostic abnormality.

B. Total abdominal hysterectomy with right salpingo-oophorectomy:
 Uterus and cervix (71 grams):
 Uterine serous carcinoma with focal clear cell features, FIGO 3, see summary.

Other findings:

Cervix: squamous atrophy. Focal necrotizing vasculitis.
 Endometrium (background): inactive.
 Myometrium: focal necrotizing vasculitis, see comment.
 Serosa: small peritoneal inclusion cyst.
 Right ovary and fallopian tube: without diagnostic abnormality.

SUMMARY FOR ENDOMETRIAL NEOPLASMS:

Specimen(s) submitted and Procedure(s): uterus, cervix, bilateral fallopian tubes, bilateral ovaries, omentum and regional lymph nodes; total abdominal hysterectomy with bilateral salpingo-oophorectomy, omentectomy, regional lymph node dissections.
 Specimen integrity: intact, bivalved.
 Histologic type: serous with focal clear cell features.
 Histologic grade: high grade, FIGO 3.
 Tumor size: 2.5 cm.
 Myometrial invasion: present, outer half, see comment.
 Depth of invasion: 8 mm.
 Myometrial thickness: 14 mm.
 Involvement of cervix: not appreciated.
 Lower uterine segment involvement: not appreciated.
 Lymphatic vascular space involvement: not appreciated.
 Extent of involvement of other organs: none.
 Margins: free of tumor.
 Summary, cytology: negative, see separate report(s).
 Summary, lymph node dissections:

PATIENT: [REDACTED]
DOB: [REDACTED] AGE: [REDACTED] SEX: Female
MRN: [REDACTED]
FIC: [REDACTED]

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All regions: Total positive/total removed: (0/36).

Pelvic lymph nodes: Total positive/total removed: (0/27).

Para-aortic lymph nodes: Total positive/total removed: (0/9).

Additional pathologic findings: as above.

Summary, Ancillary studies requested/obtained: study(ies) obtained on fresh tissue.

Summary, Clinical history: see electronic medical record.

Distant metastasis(es): unknown.

AJCC 7th edition Pathologic Staging: pT1b pN0 pMX FIGO IB grade 3

C. - J. Regional lymph node resections:

No evidence of tumor in a total of thirty six lymph nodes (0/36), as follows:

C. Left external iliac lymph node: (0/8).

D. Left obturator lymph nodes: (0/3).

E. Left common lymph nodes: (0/3).

F. Left periaortic lymph nodes: (0/5).

G. Right external iliac lymph nodes: (0/5).

H. Right obturator lymph nodes: (0/4).

I. Right common lymph nodes: (0/4).

J. Right periaortic lymph nodes: (0/4).

K. Omentectomy:

No evidence of tumor.

Pathologist/Electronically signed:

Report verified at:

Comment

Focal areas exhibit a tubal pattern with cytoplasmic clearing consistent with focal features of clear cell carcinoma (slide B9). Depth of invasion is difficult to measure because the tumor focus is polypoid. At it's closest point (slide B13), tumor is approximately 5 mm from serosa. In an adjacent section (on the same slide), the myometrium is 14 mm thick, so depth of invasion is calculated as 8 mm in a 14 mm thick myometrium.

Rarely vasculitis identified in the gyn tract is associated with systemic disorders or symptoms.

Surg Path Intraoperative Frozen Section

A. FS: Left ovary: Fibroma. Reported to Dr. [REDACTED] with read back. [REDACTED] M.D.

Specimen

A. Left fallopian tube and ovary.

B. Uterus, right tube and ovary.

C. Left external iliac lymph node.

PATIENT: [REDACTED]

DOB: [REDACTED]

AGE: [REDACTED]

male

MRN: [REDACTED]

PIN: [REDACTED]

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- D. Left obturator lymph nodes.
- E. Left common lymph nodes.
- F. Left periaortic lymph nodes.
- G. Right external iliac lymph nodes.
- H. Right obturator lymph nodes.
- I. Right common lymph nodes.
- J. Right periaortic lymph nodes.
- K. Omentum.

Gross Description

A. Received fresh for frozen section diagnosis properly labeled with the patient's name and labeled "left fallopian tube and ovary" is a 4.5 x 2.5 x 2 cm tan-gray, glistening ovary. The specimen is sectioned to reveal striated, homogenous cut surfaces. A portion is submitted for frozen section diagnosis. Attached to the ovary is a 4 cm in length by 0.5 cm in diameter fimbriated fallopian tube. The serosa appears tan-brown, and smooth. The specimen is sectioned to reveal a complete pinpoint lumen. A portion of tube is submitted fresh for research.

Cassette summary:

- 1. Frozen section of ovary
- 2-3. Ovary
- 4. Fallopian tube.

B. Received fresh properly labeled with the patient's name and labeled "uterus, right tube and ovary" is a 71 g previously opened uterus with attached right adnexa. The uterus measures 7.5 cm from cervix to fundus, 4 cm from cornu to cornu, and 3 cm from anterior to posterior. The serosa appears pink-brown, smooth, and unremarkable. The cervix appears tan-gray, focally hemorrhagic, glistening, measures 3.8 cm in diameter, with a 0.3 cm slitlike os. A portion of attached vaginal mucosa is present on the posterior surface measuring 2.5 x 0.8 x 0.5 cm. The upper endocervical canal is remarkable for multiple cystic structures filled with gelatinous material ranging in size from 0.3-1.5 cm in greatest dimension. These cysts appear to have a smooth inner lining. The endometrial cavity measures 3 cm from cornu to cornu, 3.5 cm from cervix to fundus, 0.3 cm in thickness, and is remarkable for a friable, fungating, polypoid mass measuring 2.5 x 2.5 x 2.5 cm located primarily on the right side, and extending into the lower uterine segment. Upon sectioning, the mass is located 0.8 cm from the serosal surface and 0.4 cm from the upper endocervical canal on the anterior aspect, and is located 7 cm from the serosa surface, and a 0.3 cm from the upper endocervical canal on the posterior aspect.

