

Criteria	Yes	No
Diagnosis Discrepancy		3
Primary Tumor Site Discrepancy		1
HIPAA Discrepancy		1
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case Is (circle):	QUANTIFIED	DISQUALIFIED
Reviewer Initials	W	SHH
Date Reviewed	9/13/10	

1CD-0-3
 Adenocarcinoma, Endometrioid, NOS 8380/3
 Site: Endometrium C54.1 W 5111

UUID: A024F121-F6C9-4CDF-B0ED-858708D86DFE
 TCGA-B5-A0V8-01A-PR

Redacted



Surgical Pathology Report

Patient Name:

Med Rec No:

DOB:

Gender:

Physician(s):

cc:

Client:

Location:

Pt. Phone no

Accession #:

Taken:

Received:

Reported:

History/Clinical Dx: Endometrial cancer, LMP N/A

Postoperative Dx: Pending pathology examination

Specimen(s) Received:

- A: Uterus, cervix, bilateral tubes and ovaries
- B: Left pelvic lymph nodes
- C: Left aortic node
- D: Right pelvic lymph nodes
- E: Right caval node
- F: Umbilical hernia sac

FAKED

DIAGNOSIS:

A. Uterus, cervix, bilateral tubes and ovaries:

ENDOMETRIAL ADENOCARCINOMA

Tumor Information:

Operative procedure:

Histologic type:

Histologic grade(FIGO):

Nuclear grade:

Tumor size:

Extent of invasion:

Lympho/vascular invasion:

Serosa:

Parametrium:

Cervical involvement:

Right adnexa:

Left adnexa:

Other findings:

Special studies:

Staging information:

TAH-BSO with staging

Endometrioid

Grade 2

2

6.0 cm

Greater than 50% of myometrial thickness (15mm of invasion, myometrial thickness of 20mm)

Present

Free of tumor

Free of tumor

Present, stromal extension

Free of tumor

Free of tumor

N/A

On request

G2, T2b

B. Left pelvic lymph nodes:

Nine lymph nodes negative for metastasis (0/9)

C. Left aortic nodes:

Three lymph nodes negative for metastasis (0/3)

D. Right pelvic lymph nodes:

Four lymph nodes negative for metastasis (0/4)

CLINICAL SIGNIFICANCE

The following statement is an application to some of the components of this report. This report was developed and its performance characteristics determined by the U.S. Food and Drug Administration. The FDA has determined that such use is in compliance with its regulations. This report is not intended to be used for clinical decision making. The laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to perform high complexity clinical laboratory testing.

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E. Right caval nodes:

Two lymph nodes negative for metastasis (0/2)

F. Umbilical hernia sac:

Fibromembranous tissue consistent with hernia sac

Gross Description

A. Received in formalin labeled [REDACTED], uterus, cervix, bilateral tubes and ovaries" is a previously opened uterus and cervix and surgically detached right and left fallopian tubes and ovaries, 100.0 grams. The uterus is asymmetrical in configuration, 7.0 cm in length, 5.0 cm in broadest width, and up to 4.0 cm anterior-posteriorly. The serosa is pink-tan, smooth and dull. The cervical portion is 3.0 x 3.0 x 3.0 cm, and appears grossly normal. A portion of the cervix has been removed intraoperatively and submitted for cancer research. The uterine cavity is 6.0 x 3.0 cm across and reveals a diffuse spreading exophytic mass lesion that covers approximately 90% of the endometrial surface. The tumor appears to extend inferiorly to within 2.0 cm of the ectocervix. A portion of the endometrium has been removed intraoperatively and submitted for cancer research. The cut surface of the tumor reveals to grossly extend to a depth of 1.5 cm within the myometrium. By gross evaluation, the tumor is free of the outer serosal surface by a distance of 0.5 cm. At this level, the myometrium is 2.0 cm in thickness. A portion of the endometrium has been removed intraoperatively and submitted for cancer research. The right and left fallopian tubes are each approximately 4.0 x 0.5 cm, and appear grossly normal. The right and left ovaries are each approximately 3.0 x 1.5 x 1.0 cm, and reveal no obvious mass lesion on cut section. Adjacent to the right ovary is a small firm nodule. A portion of each ovary has been removed intraoperatively and submitted for cancer research. Representative sections, blocks A1-A13.

KEY TO CASSETTES:

A1-A2	-	Cervix
A3	-	Upper cervical canal
A4	-	Lower uterine segment
5-A8	-	Tumor
A9	-	Right adnexa
A10	-	Left adnexa
A11	-	Right parametrium
A12	-	Left parametrium
A13	-	Right periovarian nodule

B. Received in formalin labeled [REDACTED], left pelvic lymph nodes" is a fragment of yellow-tan fatty soft tissue, 15.0 grams, 5.0 x 3.5 x 1.5 cm. By palpation, there are several distinct nodes, pink-tan in color, 2.0 cm in greatest dimension. Submitted in toto, blocks B1-B5.

KEY TO CASSETTES:

B1	-	One lymph node
B2	-	Two lymph nodes
B3-B5	-	Remainder of sample

C. Received in formalin labeled [REDACTED], left aortic lymph node" is a fragment of yellow-tan fatty soft tissue, 7.0 grams, 3.5 x 2.5 x 1.5 cm. By palpation, there are several distinct nodes, pink-tan in color, 2.0 cm in greatest dimension. Submitted in toto, blocks C1-C3.

KEY TO CASSETTES:

C1	-	One lymph node
C2	-	Two lymph nodes
C3	-	Remainder of sample

D. Received in formalin labeled [REDACTED], right pelvic lymph nodes" is a fragment of yellow-tan fatty soft tissue, 8.0 grams, 4.0 x 3.0 x 2.0 cm. By palpation, there are several distinct nodes, pink-tan in color, 1.0 cm in greatest dimension. Submitted in toto, blocks D1-D3.

KEY TO CASSETTES:

D1	-	One lymph node
D2-D3	-	Remainder of sample

[REDACTED]

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[REDACTED]

- E. Received in formalin labeled [REDACTED] "right caval node" is a fragment of yellow-tan fatty soft tissue, 3.0 grams, 2.5 x 1.5 x 0.5 cm. By palpation, there is one distinct node, pink-tan in color, 2.0 cm in greatest dimension. Submitted in toto, blocks E1-E2.

KEY TO CASSETTES:

E1 - One lymph node
E2 - Remainder of sample

- F. Received in formalin labeled [REDACTED] "umbilical hernia sac" is a fragment of pink-tan membranous soft tissue with a small amount of adherent yellow-tan adipose tissue, 7.0 grams, 6.0 x 3.0 x 0.5 cm. By gross evaluation, no mass lesion is identified. Representative sections, blocks F1-F2.

Microscopic Description

The microscopic findings support the above diagnosis.

***Electronically Signed Out By [REDACTED]