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: BB Date Reviewed: 6/9/11
fw 6/19/11

UUID:1D1AF737-8A5A-4274-89AD-2F48A3127DDD
TCGA-AX-A2H8-01A-PR

Redacted

[redacted]

Final

ICD-O-3
adenocarcinoma, endometrioid, nos
8380/3
Site: Endometrium C54.1
fw 6/19/11

[redacted]

FINAL

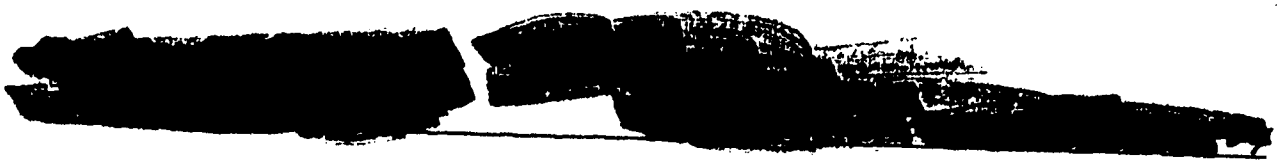
[redacted]

Taken: [redacted]
Received:
Accessioned:
Reported:

Physician(s):

Other Related Clinical Data:
DIAGNOSIS:
UTERUS, ENDOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY
- ENDOMETRIAL ADENOCARCINOMA, ENDOMETRIOID TYPE, FIGO GRADE 3/3
- LOWER UTERINE SEGMENT IS INVOLVED BY ADENOCARCINOMA
- SEE COMMENT AND SYNOPTIC
UTERUS, MYOMETRIUM, TOTAL ABDOMINAL HYSTERECTOMY
- ADENOCARCINOMA BY DIRECT EXTENSION, INVADING TO A DEPTH OF 3 MM WHERE MYOMETRIAL THICKNESS IS 14 MM
- NO LYMPHVASCULAR INVASION BY ADENOCARCINOMA IS IDENTIFIED
- LEIOMYOMATA
- ADENOMYOSIS
UTERUS, CERVIX, TOTAL ABDOMINAL HYSTERECTOMY
- NO HISTOPATHOLOGIC ABNORMALITY
OVARY, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY
- NO HISTOPATHOLOGIC ABNORMALITY
FALLOPIAN TUBE, RIGHT, BILATERAL SALPINGO-OOPHORECTOMY
- PARATUBAL CYST
OVARY, LEFT, BILATERAL SALPINGO-OOPHORECTOMY
- NO HISTOPATHOLOGIC ABNORMALITY
FALLOPIAN TUBE, LEFT, BILATERAL SALPINGO-OOPHORECTOMY
- NO HISTOPATHOLOGIC ABNORMALITY
LYMPH NODES, RIGHT PELVIC, EXCISION
- NO EVIDENCE OF MALIGNANCY IN TEN LYMPH NODES
LYMPH NODES, RIGHT COMMON PERIAORTIC, EXCISION
- NO EVIDENCE OF MALIGNANCY IN SIX LYMPH NODES
LYMPH NODES, LEFT CERVIX, EXCISION
- NO EVIDENCE OF MALIGNANCY IN TWELVE LYMPH NODES
LYMPH NODES, LEFT PERIAORTIC, EXCISION
- NO EVIDENCE OF MALIGNANCY IN ELEVEN LYMPH NODES

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides(and/or other material indicated in the diagnosis).



***Report Electronically Reviewed and Signed Out By
***

Intraoperative Consultation:
An intraoperative non-microscopic consultation was obtained and interpreted as: "Called to pick up 'cervix, uterus, tubes and ovaries,' consisting of a 12.5 x 7.5 x 6 cm, 487 gram uterus with unremarkable bilateral fallopian tubes. The left ovary measures 3.5 x 2 x 1.5 cm and the right ovary measures 3.5 x 2 x 2.1 cm. The cervix has a diameter of 3 cm and appears unremarkable. Opened to show a polypoid mass measuring 4 x 2.5 cm, that is possibly minimally invasive on additional sections. The uterus is distorted by myometrial tan-white mass, approximately 5 cm in greatest dimension. A section shows no hemorrhage or necrosis. Tissue taken for and tumor bank. All for permanents," by

Microscopic Description and Comment:
Sections of the endometrial adenocarcinoma show it is of endometrioid type. Overall, the areas of solid growth comprise less than 50% of the tumor. However, in many regions the tumor has significant nuclear atypia, a finding which justifies assigning the tumor an overall FIGO grade 3.