The attached right fimbriated fallopian tube measures 5 cm in length, 0.5 cm in diameter, with a serosa which appears purple-tan, and smooth. The tube is sectioned to reveal a complete pinpoint lumen. The attached yellow-tan, cerebriform ovary measures 2 x 1 x 0.8 cm, and is sectioned to reveal tan-gray, smooth cut surfaces. Portions of tumor are submitted fresh for study.

The anterior is inked blue, the posterior and right adnexa are inked black.

Cassette summary:

- 1. Vaginal mucosa

PATIENT: [REDACTED]
DOB: [REDACTED] : [REDACTED] Male
MRNC
FAC

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2. Cervix anterior
3. Upper endocervical canal anterior
4. Cervix posterior
5. Upper endocervical canal posterior
6. Represented sections of the cystic structures within upper endocervical canal
- 7-8. Full-thickness section bisected of mass on anterior
- 9-10. Full-thickness section bisected of mass on anterior
11. Endomyometrium anterior
- 12-13. Full thickness sections of mass on posterior
14. Endomyometrium posterior
15. Left parametria
16. Right parametria
17. Fallopian tube
18. Ovary.

C. Received in formalin properly labeled with the patient's name and labeled "left external iliac lymph node are multiple portions of fibroadipose tissue which aggregate to 5 cm in greatest dimension. Upon dissection multiple pink-tan, firm lymph nodes are identified ranging in size from 1-2 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

1. 2 candidate nodes bisected, one inked blue
2. 2 candidate nodes bisected, one inked blue
3. 3 candidate nodes
4. 1 candidate node bisected.

D. Received in formalin properly labeled with the patient's name and labeled "left obturator lymph node" is a portion of fibroadipose tissue measuring 5.5 x 3 x 1 cm. Upon dissection multiple tan-brown, firm candidate nodes are identified ranging in size from 0.5-3 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

1. 2 candidate nodes
- 2-3. 1 candidate node sectioned.

E. Received in formalin properly labeled with the patient's name and labeled "left common lymph nodes" are multiple portions of fibroadipose tissue which aggregate to 3 cm in greatest dimension. Upon dissection 3 tan-brown, firm, candidate lymph nodes are identified ranging in size from 0.7-1 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

1. 2 candidate nodes
2. 1 candidate node bisected.

PATIENT: [REDACTED]

DOB: [REDACTED] Female

MRN:

FIN:

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K. Received in formalin properly labeled with the patient's name and labeled "omentum" is a portion of fibroadipose tissue which aggregate to 14 x 12 x 5 cm. The specimen is sectioned to reveal 95% yellow, lobulated, glistening adipose tissue, and 5% brown fibrous tissue. No masses or areas of interest are identified grossly.

Microscopic Description

A microscopic examination has been performed and is reflected in the above diagnosis(es).

QC

PATIENT: [REDACTED]

DOB: [REDACTED]

SEX: Female

MRN: [REDACTED]

FNC: [REDACTED]

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F. Received in formalin properly labeled with the patient's name and labeled "left periaortic lymph nodes" are multiple portions of fibroadipose tissue which aggregate to 4.5 cm in greatest dimension. Upon dissection multiple pink-tan, firm lymph nodes are identified ranging in size from 1.2-2 cm. All possible lymph nodes are submitted.

Cassette summary:

- 1-4. 1 candidate node each, bisected
5. 2 candidate nodes bisected, one inked blue.

G. Received in formalin properly labeled with the patient's name and labeled "right external iliac lymph nodes" are multiple portions of fibroadipose tissue which aggregate to 6 cm in greatest dimension. Upon dissection multiple pink-tan, firm lymph nodes are identified ranging in size from 1-3 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

1. 1 candidate node bisected
2. 1 candidate node bisected
3. 2 candidate nodes
- 4-5. 1 candidate node bisected.

H. Received in formalin properly labeled with the patient's name and labeled "right obturator lymph nodes" are multiple portions of fibroadipose tissue which aggregate 4.5 cm in greatest dimension. Upon dissection multiple tan-brown, firm candidate nodes are identified ranging in size from 0.5-3.5 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

1. 2 candidate nodes
2. 1 candidate node
- 3-4. 1 candidate node bisected.

I. Received in formalin properly labeled with the patient's name and labeled "right common lymph nodes" are multiple portions of fibroadipose tissue measuring 5 x 2 x 0.5 cm. Upon dissection multiple tan and brown, firm lymph nodes are identified range in size from 0.5-2.5 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

1. 2 candidate node
2. 1 candidate node bisected
3. 1 candidate node bisected.

J. Received in formalin properly labeled with the patient's name and labeled "right periaortic lymph nodes" is a portion of fibroadipose tissue measuring 3.5 x 2 x 1 cm. Upon dissection multiple tan-brown, firm lymph nodes are identified ranging in size from 0.5-1.5 cm in greatest dimension. All possible lymph nodes are submitted.

Cassette summary:

1. 2 candidate nodes
2. 2 candidate nodes
3. 1 candidate node bisected.