



## Surgical Pathology Report

\* Amended \*

DATE OBTAINED:  
DATE RECEIVED:  
DATE REPORTED:

LOCATION:  
SUBMITTING MD:  
CC:

### DIAGNOSIS

#1-AXILLARY CONTENTS, LEFT: TWENTY THREE LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA, LARGEST MEASURING 3.7 CM WITH EXTRANODAL EXTENSION (23/23).

#2-BREAST, LEFT, 2 O'CLOCK, EXCISIONAL BIOPSY: INVASIVE MAMMARY CARCINOMA.

SIZE (INVASIVE):	2.8 cm
LATERALITY:	Left
TUMOR FOCALITY:	Unifocal
LESIONAL SITE:	2 o'clock
HISTOLOGIC TYPE:	Ductal focal lobular features <i>per TSS, lobular features total 7<sup>2</sup>. Bce</i>
NUCLEAR GRADE:	III of III
HISTOLOGIC GRADE(EEmsBR):	II of III (Tubules score 2 + NG score 3 + mitoses score 1).
IN-SITU COMPONENT:	DCIS solid and cribriform types, nuclear grade III with comedonecrosis.
LYMPH NODE SAMPLING	Twenty three lymph nodes positive for carcinoma (23/23). (see specimen #1) with extranodal extension, largest measuring 3.7 cm.
AJCC CATEGORIES:	Stage IIIC (assuming "cM0" status)
pTNM:	pT2 pN3a
cTNM:	cT2 cN1
INTEGRITY/ORIENTATION:	Intact specimen with designated margins
MARGINS:	Positive posterior/superior margin focally (slide 2K, scut); medial margin 0.5 mm; other margins widely negative.
LYMPHOVASCULAR INVASION:	Present
MICROCALCIFICATIONS:	Present in association with in situ and invasive carcinoma.
NIPPLE/SKIN: (if applicable)	Not applicable.
SKELETAL MUSCLE:	Not present.
OTHER:	Biopsy site changes, fibrocystic changes.

#3-BREAST, LEFT, DEEP MARGIN, REEXCISION: 2 MM FOCUS OF RESIDUAL INVASIVE CARCINOMA PRESENT 4 MM FROM FINAL DEEP MARGIN; BACKGROUND PROLIFERATIVE BREAST PARENCHYMA WITH INTRADUCTAL PAPILLOMA.

*ICD O-3  
Carcinoma, infiltrating duct NOS  
Site @ 4 breast NOS 850013  
QW 10/10/13 C50.9*

\*\*\*Electronically Signed Out\*\*\*

### COMMENT

The tumor was grossly measured as 2.4 cm with an additional tumor present at medial slice, not grossly appreciated; with an ~ 4mm span to make the final dimension 2.8 cm.

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The tumor is present 1 mm from deep margin in multiple foci at main specimen, and focally in slice 1K is present at posterior/superior margin; final deep margin (specimen #3) negative.

88307 X 2, 88305

### **Clinical Diagnosis and History:**

Left breast Ca + LN met)  
cT2; cN1; Clinical Stage IIB

### **Tissue(s) Submitted:**

- 1: LEFT AXILLARY CONTENTS
- 2: LEFT BREAST CANCER @ 2:00 (SUTURE MARKS ANTERIOR)
- 3: LEFT BREAST TRUE DEEP MARGIN

### **Gross Description:**

Specimen #1 is received fresh, subsequently placed in formalin labeled left axillary content and consists of a 10 x 8.5 x 3 cm aggregate of adipose tissue which is palpated to reveal multiple indurated lymph nodes ranging from 0.3 cm to 3.7 cm in greatest dimension. A representative section of each node is submitted as follows:

- 1A-1B- each cassette containing a representative section of each of four grossly positive nodes
- 1C- four halves of grossly four positive nodes
- 1D-1E- each cassette containing half of two grossly positive nodes
- 1F- three representative sections of three grossly positive nodes
- 1G- four representative sections of four grossly positive nodes.

Additional sections are submitted as follows:

- 1H- remaining node corresponding to negative node in slide 1B
- 1I- remaining nodes corresponding to fibrofatty tissue in slide 1A

Specimen #2 is received in formalin labeled left breast cancer at 2 o'clock (suture marks anterior) and consists of an oriented portion of fibrofatty tissue measuring 10 cm from medial to lateral, 7 cm from superior to inferior and 2.7 cm from anterior to posterior. Loosely received outside of the tissue is a localization wire. The specimen is radiographed to document the loose localization wire, a mass and a clip.

The tissue is inked per protocol such that the superior is blue, the anterior is green, the medial is red, the lateral is yellow, the posterior is orange, and the inferior is black. The specimen is serially sectioned from lateral to medial into 9 slices to reveal a 2.4 x 2.3 x 2.2 cm indurated gray-white stellate mass in slices #4-8, grossly coming to within 0.5 cm of the posterior and superior margin, information relayed to the surgeon intraoperatively. The remaining cut surfaces are made up of approximately 10% dense fibrous tissue. Note the tissue is triaged per protocol. Representative sections, concentrating on the closest margins, are submitted as follows:

- 2A-2B- representative perpendicular sections with lateral margin
- 2C- middle fibrous tissue from slice #2
- 2D- middle fibrous tissue from slice #3
- 2E- posterior margin with tumor slice #4
- 2F- superior posterior margin from slice #4
- 2G- anterior margin with tumor slice #5
- 2H- anterior inferior margin slice #5
- 2I- superior posterior margin with tumor slice #5
- 2J-2K- bisected section of posterior superior margin with tumor slice #6
- 2L- anterior inferior margin with tumor slice #6
- 2M- interior margin with tumor slice #7
- 2N- posterior margin with tumor slice #7
- 2O- superior margin with tumor slice #7
- 2P-2R- representative medial margin.

Additional sections are submitted as follows:

- 2S-2T- tumor slice 8, no real margins, ink run over
- 2U-2BB-remaining superior half of medial margin (true margin over-inked red

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TIF: approximately

Specimen #3 is received fresh for orientation labeled left breast true deep margin and consists of an oriented portion of fibrofatty tissue measuring 6 x 5 cm from medial to lateral, 3.5 cm from superior to inferior and 0.4 cm from anterior to posterior. The true margin is inked per protocol such that the center is black, the superior edge is blue, the inferior edge is green, lateral edge yellow and the medial edge is red. The specimen is serially sectioned from medial to lateral into 12 slices to reveal focally dense fibrosis. No tumor is palpated or grossly identified. The specimen is submitted entirely labeled 3A-3K at approximately

### Intraoperative Consult Diagnosis

2A 2.4CM GROSS TUMOR WITH NEGATIVE MARGINS, POSTERIOR CLOSEST.

### Amendments

Amended:

Reason: Proofreading error

Previous Signout Date:

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
H/PA Discrepancy		
Prior Malignancy History		
Final/Synchronous Primary Not		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BTJ	Date Reviewed: 9/30/13