

Surgical Pathology Report

Name: [REDACTED]
DOB: [REDACTED]
Gender: F
MRN: [REDACTED]
Location:
Physician:

Case #: [REDACTED]
Collected:
Received:
Reported:
Copy To:

Pathologic Interpretation:

- A. **Sentinel node #1 CT41 left axilla:**
- No carcinoma seen in one lymph node (0/1).
- Keratin immunohistochemistry pending.
- B. **Left axilla sentinel node #2 count:**
- No carcinoma seen in one lymph node (0/1).
- Keratin immunohistochemistry pending.
- C. **Right axilla sentinel node #1 count:**
- No carcinoma seen in one lymph node (0/1).
- Keratin immunohistochemistry pending.
- D. **Left breast:**
- INFILTRATING DUCTAL CARCINOMA, poorly differentiated, Nottingham grade 3 (3+3+3=9), 6.0 cm in greatest dimension.
- The tumor infiltrates the dermis.
- Lymphovascular invasion is not identified.
- Margins free of tumor.
- See tumor summary.

ICD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3
Site breast, NOS C50.9 w 3/12/11

UUID: 4A0524B4-2A0B-4442-91B6-0E2FEA90CBC6
TCGA-EW-A1PC-01A-PR

Redacted



infiltrating
ductal
carcinoma
3/12/11

Tumor Summary (Invasive Carcinoma of the Breast) (D):

Specimen Type: Partial breast
Procedure: Total mastectomy (including nipple and skin)
Lymph Node Sampling: Sentinel lymph node(s)
Specimen Integrity: Single intact specimen (margins can be evaluated)
Specimen Laterality: Left
Tumor Size: Size of Largest Invasive Carcinoma: Greatest dimension of largest focus of invasion: 6.0 cm
Additional dimensions: 5.5 x 4.0 cm
Tumor Focality: Single focus of invasive carcinoma
Macroscopic and Microscopic Extent of Tumor:
Skin: Invasive carcinoma directly invades into the dermis or epidermis without skin ulceration
Skeletal Muscle: Skeletal muscle is present and is free of carcinoma
Ductal Carcinoma In Situ: No DCIS is present
Histologic Type of Invasive Carcinoma: Invasive ductal carcinoma (no special type or not otherwise specified)
Histologic Grade:
Glandular (Acinar)/Tubular Differentiation: Score 3
Nuclear Pleomorphism: Score 3
Mitotic Count: Score 3
Overall Grade: Grade 3
Margins: Uninvolved by invasive carcinoma
Distance from closest margin: 15 mm (inferior)
Specify margins:
Distance from posterior margin: 20 mm
Treatment Effect: Response to Presurgical Therapy:
In the breast: No known presurgical therapy
In the lymph nodes: No known presurgical therapy
Lymph-Vascular Invasion: Not identified
Dermal Lymph-Vascular Invasion: Not identified
Lymph Nodes:
Number of sentinel lymph nodes examined: 2
Total number of lymph nodes examined (sentinel and nonsentinel): 0
Number of lymph nodes with macrometastases: 0
Number of lymph nodes with micrometastases: 0

Number of lymph nodes with isolated tumor cells: 0
 Method of Evaluation of Sentinel Lymph Nodes:
 Hematoxylin and eosin (H&E), one level
 Immunohistochemistry pending

Pathologic Staging (pTNM)

Primary Tumor: pT3
 Regional Lymph Nodes:
 Modifier: sn
 Category: pN0 (pending immunohistochemistry)
 Distant Metastasis: Not applicable

Ancillary Studies:

Estrogen Receptor: Pending
 Progesterone Receptor: Pending
 Her2: Pending

AJCC classification (7th ed) pT3 snN0 MX (pending evaluation of keratin in sentinel nodes)

E. Right breast:

- DUCTAL CARCINOMA IN SITU, intermediate grade (DIN2) with expansive necrosis, solid and cribriform types.
- The largest focus is 3 mm, and it is present in 3/15 slides.
- Resection margins negative.
- Proliferative fibrocystic changes including intraductal papilloma (5 mm), columnar cell changes without atypia, apocrine cell metaplasia, stromal fibrosis and microcyst formation.
- See tumor summary.
- Two fibroadenoma, largest 11 mm.

