

Primary Tumor Site Discrepancy	✓
HIPAA Discrepancy	✓
Prior Malignancy History	✓
Dual/Synchronous Primary Noted	✓
Case is (circle):	QUALIFIED DISQUALIFIED
Reviewer Initials	10/30/11

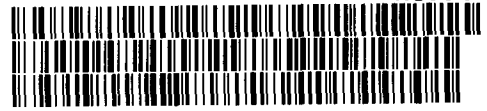
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TCGA-AX-A06D-01A-PR

Redacted

RUN DATE:
RUN TIME:

FAUCO - W

Specimen Inquiry



PATIENT: ACCT #: LOC: U#:
AGE/SX: /F RM/BED: REG:
REG DR: STATUS: DIS IN TLOC: DIS:

SPEC #: PN Obtained: Subm Dr:
STATUS: SOUT Received:

=====ADDENDUM=====

The reason for this addendum is to report the microscopic interpretation of two pieces of nondesignated lymph nodes that were processed for histology after original submission for research purposes. The original diagnosis and total number of lymph nodes remains the same.

GROSS DESCRIPTION:

Received in container, in two separate _____, are two pieces of lymph node which were previously submitted for research and subsequently returned. No orientation was available. The lymph nodes are from two pieces of lymph node, measuring 0.4 x 0.3 x 0.3 cm each and are submitted in two undesignated cassettes.

IMPRESSION:

LYMPH NODES, SITE(S) NOT SPECIFIED, DISSECTION:

Two lymph nodes, negative for malignancy (0/2).

Dictated by:
Entered:

Addendum # 1 Electronically Signed by:

MD, MD on

CLINICAL HISTORY:

ENDOMETRIAL ADENOCARCINOMA

SPECIMEN/PROCEDURE:

1. UTERUS - WITH CERVIX, TUBES, OVARIES; LAP. ASST. VAG. HYST/BSO/LND
2. LYMPH NODE - RIGHT PARA-AORTIC
3. LYMPH NODE - LEFT PARA-AORTIC
4. PELVIS - BLADDER SEROSA
5. LYMPH NODE - LEFT OBTURATOR
6. LYMPH NODE - LEFT EXTERNAL ILIAC
7. LYMPH NODE - RIGHT EXTERNAL ILIAC
8. LYMPH NODE - RIGHT OBTURATOR

100-0-3

adenocarcinoma, endometrial, NOS 8380/3
Site: endometrium 254.1 W
10/30/11

** CONTINUED ON NEXT PAGE **



IMPRESSION:

- 1) UTERUS AND BILATERAL FALLOPIAN TUBES AND OVARIES, HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY:
 - . ENDOMETRIUM:
 - . Endometrial adenocarcinoma, endometrioid type with focal mucinous differentiation.
 - . FIGO grade II, nuclear grade 2 (see comment and checklist).
 - . Tumor involves lower uterine segment.
 - . MYOMETRIUM:
 - . Myometrial invasion (> 50%) (9 mm of 15 mm, 60%).
 - . Lymphovascular space invasion is identified.
 - . Leiomyomata.
 - . CERVIX:
 - . Negative for malignancy.
 - . UTERINE SEROSA:
 - . Negative for malignancy.
 - . BILATERAL OVARIES:
 - . Negative for malignancy.
 - . Simple cyst.
 - . BILATERAL FALLOPIAN TUBES:
 - . Positive for malignancy (right).
 - . Paratubal cyst (right).
- 2) LYMPH NODES, RIGHT PARA-AORTIC, DISSECTION:
 - . Two lymph nodes, negative for malignancy (0/2).

LYMPH NODE, LEFT PARA-AORTIC, DISSECTION:

 - . One lymph node, negative for malignancy (0/1).
- 4) BLADDER, SEROSA, BIOPSY:
 - . Negative for malignancy.
 - . Paucicellular, hyalinized matrix material with scattered punctate calcifications.
- 5) LYMPH NODE, LEFT OBTURATOR, DISSECTION:
 - . One lymph node, negative for malignancy (0/1).
- 6) LYMPH NODE, LEFT EXTERNAL ILIAC, DISSECTION:
 - . One lymph node, negative for malignancy (0/1).
- 7) LYMPH NODES, RIGHT EXTERNAL ILIAC, DISSECTION:
 - . Four lymph nodes, negative for malignancy (0/4).
- 8) LYMPH NODE, RIGHT OBTURATOR, DISSECTION:
 - . One lymph node, negative for malignancy (0/1).

ENDOMETRIAL CARCINOMA CHECKLIST

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SPEC #:

PATIENT:

Page: 3
(Continued)

IMPRESSION: (continued)

MACROSCOPIC

SPECIMEN TYPE
Hysterectomy

TUMOR SITE

Specify location(s), if known: Anterior and posterior endometrium

TUMOR SIZE

Greatest dimension: 5.8 x 5.5 x 4.5 cm

OTHER ORGANS PRESENT

Right ovary
Left ovary
Right fallopian tube
Left fallopian tube

MICROSCOPIC

HISTOLOGIC TYPE

Endometrioid adenocarcinoma, with focal mucinous differentiation

HISTOLOGIC GRADE

G2: 6% to 50% nonsquamous solid growth

MYOMETRIAL INVASION

Invasion present

Maximal depth of myometrial invasion: 9 mm

Thickness of myometrium in area of maximal tumor invasion: 15 mm

The % of myometrial involvement: 60%

EXTENT OF INVASION

PRIMARY TUMOR (pT)

TNM (FIGO)

pT3a (IIIA): Tumor involves serosa, parametria, and/or adnexa (direct extension or metastasis)

pT3a (IIIA): Tumor involves serosa, parametria, and/or adnexa (direct extension or metastasis) and/or cancer cells in ascites or peritoneal washings

REGIONAL LYMPH NODES (pN)

TNM (FIGO)

pN0: No regional lymph node metastasis

Number examined: 10

DISTANT METASTASIS (pM)

TNM (FIGO)

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IMPRESSION: (continued)

PMX: Cannot be assessed

MARGINS

Uninvolved by invasive carcinoma

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L)

Present

ADDITIONAL PATHOLOGIC FINDINGS

Other (specify): Leiomyomata

Pathologic TNM (AJCC 6th Edition): pT3a NO MX

Dictated by:

Entered:

GROSS DESCRIPTION:

- 1) Received fresh, labeled with the patient's name, medical record number and "uterus, cervix, tubes and ovaries", is a previously opened uterus, 190 grams, 10.0 x 6.0 x 3.5 cm. The exocervix has tan-white mucosa and measures 3.5 x 1.5 cm. The os is patulous and is 1.0 cm in diameter. The right fallopian tube measures 8.0 cm in length and 0.7 cm in diameter. A single paratubal cyst is noted measuring 0.4 cm in greatest dimension and has clear serous fluid. The right ovary measures 1.8 x 1.5 x 0.7 cm. The left fallopian tube measures 11.0 cm in length and 0.6 cm in diameter. No left ovary identified. Grossly tumor is visible through the partially opened uterus. The tumor is tan-brown, necrotic, friable and hemorrhagic. On further opening the uterus the tumor is seen to expand the endometrial cavity both anteriorly and posteriorly and measures 5.8 x 5.5 x 4.5 cm. The tumor grossly extends right up to the lower uterine segment both anteriorly and posteriorly. The tumor is seen to invade into the myometrium to a maximum depth of 0.7 cm posteriorly. The myometrium averages 1.5 cm in thickness. The endometrial cavity is 5.5 cm in length and 3.5 cm from cornu to cornu. The serosa is tan-pink and glistening and without adhesions. Both fallopian tubes are patent and grossly unremarkable. The right ovary has a smooth white outer cortical surface and cut surface shows corpora albicantia. Portion of the fallopian tube and tumor were submitted for research purposes. The remaining specimen is representatively sampled and submitted as follows:

CASSETTE SUMMARY:

Cassette 1A:	Anterior cervix.
Cassette 1B:	Anterior lower uterine segment.
Cassette 1C:	Posterior cervix.
Cassette 1D:	Posterior lower uterine segment.
Cassette 1E-1J:	Anterior endomyometrium with tumor, full thickness section.
Cassette 1K:	Right tube and right ovary.
Cassette 1L-1R:	Posterior endomyometrium with tumor, full thickness section.
Cassette 1S:	Tumor with necrosis and hemorrhage.
Cassette 1T:	Left fallopian tube.

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GROSS DESCRIPTION: (continued)

- 2) Received fresh, labeled with the patient's name and "right para-aortic", is a 4.0 x 1.5 x 1.0 cm portion of yellow-gold to pink-tan fibroadipose tissue, dissected for possible lymph nodes. Two lymph nodes are grossly identified, ranging from 1.5 to 2.5 cm in greatest dimension. A portion from the largest lymph node is submitted for research. The specimen is submitted as follows:

CASSETTE SUMMARY:

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

- 3) Received fresh for research, labeled with the patient's name and "left para-aortic", is a 3.5 x 2.0 x 1.5 cm portion of yellow-gold to pink-tan fibroadipose tissue, dissected for possible lymph nodes. One lymph node identified that is 4.6 x 1.7 x 0.6 cm. The specimen is bisected and entirely submitted in cassettes 3A and 3B.
- 4) Received labeled with the patient's name and "bladder serosa", is a 5.6 x 4.0 x 3.0 cm partially encapsulated pale yellow to pink-tan nodule with adherent yellow-gold adipose tissue. Upon sectioning the specimen contains a firm calcified yellow-tan grumose material. Portions of the capsule are representatively submitted in cassettes 4A and 4B.
- 5) Received in formalin, labeled "left obturator lymph node" and with the patient's name, is one yellow-tan ovoid lymph node, 1.5 x 1.3 x 0.4 cm. The lymph node is sampled for research. The remaining tissue is bivalved and submitted in one cassette.

Received in formalin, labeled "left external iliac lymph node" and with the patient's name, is one yellow-tan ovoid lymph node, 4.0 x 1.8 x 0.5 cm. The lymph node is sampled for research, the remaining tissue is bivalved and entirely submitted in two cassettes.

- 7) Received in formalin, labeled "right external iliac lymph nodes" and with the patient's name, is an aggregate of irregular portions of yellow-tan lobulated adipose tissue, 4.5 x 2.5 x 0.7 cm. The specimen is dissected for lymph nodes, there are four tan ovoid lymph nodes identified, ranging from 0.8 x 0.8 x 0.4 cm to 2.5 x 1.2 x 0.6 cm. One lymph node is sampled for research. All lymph nodes identified are submitted as follows:

CASSETTE SUMMARY:

Cassette 7A: One lymph node, bivalved.
Cassette 7B: One lymph node, bivalved.
Cassette 7C: One lymph node, bivalved.
Cassette 7D: One lymph node.

- 8) Received in formalin, labeled "right obturator lymph node" and with the patient's name, is one tan ovoid lymph node, 2.5 x 1.5 x 0.9 cm. The lymph node is sampled for research. The remaining tissue is bisected and entirely submitted in two cassettes.

Dictated by:

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