

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Qual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RE	CA/LL
Date Reviewed	11/24/11	

UUID: 3D86258F-2C9B-4DF2-86C5-E12B3FCB480D
 TCGA-AX-A3G3-01A-PR

Redacted

Reg#: [REDACTED]

ACCN Number	Order Test Code	Order Test Name
Collected:	SP FINAL REPORT	SP FINAL REPORT
Source:		
<p>1CD-0-3</p> <p>adenocarcinoma, serous, NOS 8441/3</p> <p>Site: endometrium C54.1</p> <p>11/29/11</p>		
<p>HISTORY:</p> <p>Postmenopausal patient with left adnexal mass and grade II endometrial adenocarcinoma on D&C. Operative Procedure/Tissue Submitted: Hysterectomy, BSO, LND staging. Uterus, tubes, ovaries.</p>		
<p>GROSS:</p> <p>1. "Uterus, cervix, right tube and ovary" Received in formalin in a medium container is a previously-bivalved uterus and cervix with attached right adnexa. The 4.2 cm right fallopian tube has no visible fimbria, focally-adhesed serosa and unremarkable cut surfaces. The attached, 2.6 x 1.5 x 1.3 cm, ovary has unremarkable serosa, and the cut surfaces show a 1.3 cm calcified cystic structure that is partly filled with red-brown, granular and calcified substance, and lined with yellow-tan walls. The uterus and cervix have been previously bivalved, and the uterine serosa is focally reddened. The anterior lower uterine segment is inked green, and the posterior is inked black. The ectocervical mucosa is gray-tan and focally hemorrhagic with a central, 0.3 cm os. The endocervical mucosa is unremarkable. The anterior and posterior lower uterine segments appear unremarkable. Arising in the 1.4 x 1 cm endometrial cavity is a 1.5 x 1.2 cm, red-tan, friable mass that appears to involve the entire posterior wall. This friable tumor comes to within 0.4 cm of the lower uterine segment of the posterior wall and 3 cm from the ectocervix. The cut surface through the neoplasm shows its maximum thickness at 0.4 cm, penetrating up to 0.2 cm into the underlying myometrium. The maximum myometrial thickness of the posterior wall is 0.9 cm. The uninvolved, unremarkable endometrium of the anterior wall is less than 0.1 cm in thickness, and the myometrial thickness of the anterior wall is 0.9 cm.</p> <p>1A. Right adnexa.</p> <p>1B. Anterior cervix.</p> <p>1C. Posterior cervix.</p> <p>1D. Anterior lower uterine segment.</p> <p>1E. Posterior lower uterine segment.</p> <p>1F&G. Posterior endometrial tumor.</p> <p>1H. Uninvolved anterior endomyometrium.</p> <p>2. "Left tube and ovary" Received in formalin in a large container is a 75.1 grams, stated left adnexa with adherent fatty tissue. The stated right adnexa has a 4.1 cm segment of fallopian tube without fimbria readily seen. The external diameter ranges from 0.2 to 0.7 cm. The serosa is diffusely adhered to the multinodular mass, and the cut surfaces do not readily show involvement with neoplasm. The attached, multinodular mass is 7.4 x 5.8 x 3.5 cm. The outer surface of this nodular mass is diffusely adhered with attached fatty tissue and focally hemorrhagic. The cut surface shows a yellow-tan to white, multilobular mass that is focally hemorrhagic. Possible remnants of orange luteal structures is focally seen. This area is focally hemorrhagic and 1.2 cm in greatest dimensions. No evidence of uninvolved, normal parenchyma of the ovary is readily seen. No direct invasion into the adherent fallopian tube segment is readily seen.</p> <p>2A. Fallopian tube at adherent mass.</p> <p>2B-E. Sections of nodular mass of ovary.</p> <p>3. "Right pelvic obturator lymph node" Received in formalin in a small container is a 5.2 x 2.5 x 0.6 cm irregularly-shaped portion of fatty tissue. Within the fatty tissue are six lymph node candidates, up to 1.8 cm in greatest dimensions.</p> <p>3A. Four whole lymph node candidates.</p> <p>3B. Two whole lymph node candidates.</p>		

4. "Pericolic gutter, right"
A 0.3 cm soft tissue bit.
5. "Left pelvic and obturator lymph nodes" Received in formalin in a small container is a 3.7 x 2.4 x 1.1 cm irregular, ovoid portion of fatty tissue. Within the fat are eight lymph node candidates up to 1.6 cm in greatest dimensions.
- 5A. Five whole lymph node candidates.
- 5B. Three whole lymph node candidates. (fat retained)
6. "Left pelvic sidewall"
A 0.4 cm soft tissue bit.
7. "Left pericolic gutter" Received in formalin in a small container is a 0.9 x 0.4 x 0.3 cm wedge of soft tissue.
- 7A. Left pericolic gutter.
8. "Para-aortic lymph nodes" Received in formalin in a small container is a 1.7 x 0.9 x 0.6 cm irregularly-shaped portion of fatty tissue. No lymph node candidate is readily seen nor palpated in the portion.
- 8A. Fat from periaortic lymph node.
9. "Cul-de-sac"
A 0.5 cm soft tissue bit.
10. "Omentum" Received in formalin in a medium container is a 10.4 x 3.6 x 1.1 cm apron of omental adipose. The unremarkable apron of omental fat has lobular, focally-hemorrhagic cut surfaces. No mass nor lesion is readily seen or palpated.
- 10A. Omentum.