Tumor Summary (DCIS OF THE BREAST) (E):

Specimen Type: Total breast (including nipple and skin)

Procedure: Total mastectomy (including nipple and skin)

Lymph Node Sampling: Sentinel lymph node(s)

Specimen Integrity: Single intact specimen (margins can be evaluated)

Specimen Laterality: Right

Tumor Size: Size of Largest Invasive Carcinoma: Greatest dimension of largest focus of invasion: 0.3 cm

Number of blocks with DCIS: 3

Number of blocks examined: 15

Histologic Type: Ductal carcinoma in situ. Classified as Tis (DCIS) or Tis (Paget)

Architectural Patterns:

Cribriform

Solid

Nuclear Grade: Grade II (intermediate)

Necrosis: Present, central (expansive "comedo" necrosis)

Margins: Involved by DCIS

Distance from closest margin: 2mm

Treatment Effect: Response to Presurgical Therapy: No known presurgical therapy

Lymph Nodes:

Number of sentinel lymph nodes examined: 1

Total number of lymph nodes examined (sentinel and nonsentinel): 1

Number of lymph nodes with macrometastases: 0

Number of lymph nodes with micrometastases: 0

Number of lymph nodes with isolated tumor cells: 0

Size of largest metastatic deposit: 0

Method of Evaluation of Sentinel Lymph Nodes:

Hematoxylin and eosin (H&E), one level

Immunohistochemistry pending

Pathologic Staging (pTNM)

Primary Tumor: pTis (DCIS)

Regional Lymph Nodes:

Modifier: sn

Category: pN0 (pending immunohistochemistry)

Distant Metastasis: Not applicable

Ancillary Studies:

Estrogen Receptor: Pending
Progesterone Receptor: Pending

AJCC classification (7th ed) pTis (DCIS) snN0 MX (pending evaluation of keratin in sentinel nodes)

Electronically Signed Out By

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory (Her 2, Parvo, H. pylori, HBcore). These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID6-ER, PgR 838=PR, A485=HER2, H-11=EGFR, CCH2DDG9=CMV, F39.4.1=AR and HPV by ISH. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by LSAB. The results are read by a pathologist as positive or negative.

As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

Procedures/Addenda

Addendum

Date Ordered: 11/11/2011 **Status:** Signed Out
Date Complete: 11/11/2011
Date Reported:

Addendum Diagnosis

- A. Sentinel Node #1, Left Axilla:**
- Immunohistochemistry for keratin is negative.
- B. Left Axilla Sentinel Node #2:**
- Immunohistochemistry for keratin is negative.
- C. Right Axilla Sentinel Node #1:**
- Immunohistochemistry for keratin is negative.
- D. Left Breast :**
- The tumor cells are positive for ER and PR (focally). They are negative for HER2 (score 0) by immunohistochemistry.
- Final AJCC staging: pT3, snN0(1), M n/a.
- E. Right Breast:**
- The tumor cells are positive for ER and PR by immunohistochemistry.
- Final AJCC staging: pT1s (DCIS), snN0(1-), M n/a

_____, MD, PhD

Intraoperative Consultation

- A. Sentinel node #1 CT41 left axilla touchprep:
No carcinoma seen in frozen section and touch prep. Final diagnosis defer for permanent.
- B. Left axilla sentinel node #2 count 31 touch prep:
No carcinoma seen in frozen section and touch prep. Final diagnosis defer for permanent.
- C. Right axilla sentinel node #1 count 79 Touch prep:
No carcinoma seen in frozen section and touch prep. Final diagnosis defer for permanent.

