

100-0-3

Adenocarcinoma, serous, NOS 8441/3

Site Code: Endometrium C54.1

1/9/11

fw

RUN DATE:  
RUN TIME:  
BY:

PAGE:1

Specimen Inquiry

PATIENT:	ACCT #:	LOC:	U#:
REG DR:	AGE/SX:	RM/RED: 1	REG:
	STATUS:	TLOC:	DIS:

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

SPECIMEN/PROCEDURE:

1. LYMPH NODE - RIGHT EXTERNAL ILIAC
2. LYMPH NODE - RIGHT COMMON ILIAC
3. LYMPH NODE - RIGHT PARA AORTIC
4. LYMPH NODE - LEFT EXTERNAL ILIAC
5. LYMPH NODE - RIGHT OBTURATOR
6. LYMPH NODE - LEFT PELVIC LYMPH NODE
7. LYMPH NODE - LEFT OBTURATOR
8. UTERUS - WITH BILATERAL TUBES AND OVARIES

IMPRESSION:

- 1) RIGHT EXTERNAL ILIAC LYMPH NODE:
  - . Mature adipose tissue.
  - . No lymph node material identified.
- 2) RIGHT COMMON ILIAC LYMPH NODE:
  - . One lymph node is negative for tumor. (0/1)
- 3) RIGHT PARA-AORTIC LYMPH NODES:
  - . Five lymph nodes negative for tumor. (0/5)
- 4) LEFT EXTERNAL ILIAC LYMPH NODE:
  - . One lymph node is negative for tumor. (0/1)
- 5) RIGHT OBTURATOR LYMPH NODES:
  - . Three lymph nodes are negative for tumor. (0/3)
- 6) LEFT PELVIC LYMPH NODES:
  - . Three lymph nodes are negative for tumor. (0/3)
- 7) LEFT OBTURATOR LYMPH NODES:
  - . Three lymph nodes are negative for tumor. (0/3)
- 8) UTERUS, TUBES AND OVARIES:
  - ENDOMETRIUM:
    - . Endometrial polyp with partial replacement by serous carcinoma.
    - . The tumor is confined to the polyp and does not invade the myometrium.
  - MYOMETRIUM:

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UUID:E2F94D2B-C53B-4112-AFBB-06A6751CAE4B  
TCGA-AX-A1CP-01A-PR

Redacted



**IMPRESSION: (continued)**

- . Leiomyoma.
- CERVIX:**
  - . Slight chronic cyst cervicitis.
- OVARIES BILATERAL:**
  - . Atrophic pattern.
- FALLOPIAN TUBES BILATERAL:**
  - . No pathologic diagnosis.

**ENDOMETRIAL CARCINOMA CHECKLIST****MACROSCOPIC****SPECIMEN TYPE**  
hysterectomy**TUMOR SITE**

Fundus

**TUMOR SIZE**

Greatest dimension: 2.5 cm

**OTHER ORGANS PRESENT**

Right ovary  
Left ovary  
Right fallopian tube  
Left fallopian tube

**MICROSCOPIC****HISTOLOGIC TYPE**

Serous adenocarcinoma

**HISTOLOGIC GRADE**

Not applicable

**MYOMETRIAL INVASION**

No myometrial invasion; tumor limited to endometrium

**EXTENT OF INVASION****PRIMARY TUMOR (pT)**

TNM (FIGO)

pT1a (IA): Tumor limited to endometrium

**REGIONAL LYMPH NODES (pN)**

TNM (FIGO)

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**IMPRESSION: (continued)**

pNO: No regional lymph node metastasis  
Number examined: 15

**DISTANT METASTASIS (DM)**

TNM (FIGO)

pMX: Cannot be assessed

**MARGINS**

Uninvolved by invasive carcinoma

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

Absent

Pathologic TNM (AJCC 6th Edition): pT1a NO MX

Dictated by:

Entered:

**COMMENT:**

has seen representative slides of this case and agrees.  
Entered:

**GROSS DESCRIPTION:**

- 1) Received labeled with the patient's name and "right external iliac", is a 1.7 x 1.0 x 0.3 cm aggregate of yellow-gold lobulated adipose tissue dissected for possible lymph nodes. No lymph nodes are grossly identifiable. Specimen is entirely submitted in one cassette.
- 2) Received labeled with the patient's name and "right common iliac", is a 3.0 x 1.2 x 0.5 cm aggregate of yellow-gold lobulated adipose tissue, dissected for possible lymph nodes. One possible lymph node is identified that is 2.6 x 0.9 x 0.5 cm. The specimen is bisected and entirely submitted in cassette 2A.
- 3) Received labeled with the patient's name and "right para-aortic", is a 3.0 x 2.7 x 1.5 cm aggregate of yellow-gold to pink-tan fibroadipose tissue, dissected for possible lymph nodes. Six possible lymph nodes are identified ranging from 0.4 to 3.0 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 3A: Three possible lymph nodes.  
Cassette 3B: One lymph node, bisected.  
Cassette 3C: One lymph node, bisected.  
Cassette 3D: One lymph node, bisected.

