UUID:DEB67EB8-155C-4ACF-B3D4-595E4CBE2E5C TCGA-A7-A0CD-01A-PR Re

Redacted

1CB-0-3

Carcinoma, infiltrating duct, NOS 8500/3

Site: breast, NOS C50.9 hw 9/3/4

SPECIMEN

A. Sentinel node #1

- B. Sentinel node #2
- C. Left breast mass
- D. 6 o'clock
- E. 12 o'clock
- F. 9 o'clock
- G. 3 o'clock

REPORT REVISED ON

AT

ΑT

CLINICAL NOTES

HISTORY: Left breast ca at 10:00. Multifocal 1 cm. and 5 cm. from nipple.

REPORT REVISED ON

1

FROZEN SECTION DIAGNOSIS

- A) Lymph node, sentinel node 1, excision Negative for metastatic carcinoma (0/1).
- B) Lymph node, sentinel node 2, excision Negative for metastatic carcinoma (0/1).

REPORT REVISED ON

GROSS DESCRIPTION

- A. Received fresh labeled "sentinel node #1" is a lymph node that measures 1.5 cm in dimension. The lymph node is entirely frozen.
- B. Received fresh labeled "sentinel lymph node #2" is a lymph node that measures 1 1 cm in dimension. The lymph node is entirely frozen.
 - C. The specimen is received fresh labeled "left breast mass" and

consists of a yellow piece of soft tissue measuring 10 x 7.5 x 5.4

specimen has a long and a short suture on it. There is an overlying

GROSS DESCRIPTION

white

ellipse of skin measuring $6.5 \times 1.5 \text{ cm}$. which has a central longitudinal wound in it. The external surface of the specimen is inked as indicated below.

Superior yellow, inferior orange, anterior red, lateral blue, medial

green,

inferior black. There is a central firm tumor measuring 1.5 cm. in greatest

cross sectional dimension. A portion of the central tumor is taken for $\ensuremath{\mathsf{T}}$

research purposes. Sections after fixation. RS15. +RR11

- D. Received in formalin labeled "#6" and consists of a yellow and tan piece of soft tissue measuring 3 \times 2 \times 0.7 cm. It is not completely clear which side of the specimen is the external side. The external surface of the specimen is inked. Sections after fixation. RS4.
- E. Received in formalin labeled "#12" and consists of a yellow piece of soft tissue measuring 3 \times 2.5 \times 1 cm. The external surface of the specimen is inked. RS4.
- F. Received in formalin labeled "9" and consists of a yellow piece of soft tissue measuring $3 \times 1.5 \times 1$ cm. The external surface of the specimen is inked. Sections after fixation. RS2.
- G. Received in formalin labeled "#3" and consists of a piece of yellow soft tissue measuring $3.2 \times 1.5 \times 1$ cm. The external surface of specimen is inked. Sections after fixation. RS3.

REPORT REVISED ON AT

MICROSCOPIC DESCRIPTION

A. A single lymph node is negative for malignancy.

B. A single lymph node is negative for malignancy.

[At the request of some staff oncologists and in keeping with the opinion of some experts in breast pathology,

immunohistochemical stains for keratin were not used on the sentinel

lymph node sections in this case. These stains can be obtained if desired. Our paraffin blocks are retained for 10 years. (Schwartz GF et al. Cancer 94(10):2542, 2002)].

C. Invasive carcinoma

Tumor type: Infiltrating ductal carcinoma

Tumor grade: 2 (Elston SBR grade; A/N/M =3/2/1)

Mitotic index: 0 mitoses/10 HPFs (1 HPF = 0.196 sq mm)

Tumor size: 1.5 cm.

Specimen margins: Negative for malignancy. Carcinoma is 1

cm. from the nearest inked margin.

Vessel invasion: Absent. Calcification: Absent.

Non-tumorous breast: Apocrine metaplasia, cyst formation and intraductal epithelial hyperplasia without atypia are present.

pTNM stage: T1

Prognostic markers: See previous biopsy.

D-G. Additional biopsy pieces are negative for

malignancy.

Cyst formation and apocrine metaplasia are seen in

specimen

D at 6 o'clock.

After discussion with Dr. specimen C was re-examined. No definite second mass was identified. An additional 11 blocks of tissue were submitted from the inferior portion of the specimen. These showed cyst formation (up to 2 mm), focal intraductal

MICROSCOPIC DESCRIPTION

epithelial hyperplasia without atypia, periductal elastosis, apocrine metaplasia, focal small cyst rupture, and arteriolar medial

calcification. No additional carcinoma was identified.

4x3, 3x4, 14x2

REPORT REVISED ON

AT

DIAGNOSIS

A. Sentinel lymph node #1, biopsy:

A single lymph node is negative for malignancy.

B. Sentinel lymph node #2, biopsy:

A single lymph node is negative for malignancy.

C. Breast, left, excisional biopsy:

Infiltrating ductal carcinoma, Elston SBR grade 2.

Fibrocystic

changes.

D-G. Breast, left, 6 o'clock, 12 o'clock, 9 o'clock, 3 o'clock, biopsies:

Mild fibrocystic changes. Negative for malignancy.

Addition to microscopic description.
REPORT REVISED ON AT

, M.D. (Electronic Signature)

--- End Of Report ---

Criteria Yes No Diagnoris Discrepancy Primary Fumor Site Discrepancy HIPAA Ciscrepancy HIPAA Ciscrepancy HIPAA Ciscrepancy HIPAA Ciscrepancy Dual/Syncironous Primary Hoted Case is (circle): Live Unified / Ciscrepancy History Case is (circle): Dual/Syncironous Primary Hoted Case is