Clinical History:

Not provided

Pre Operative Diagnosis:

Not provided

Specimen(s) Received:

- A: Sentinel node #1 CT41 left axilla touchprep
- B: Left axilla sentinel node #2 count 31 touch prep
- C: Right axilla sentinel node #1 count 79 Touch prep
- D: Left breast (1 stitich superior, 2 lateral, Fresh)
- E: Right breast (1 stitich superior, 2 lateral, Fresh)

Gross Description:

- A. Received fresh and labeled "sentinel node #1 left axilla, touch prep" is a yellow-tan, irregular-shaped, soft tissue fragment measuring 1.5 x 1.5 x 1.0 cm. Specimen bisected and submitted in toto in one cassette for frozen section.
- B. Received fresh and labeled "left axilla sentinel node #2 count 31, touch prep" is a yellow-tan, fibrofatty tissue measuring 1.5 x 1.0 x 1.0 cm. Specimen is bisected and submitted in toto in one cassette for frozen section and touch prep.
- C. Received fresh and labeled "right axilla sentinel node #1 count 79, touch prep" is a yellow-tan, irregular-shaped, soft tissue fragment measuring 2.0 x 1.0 x 1.0 cm. Specimen bisected and submitted in toto in one cassette for frozen section and touch prep.
- D. Received fresh and labeled "left breast (1 stitich superior, 2 lateral)" is a left radical modified mastectomy measuring 21.0 x 19.0 x 4.0 cm and weighs 750 grams. The skin is light tan, ellipse, measuring 21.0 x 16.0 cm. Areola is 6.0 cm in maximum diameter and nipple is impressed and very hard measuring 2.5 cm in maximum diameter. The specimen is oriented with one stitich at superior and two stitiches at lateral. The surgical margin is inked in black. Sectioning reveals a yellow-gray, well defined, tumoral mass measuring 6.0 x 5.5 x 4.0 cm. This tumor is 60% necrotic with focal hemorrhage. No calcification is noted grossly. This tumor is located beneath of nipple. The remainder of mammary tissue is yellow-white, fibrofatty tissue. No other lesions is identified grossly. This tumor is located at less than 0.1 cm from superficial (skin nipple), at 1.5 cm from inferior surgical margin, at 2.0 cm from deep surgical margin and the rest of the surgical margins are away more than 4.0 cm from this tumor. The specimen is submitted in fifteen cassettes as follows:
- 1 Perpendicular section superior margin
 - 2 Perpendicular section inferior margin
 - 3 Perpendicular section medial margin
 - 4 Perpendicular section lateral margin
 - 5 Perpendicular section of nipple in relation with tumor
 - 6 Perpendicular section deep margin
 - 7 Tumor in relation with nipple and skin
 - 8&9 Hemorrhagic and necrotic area
 - 10-13 Tumor
 - 14&15 Mammary tissue
- E. Received fresh and labeled "right breast (1 stitich superior, 2 lateral)" is a right radical modified mastectomy measuring 20.0 x 15.0 x 4.0 cm and weighs 522 grams. The skin is light tan ellipse measuring 16.0 x 14.0 cm. Areola measures 6.5 cm in maximum diameter. The nipple measures 1.5 cm in diameter. The specimen is oriented with one stitch at superior and two stitches at lateral. The resection margin is inked in black. Sectioning reveals gray-tan, fibrocystic area measuring 7.0 x 7.0 x 3.0 cm, located at 1.0 cm from inferior surgical margin, at 2.0 cm from medial margin, at 3.0 cm from lateral margin, at 3.5 cm from superior margin, at 0.5 cm from deep surgical margin and immediately beneath the nipple. Deep fibrocystic area has multiple cysts up to 1.0 cm in maximum diameter. The cysts are filled by brown-tan chocolate and green tan purulent material. Remainder of mammary tissue is gray-tan, fibrofatty tissue, unremarkable grossly. No other suspicious lesions are identified grossly. Submitted in fifteen cassettes as follows:
- 1 Perpendicular section superior margin
 - 2 Perpendicular section inferior margin
 - 3 Perpendicular section medial margin
 - 4 Perpendicular section lateral margin

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- 5 Bisected of nipple
- 6 Perpendicular section deep margin
- 7 Necrotic tissue
- 8 Hemorrhagic necrotic area with deep surgical margin
- 9-14 Fibrocystic and necrotic mammary tissue
- 15 Unremarkable mammary tissue

ICD-9(s): 174.8 233.0

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
diPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 3/12/11	