MICROSCOPIC:

ENDOMETRIAL NEOPLASM:

Histologic Subtype(s): Serous adenocarcinoma.

Tumor Size: 1.5 x 1.2 x 0.4 cm.

Overall (FIGO) Grade: 3.

Myoinvasive: Yes (superficial).

Depth of Invasion/Total Uterine Thickness: < 0.1 cm out of 0.6 cm total thickness

Cervix Involved: No.

Lymph Nodes (#positive lymph nodes/total #): 0/17.

Vascular Space Involvement: No.

Other Metastatic Sites: Broad ligament

Resection Margins Involved: No.

MICROSCOPIC DIAGNOSIS:

1. Uterus, cervix, right tube and ovary, resection: Endometrial papillary serous carcinoma (1.5 cm), with superficial invasion of the myometrium (0.1 cm out 0.6 cm total myometrial thickness). Unremarkable lower uterine segment and cervix. Right ovary with osseous metaplasia. Unremarkable Fallopian tube.
2. Left tube and ovary, resection: Metastatic papillary serous carcinoma (7.4 cm) involving the broad ligament. Residual left ovary and Fallopian tube without evidence of malignancy.

3. Right pelvic obturator lymph node, excision: Seven lymph nodes, negative for carcinoma (0/7).
4. Right pericolic gutter, biopsy: Fibroadipose tissue, negative for carcinoma.
5. Left pelvic and obturator lymph nodes, excision: Seven lymph nodes, ~~negative for carcinoma (0/7)~~.
6. Left pelvic sidewall, biopsy: Fibroadipose tissue, negative for carcinoma.
7. Left pericolic gutter, biopsy: Fibroadipose tissue, negative for carcinoma.
8. Paraaortic lymph nodes, resection: Three lymph nodes, negative for carcinoma (0/3).
9. Cul-de-sac, biopsy: Fibroadipose tissue, negative for carcinoma.
10. Omentum, resection: Fibrovascular and adipose tissue, negative for carcinoma.

I, M.D., the signing staff pathologist, have personally examined and interpreted the slides from this case.

Code:

T82000, T83000, E90500, T87000, P11000, M84613, T85000, T82300, T87010, M73400, T86100, T86300, T87020, M80003, TY6000, T08640, P11000, T08000, M00100, M80103, P11400, T08480, T63850, T1X010

(electronic signature)

Collected:	NON-GYN REVIEW	Updated:
NON-GYN REVIEW Source:		
<p>SOURCE OF SPECIMEN: =====</p> <p>Right diaphragm scraping.</p> <p>GROSS: =====</p> <p>One prepared smear. The specimen has been prepared and examined by the following method: Smear(s) only.</p> <p>DIAGNOSIS: =====</p> <p>Negative for neoplasm.</p>		

I, _____ have personally viewed and interpreted the slides from this patient's specimen.

(electronic signature)

Collected: _____	NON-GYN REVIEW	Updated: _____
NON-GYN REVIEW		Source: _____

SOURCE OF SPECIMEN:

=====

Left diaphragm scraping.

GROSS:

=====

One prepared smear.

The specimen has been prepared and examined by the following method:
Smear(s) only.

DIAGNOSIS:

=====

Negative for neoplasm.

I, _____ have personally viewed and interpreted the slides from this patient's specimen.

(electronic signature)

Collected: _____	NON-GYN REVIEW	Updated: _____
NON-GYN REVIEW		Source: _____

SOURCE OF SPECIMEN:

=====

Pelvic washing.

GROSS:

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80 mL, clear, pinkish fluid.

The specimen has been prepared and examined by the following method:

Thinprep filtration and cell block.

DIAGNOSIS:

=====

Negative for neoplasm.

I, _____ have personally viewed and interpreted the slides from this patient's specimen.

(electronic signature)

Collected: _____	METHICILLIN RES STAPH CULT	Updated: _____
METHICILLIN RES STAPH CULT Source: NOSE NOSE		

----- FINAL REPORT -----

NO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS ISOLATED

Collected: _____	VANCO RES ENTEROCOCCI CULTURE	Updated: _____
Source: RECTAL SWAB REC SWAB		

----- FINAL REPORT -----

NO VANCOMYCIN RESISTANT ENTEROCOCCUS ISOLATED.