

## SURGICAL PATHOLOGY REPORT

Patient:  
FMP/SSN:  
DOB/Age/Sex:  
Location:  
Physician(s):

RF Race: WHITE

Specimen #:  
Taken:  
Received:  
Reported:

### SPECIMEN:

A: SENTINEL LYMPH NODE #1 B: SENTINEL LYMPH NODE #2  
C: RIGHT BREAST

1CD-0-3

Carcinoma, infiltrating ductal, NOS  
8500/3

Site: breast, NOS 250.9

1/25/11 JW

### FINAL DIAGNOSIS:

- A. RIGHT AXILLARY SENTINEL LYMPH NODE #1, BIOPSY:  
ONE LYMPH NODE NEGATIVE FOR TUMOR BY H&E AND IMMUNOHISTOCHEMISTRY.
- B. RIGHT AXILLARY SENTINEL LYMPH NODE #2, BIOPSY:  
ONE LYMPH NODE NEGATIVE FOR TUMOR BY H&E AND IMMUNOHISTOCHEMISTRY.
- C. RIGHT BREAST, MASTECTOMY:  
INFILTRATING DUCTAL CARCINOMA, WELL DIFFERENTIATED BY COMBINED  
HISTOLOGIC CRITERIA (TUBULES- 2; NUCLEAR GRADE- 2; MITOTIC RATE- 1)  
-MAXIMUM TUMOR SIZE: 2.4 CM, MEASURED GROSSLY.  
-DUCTAL CARCINOMA IN SITU, SOLID, CRIBRIFORM, AND MICROPAPILLARY  
TYPES, NUCLEAR GRADE 2, WITH FOCAL NECROSIS, COMPRISING 10% OF  
TUMOR.  
-NO LYMPH VASCULAR OR PERINEURAL INVASION.  
-MARGINS NEGATIVE FOR TUMOR.  
-AJCC STAGE pT2N0MX.

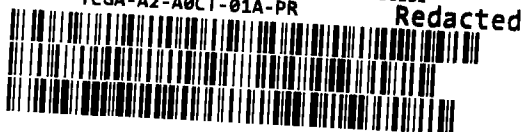
\*\* Report Electronically Signed Out \*\*

CLINICAL DIAGNOSIS AND HISTORY:  
new pleo calcifications

PRE-OPERATIVE DIAGNOSIS:  
r/o dcis

POST-OPERATIVE DIAGNOSIS:  
Operative Findings: same  
Post-operative Diagnosis: same

UUID: FDF38AA6-DC65-4043-8277-71BAE4790281  
TCGA-A2-A0CT-01A-PR



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Patient:

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### GROSS DESCRIPTION:

A. Received fresh, labeled with the patient's name, designated "SENTINEL LYMPH NODE #1" and consists of a 0.7 x 0.7 x 0.4 cm lymph node. One half of the node is submitted for the CBCP protocol. The remainder is submitted in cassette A1.

B. Received in formalin, labeled with the patient's name, designated "SENTINEL LYMPH NODE #2" and consists of a 2.0 x 1.3 x 0.4 cm fragment of fatty tissue containing a 0.2 cm lymph node. The specimen is bisected and submitted in its entirety for paraffin section in one cassette.

C. Received fresh, labeled with the patient's name, designated "RIGHT BREAST ONE TAG MEDIAL, TWO TAGS SUPERIOR" and consists of a 505.0 gram simple mastectomy specimen, measuring 19.7 cm superior to inferior, 19.8 cm medial to lateral, and 2.2 cm anterior to posterior. The overlying ellipse of nipple bearing skin measures 10.5 x 5.2 cm, which is tagged for its abnormalities. Ink code: Superior superficial=blue, inferior superficial=orange, deep=black. Sectioning reveals a 2.4 x 2.4 x 1.7 cm well-circumscribed, tan tumor in the central portion of the upper outer quadrant, 0.6 cm from the deep margin. The tumor is surrounded by dense fibrous tissue, which extends medially to the inner portions of the breast. Within this fibrous tissue in the central portion of the breast (1.0 to 2.0 cm from the tumor and 1.5 cm from the deep margin) is a 0.7 cm Mammomark site without associated mass. Representative sections are submitted in 13 cassettes as follows:

- C1: Skin, lateral tip.
- C2: Tumor, upper outer quadrant.
- C3: Tumor with deep margin upper outer quadrant.
- C4: Tumor with deep margin upper outer quadrant.
- C5: Fibrous tissue immediate medial to tumor.
- C6: Mammomark biopsy site.
- C7: Mammomark biopsy site.
- C8: Deep margin underlying Mammomark site.
- C9: Random fibrous tissue lower inner quadrant.
- C10: Random fibrous tissue upper inner quadrant.
- C11: Random fibrofatty tissue upper outer quadrant peripheral.
- C12: Random fibrofatty tissue lower outer quadrant.
- C13: Cross section of nipple.

## SURGICAL PATHOLOGY REPORT

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Specimen #:

### GROSS DESCRIPTION (continued):

Mirror images of the following sections are submitted for the CBCP protocol: C1, C2, C3, C5, C6, C7, C9, C10, C11, and C12.

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Sync/renous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed	