

DEPARTMENT OF PATHOLOGY

SURGICAL PATHOLOGY REPORT

Patient: Specimen #:  
 FMP/SSN:  
 DOB/Age/Sex: Race: WHITE Taken:  
 Location: Received:  
 Physician(s): Reported:

SPECIMEN:

A: RIGHT BREAST LUMPECTOMY  
 B: RIGHT AXILLARY NODE DISSECTION

1CB-0-3  
 Carcinoma, infiltrating ductal, NOS 8500/3  
 Site: breast, NOS C50.9 1/24/11

FINAL DIAGNOSIS:

A. BREAST, RIGHT, LUMPECTOMY:

TUMOR TYPE: INVASIVE DUCTAL CARCINOMA.  
 NOTTINGHAM GRADE: MODERATELY DIFFERENTIATED (G2).  
 NOTTINGHAM SCORE: 6/9  
 (Tubules= 2, Nuclei=2, Mitoses= 2; mitotic count 10 per 10 HPF at 20x power-0.50 field diameter)  
 TUMOR SIZE (GREATEST DIMENSION): 1.9 CM (measured microscopically).  
 TUMOR NECROSIS: ABSENT.  
 MICROCALCIFICATIONS: ABSENT.  
 VENOUS / LYMPHATIC INVASION: ABSENT.  
 MARGINS:  
 -INVASIVE CARCINOMA PRESENT 1.2 CM FROM ANTERIOR MARGIN.  
 -DUCTAL CARCINOMA IN SITU PRESENT 0.5 CM FROM INFERIOR MARGIN.  
 INTRADUCTAL COMPONENT: DUCTAL CARCINOMA IN SITU, CRIBIFORM TYPE, LOW NUCLEAR GRADE.  
 LYMPH NODES: FIVE OF SIXTEEN POSTIVE FOR TUMOR. (see specimen B)  
 SKIN INVOLVEMENT: ABSENT.  
 MULTICENTRICITY: ABSENT.  
 ESTROGEN RECEPTORS: POSITIVE. (see  
 PROGESTERONE RECEPTORS: NEGATIVE. (see  
 HER 2 NEU by IHC: NEGATIVE. (see  
 PATHOLOGIC STAGE: pT1c N2a Mx  
 ADDITIONAL PATHOLOGIC CHANGES: BENIGN FIBROCYSTIC CHANGES.

B. SOFT TISSUE, RIGHT AXILLA, LYMPH NODE DISSECTION:

- FIVE OF SIXTEEN LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA.

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

UUID:E9D3FFF1-5FB2-4F17-9C1D-D9775E3CC5AC  
 TCGA-A2-A0ET-01A-PR

Redacted



## SURGICAL PATHOLOGY REPORT

Patient: \_\_\_\_\_

Specimen #: \_\_\_\_\_

### CLINICAL DIAGNOSIS AND HISTORY:

\_\_\_\_\_-year-old female with 2.0 cm right breast mass found on routine mammagram. Patient was also found to have two lymph nodes seen largest 1.5 cm, BIRIDS-5. Ultrasound guided biopsy of breast mass showed Grade I Invasive Ductal Carcinoma with DCIS and FNA of axillary lymph node showing metastatic carcinoma from primary breast on

### PRE-OPERATIVE DIAGNOSIS:

Right breast cancer.

### GROSS DESCRIPTION:

A. Received fresh, labeled with the patient's name, designated "RIGHT BREAST LUMPECTOMY" is an irregular, oblong portion of soft tissue oriented with a short stitch superior and a long stitch medial. The specimen measures 14.0 cm in medial to lateral, 7.0 cm superior to inferior, and 2.5 cm anterior to posterior. The lightly pigmented superficial skin ellipse measures 8.5 x 2.2 cm and is otherwise unremarkable. The specimen is inked as follows: superior = blue, inferior = green, medial = red, lateral = yellow, anterior = orange, and posterior = black. Serial sections reveal a firm, pink-white, gray mass measuring 3.3 x 2.2 x 1.5 cm. The mass is well circumscribed, and approaches the margins as follows: 0.2 cm from the deep margin, 0.5 cm from the anterior margin, 1.5 cm from the inferior margin, and 1.8 cm from the superior margin. The remainder of the specimen is predominantly composed of lobulated, yellow-tan, adipose tissue. The fibrous tissue comprises 5% of the cut surface, and is tan-white, markedly dense, and otherwise unremarkable. Representative sections are submitted as follows:

### Cassette Summary:

- A1: Mass.
- A2: Adjacent normal.
- A3: Skin.
- A4-A5: Additional sections adjacent to mass.
- A6-A9: Additional sections of mass.
- A10-12: Additional sections adjacent to A1 and A9.

Matched sections of A1-A2 are submitted in \_\_\_\_\_ for CBCP protocol.

The specimen was placed in formalin at \_\_\_\_\_ pm for a total time in formalin for approximately 28 hours.

B. Received fresh, labeled with the patient's name, designated "RIGHT AXILLARY NODE DISSECTION" is an 11.0 x 8.0 x 2.5 cm irregular, unoriented portion of soft tissue. Serial sectioning reveals

Y

**SURGICAL PATHOLOGY REPORT**

Patient:

Specimen #: 1

**GROSS DESCRIPTION (continued):**

16 lymph nodes ranging in size from 0.7 x 0.7 x 0.5 cm to 4.0 x 2.0 x 1.0 cm. On sectioning, four of the lymph nodes show a firm, pink-tan, cut surface consistent with metastatic involvement. The remaining lymph nodes are pink-yellow and otherwise unremarkable. Representative sections are submitted as follows:

**Cassette Summary:**

B1-B4: Largest lymph node.

B5: Lymph node #1.

B6: Lymph node #2.

B7: Lymph node #3.

B8: Lymph node #4.

B9: One lymph node.

B10: One lymph node.

B11: One lymph node bisected.

B12: One lymph node bisected.

B13: One lymph node bisected.

B14: Two lymph nodes, each bisected.

B15: Four lymph nodes. Matched sections of B1, B5-B10 are submitted in  
or CBCP protocol.

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/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 10/21/10	