History:
The patient is a old woman with endometrial adenocarcinoma. Operative procedure: Total abdominal hysterectomy.
Specimen(s) Received:
A: CERVIX, UTERUS, OVARIES AND TUBES
B: LYMPH NODES, RIGHT PELVIC
C: LYMPH NODES, RIGHT COMMON
D: LYMPH NODES, LEFT PELVIC
E: LYMPH NODE, LEFT PERIAORTIC

Gross Description
Received are five formalin-filled containers, each labeled " " The first container is labeled "cervix, uterus, tubes and ovaries." It contains a previously opened uterus with bilateral fallopian tubes and ovaries. The uterus weighs 420 grams and measures as previously described in the intraoperative consultation. The uterus has been previously opened to show an unremarkable rim of vagina, a slightly hemorrhagic ectocervix, an unremarkable endocervical canal, and a lower uterine segment showing papillary endometrium. The remaining endometrium has been replaced by a solid tan mass, measuring 6 x 6.5 x 6 cm. No hemorrhage or necrosis is identified. The mass shows pushing borders but no definitive myometrial invasion. The lower uterine segment show a polypoid lesion measuring as described in the intraoperative consultation. The myometrium measures 1.2 cm in greatest thickness. The right ovary measures 3.5 x 2 x 2.2 cm and appears grossly unremarkable. The right fallopian tube measures 6 x 0.6 cm, with a paratubal cyst measuring 3 cm in greatest diameter. The left ovary measures 2.5 x 2.2 x 2.2 cm, and appears grossly unremarkable. The left fallopian tube measures 4 x 0.5 cm, and appears unremarkable. Labeled A1 - vaginal margins; A2 - anterior cervix; A3 and A4 - anterior lower uterine segment; A5 - low aspect of the anterior uterine body; A6 and A7 - anterior uterus, dome area; A8 and A9 - tumor; A10 - posterior cervix; A11 - posterior lower uterine segment; A12 and A13 - posterior endomyometrium; A14 - posterior dome; A15 - right ovary; A16 - right fallopian tube; A17 - left ovary; A18 - left fallopian tube; A19-28-anterior low uterine segment with polypoid endometrium, A29-30- anterior endomyometrium. Jar 3.
The second container is labeled "#2, right pelvic lymph nodes." It contains multiple fragments of fibroadipose tissue measuring, in aggregate, 8 x 7 x 2 cm, from which lymph nodes that range from 0.5 to 2 cm are dissected. Labeled B1 - two bisected lymph nodes; B2 - one bisected lymph node; B3 - one bisected lymph node; B4 and B5 - dissected lymph nodes. Jar 1.

[redacted]

The third container is labeled "#3, right common periaortic lymph nodes." It contains a fragment of fibroadipose tissue measuring 5 x 4 x 1.5 cm, from which lymph nodes that range from 0.3 to 1 cm, are dissected. Labeled C1 to C5 - lymph nodes. Jar 0.
The fourth container is labeled "#4, left pelvic lymph nodes." It contains multiple fragments of fibroadipose tissue measuring, in aggregate, 7.5 x 7.5 x 2 cm, from which lymph nodes ranging from 0.5 to 3 cm are dissected. Labeled D1 to D5. Jar 1.
The fifth container is labeled "#5, left periaortic lymph nodes." It contains fragments of fibroadipose tissue measuring, in aggregate, 3 x 2.5 x 1 cm, from which lymph nodes ranging from 0.3 to 2 cm are dissected. Labeled E1 and E2. Jar 0

M.D.

SYNOPTIC REPORTING FORM FOR MALIGNANT ENDOMETRIAL TUMORS

HISTOPATHOLOGIC TYPE
The histologic diagnosis is adenocarcinoma, endometrioid type

FIGO GRADE
The tumor is FIGO grade 3; see comment

TUMOR INVASION
Invasive tumor is present with superficial invasion into the luminal 1/3 of the myometrium

TUMOR SIZE
The tumor invades to a depth of 3 mm
The myometrial thickness is 14 mm

LOWER UTERINE SEGMENT INVOLVEMENT
(does not change the stage)
The lower uterine segment is involved by tumor

ENDOCERVICAL INVOLVEMENT
The endocervix is not involved by tumor

LYMPHVASCULAR SPACE INVASION
Lymphvascular space invasion by tumor is absent

REGIONAL LYMPH NODES (N)
No regional lymph node metastasis (N0)
The regional lymph nodes are free of tumor in 39 nodes

DISTANT METASTASIS (M)
Distant metastasis cannot be assessed (MX)

PRIMARY TUMOR (TNM Category/FIGO Stage)
Tumor invades less than one-half of the myometrium (T1b/IB)

STAGE GROUPING
Insufficient data to assign stage (Stage X)

The pathologic stage assigned here should be regarded as provisional, and may change after integration of clinical data not provided with this specimen.

The performance characteristics of some immunohistochemical stains, fluorescence in-situ hybridization tests and immunophenotyping by flow cytometry cited in this report (if any) were determined by the Surgical Pathology Department at

[redacted]

s part of an ongoing quality assurance program and in compliance with federally mandated regulations drawn from the Clinical Laboratory Improvement Act of 1988 (CLIA '88). Some of these tests rely on the use of "analyte specific reagents" and are subject to specific labeling requirements by the US Food and Drug Administration. Such diagnostic tests may only be performed in a facility that is certified by the [redacted] ch high complexity laboratory under CLIA '88. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. Nevertheless, federal rules concerning the medical use of analyte specific reagents require that the following disclaimer be attached to the report:

This test was developed and its performance characteristics determined by the Surgical Pathology Der tment o: [redacted] It has not been cleared or approved by the U. S. Food and Drug Administration.