ICD 0-3 Carcinomer, NOS 8610/3 Carcinoma, mithating 8010/E Dite & Breast NOS C50.9 QW 4/12/13

Final Surgical Pathology Report

Procedure:

Diagnosis

A,B. Lymph nodes, left axillary sentinel #1 & #2, excisions -Negative for malignancy.

- C. Breast, left, segmental mastectomy -Invasive mammary carcinoma, no special type, high combined histologic grade, high proliferative rate.
- D. Breast, left, posterior to segmental mastectomy, excision -Negative for malignancy.

Note: The above diagnoses are rendered per expert consultation from Please see the

consultation report from Dr. In a comment, states: "This invasive carcinoma is circumscribed and has an expansile rather then infiltrative growth pattern, which may explain the lack of nodal involvement. The margins are adequate." In an addendum comment, :ates: "The closest margin from the left segmental mastectomy (specimen C) is posterior (1.5 mm), however the separately submitted new posterior margin (specimen D) is negative. The other margins are negative by least 4 mm.

Microscopic Description: A, B, D. Microscopic examination performed.

C. The following template summarizes the findings in part C:

Invasive Carcinoma: Present

Histologic type: Invasive mammary carcinoma, no special type Histologic grade: High combined histologic grade, high

proliferative rate

Greatest dimension (pT): 4.2 cm (pT2)

Specimen margins: The margins are adequate (see comment in diagnosis)

Vessel invasion: Not identified Calcification: Not identified

Ductal carcinoma in situ: Not identified

Comment: Please note that in addition to examining H&E stained sections, representative blocks in part C were immunostained with antibodies to p63 to aid in assessment.

Prognostic markers: Previously performed (see

[A few of the antibodies used in our laboratory may be classified as analyte specific reagents. These antibodies are monitored and controlled in our laboratory and their performance for in vitro diagnosis is well described in the medical literature. They have not been cleared or approved by the FDA.]



- A. Left axillary sentinel node #1, hot, not blue, 1018
- B. Left axillary sentinel node #2, hot, blue, 237
- C. Left breast segmental mastectomy
- D. Tissue posterior to segmental mastectomy

Clinical Information PRE-OP DIAGNOSIS: Left breast CA

Gross Description

A. Received fresh in a container labeled "left axillary sentinel node #1, hot, not blue, 1018" is a 2.2 \times 1.7 \times 1 cm soft tan-pink lymph node with some surrounding yellow adipose tissue. AS-4, following fixation.

- B. Received fresh in a container labeled "left axillary sentinel node #2, hot, blue, 237" is a 2.5 x 2.2 x 1.2 cm portion of tissue containing two soft tan-pink lymph nodes with surrounding yellow adipose tissue, with the lymph nodes 1 and 1.5 cm in greatest dimension. RS-4, following fixation, with the lymph nodes entirely submitted, with the larger lymph node in blocks B2-B4.
- container labeled "left breast C. Received fresh in a segmental mastectomy" is a 7.3 x 5.7 x 4.3 cm portion of soft tan-yellow breast tissue, with orienting sutures present. The margins are inked as follows based upon the sutures: anterior - green; posterior - black; lateral - orange; medial - red; inferior - blue; superior - violet. The specimen is serially sectioned revealing a $4.2~\mathrm{x}$ 4.2×3.5 cm red-brown to white-tan nodular mass, which grossly comes near to the medial, posterior, and anterior margins. RS-10, following fixation, with tumor to closest medial margin in block C1, tumor to closest lateral margin in block C2, tumor to closest anterior margin in block C3, tumor to closest posterior margin in block C4, tumor to closest superior margin in block C5, tumor to closest inferior margin in block C6, and with additional sections of tumor in blocks C7-C10.
- D. Received fresh in a container labeled "tissue posterior to segmental mastectomy" is a 1.7 x 1.2 x 1.2 cm portion of soft red-brown skeletal muscle, with a suture indicating the new posterior border. The new margin is inked. The specimen is sectioned and is without focal lesion. AS-3, following fixation.

Criteria	JW 3	112/13	Yes	No /
Diagnosis Discrepancy				+
Primary Tumor Site Disci	epancy			+
HIPAA Discrepancy				+ -/
Prior Malignancy History				-
Dual/Synchronous Phili	ry Noted)	- A-	147	
Case is (circle):	QUALIFIED		AUFIER 5	
Reviewer Initials []	Date Revi	ewed:		