- 4) Received labeled with the patient's name and "left external iliac", is a 1.7 x 1.5 x

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**GROSS DESCRIPTION: (continued)**

0.3 cm aggregate of yellow-gold to pink-tan fibroadipose tissue, dissected for possible lymph nodes. One possible lymph node is identified that is 1.0 cm x 0.4 x 0.3 cm. The specimen is entirely submitted in cassette 4A.

- 5) Received labeled with the patient's name and "right obturator", is a 2.5 x 2.5 x 1.2 cm aggregate of yellow-gold to pink-tan lobulated adipose tissue, dissected for possible lymph nodes. Three possible lymph nodes are identified, ranging from 0.7 to 2.0 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 5A: One possible lymph node.  
Cassette 5B: One lymph node, bisected.  
Cassette 5C: One lymph node, bisected.

- 6) Received labeled with the patient's name and "left pelvic lymph nodes", is a 3.5 x 2.7 x 0.5 cm aggregate of yellow-gold to pink-tan fibroadipose tissue, dissected for possible lymph nodes. One lymph node identified that is 2.0 x 1.7 x 0.6 cm. The specimen is bisected and entirely submitted in cassette 6A.
- 7) Received labeled with the patient's name and "left obturator", are three portions of yellow-gold to pink-tan fibroadipose tissue, ranging from 1.9 to 2.8 cm in greatest dimension. The specimen is dissected for possible lymph nodes. Two possible lymph nodes are identified, ranging from 3.0 to 3.3 cm in greatest dimension. Submitted as follows:

**CASSETTE SUMMARY:**

Cassette 7A: One lymph node, bisected.  
Cassette 7B: One lymph node, bisected.

- 8) Received fresh, labeled with the patient's name, number and "uterus, bilateral tubes and ovaries", is a hysterectomy and bilateral salpingo-oophorectomy specimen consisting of uterus (6.0 x 4.0 x 3.0 cm), right fallopian tube (4.5 x 0.5 cm), right ovary (2.0 x 1.8 x 0.7 cm), left fallopian tube (5.5 x 0.5 cm), and left ovary (2.5 x 1.5 x 0.9 cm). Bilateral fallopian tubes are pink-tan, focally hemorrhagic and otherwise unremarkable. Right ovary has yellow-tan to pink, glistening external surface and upon sectioning reveals a white-tan, homogeneous parenchyma. Left ovary has white-tan to pink, smooth external surface and upon sectioning reveals a white-tan to pink, homogeneous parenchyma.

The external surface of the uterus is pink-tan, focally hemorrhagic, smooth and otherwise unremarkable. The ectocervix is red-tan, hemorrhagic, irregularly shaped and has an external os opening of 1.0 cm in maximum diameter. Upon opening the uterus the endocervical canal is pink-tan, focally hemorrhagic and measures 2.0 x 0.6 cm. The endometrial cavity is 4.0 x 1.5 cm, pink-tan, focally hemorrhagic and has a polypoidal growth encompassing the entire endometrial cavity. The polypoidal growth is soft to firm, focally hemorrhagic with the stalk of attachment to posterior uterine

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Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RB	DL
Date Reviewed:	1/2/10	

SPEC #:

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**GROSS DESCRIPTION: (continued)**

wall and measures 2.5 x 2.5 x 1.3 cm. The myometrium is pink-tan, soft to firm and measures 1.5 cm in maximum thickness. The endocervical canal is free of tumor, although the polypoidal growth extends to involve the anterior lower uterine segment. A part of the specimen is submitted for research (polypoidal growth and fallopian tube). Representatively sectioned and submitted as follows:

**CASSETTE SUMMARY:**

Cassette 8A: Right ovary and fallopian tube.  
 Cassette 8B: Left ovary and fallopian tube.  
 Cassette 8C: Anterior cervix (12:00).  
 Cassette 8D: Anterior lower uterine segment, including the polypoidal growth (extending down to involve the anterior lower uterine segment).  
 Cassette 8E: Posterior cervix (6:00) and posterior lower uterine segment.  
 Cassette 8G-8J: Anterior endomyometrium.  
 Cassette 8K-8P: Posterior endomyometrium (including the polypoidal growth).

Dictated by:  
 Entered:

COPIES TO:

No PCP/Family Physician

**CPT Codes:**

LYMPH NODE BIOPSY (M)/88305/3998021/2, LYMPH NODE, REGIONAL RESECT/88307/3998030/4,  
 SOFT TISSUE, LIPOMA/ADIPOSE (1)/88304/3996800, UTERUS W/NO ADNEXAE, TUMOR-88309/3997651

ICD9 Codes:  
 182.0

Resident Physician:

I have personally reviewed the material  
 (specimen/slide) and approve this final report.

Electronically Signed by:

MD on  
 Physicians

\*\* END OF REPORT \*\*