

Clinical Diagnosis & History:
Right breast cancer - DCIS. Right mastectomy and SLNB +/- axillary
clearance.

Specimens submitted:

- 1: SP: Sentinel node #1, level 1, right axilla
- 2: SP: Sentinel node #2, level 1, right axilla
- 3: SP: Sentinel node #3, level 1, right axilla
- 4: SP: Sentinel node #5, level 2, right axilla
- 5: SP: Sentinel node #4, 6, 7, 8, 9, 10, 11 and 12 right axilla, levels 1 and 2
- 6: SP: Non sentinel tissue right axilla
- 7: SP: Right breast

- 1) SENTINEL NODE #1, LEVEL I, RIGHT AXILLA; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
 - ADDITIONAL H&E STAINED SECTIONS AND IMMUNOPEROXIDASE STAINS FOR CYTOKERATINS (AE1:AE3) SHOW NO EVIDENCE OF METASTATIC CARCINOMA.
- 2) SENTINEL NODE #2, LEVEL I, RIGHT AXILLA; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
 - ADDITIONAL H&E STAINED SECTIONS AND IMMUNOPEROXIDASE STAINS FOR CYTOKERATINS (AE1:AE3) SHOW NO EVIDENCE OF METASTATIC CARCINOMA.
- 3) SENTINEL NODE #3, LEVEL I, RIGHT AXILLA; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
 - ADDITIONAL H&E STAINED SECTIONS AND IMMUNOPEROXIDASE STAINS FOR CYTOKERATINS (AE1:AE3) SHOW NO EVIDENCE OF METASTATIC CARCINOMA.
- 4) SENTINEL NODE #5, LEVEL II, RIGHT AXILLA; EXCISION:
 - THREE BENIGN LYMPH NODES (0/3).
- 5) SENTINEL NODES #4,6,7,8,9,10, 11,12, LEVELS I AND II, RIGHT AXILLA; EXCISION:
 - EIGHT BENIGN LYMPH NODES (0/8).
- 6) NON-SENTINEL LYMPH NODES, RIGHT AXILLA; EXCISION:
 - THREE BENIGN LYMPH NODES (0/3).

1 CD-0-3
carcinoma, infiltrating duct, NOS 8/500/3
Site: breast, NOS C50.9 bx 10/22/11

Criteria	Yes	No
<u>Dagloss Discrepancy</u>		
<u>Primory Tutor Site Discrepancy</u>		
<u>MFLA Discrepancy</u>		
<u>Prim's Malignancy history</u>		
<u>Quil Synch Primus Centre No.</u>		
<u>Explain it (text)</u>		
<u>Answer in text</u>		

DISQUALIFIED
9-2011
10/22/11

Redacted



- 7) BREAST, RIGHT; TOTAL MASTECTOMY:
- INVASIVE DUCTAL CARCINOMA, NOS TYPE, HISTOLOGIC GRADE III/III (SLIGHT OR NO TUBULE FORMATION), WITH PAPILLARY ARCHITECTURE; NUCLEAR GRADE III/III (MARKED VARIATION IN SIZE AND SHAPE), MEASURING 4.3 CM IN LARGEST DIMENSION GROSSLY.
 - DUCTAL CARCINOMA IN SITU (DCIS) IS ALSO IDENTIFIED, SOLID TYPE, WITH HIGH NUCLEAR GRADE AND EXTENSIVE NECROSIS.
 - LOBULAR INVOLVEMENT BY DCIS IS PRESENT.
 - THE DCIS CONSTITUTES <25% OF THE TOTAL TUMOR MASS AND IS PRESENT ADMIXED WITH THE INVASIVE COMPONENT.
 - THE INVASIVE CARCINOMA IS LOCATED IN THE UPPER-OUTER QUADRANT.
 - THE DCIS IS LOCATED IN THE UPPER-OUTER QUADRANT.
 - NO INVOLVEMENT OF THE NIPPLE BY EITHER IN SITU OR INVASIVE CARCINOMA IS IDENTIFIED.
 - CALCIFICATIONS ARE PRESENT IN BOTH THE IN-SITU AND INVASIVE CARCINOMA.
 - NO VASCULAR INVASION IS NOTED.
 - NO INVOLVEMENT OF THE SURGICAL MARGINS BY EITHER INVASIVE OR IN SITU CARCINOMA IS IDENTIFIED.
 - NO SKIN INVOLVEMENT BY CARCINOMA IS IDENTIFIED.
 - THE SKIN SHOWS A SCAR.
 - THE NON-NEOPLASTIC BREAST TISSUE SHOWS BIOPSY SITE AND SECRETORY CHANGES.
 - THE LYMPH NODE STATUS IS AS FOLLOWS (EXPRESSED AS THE NUMBER OF POSITIVE LYMPH NODES IN RELATION TO THE TOTAL NUMBER OF LYMPH NODES EXAMINED): 0/1.
 - RESULTS OF SPECIAL STUDIES ARE AS FOLLOWS:
 - ER: NO NUCLEAR STAINING).
 - PR: NO NUCLEAR STAINING).
 - HER-2/NEU (HERCEPT TEST): NEGATIVE (STAINING INTENSITY OF 1+).

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.

*** Report Electronically Signed Out ***

Special Studies:
Result

Special Stain	Comment
AE1:AE3	
NEG CONT	
IMM RECUT	
AE1:AE3	
NEG CONT	
IMM RECUT	
AE1:AE3	
NEG CONT	
IMM RECUT	
ER-C	

** Continued on next page **

3

PR-C
HER2-C
NEG CONT
NEG-HER2
IMM RECUT
ER-C
PR-C
HER2-C
NEG CONT
IMM RECUT
NEG-HER2

Gross Description:

1). The specimen is received fresh for frozen section consultation, labeled "Sentinel node number one, level 1, right axilla" and consists of a piece of fatty tissue measuring 3.2 x 1.6 x 0.6 cm. A 1.0 cm lymph node is identified which is bisected and entirely submitted for frozen section.

Summary of sections:

FSC -- frozen section control

2). The specimen is received fresh for frozen section consultation, labeled "sentinel node number two level 1 right axilla" and consists of a tan lymph node measuring 0.5 cm. Entirely submitted for frozen section.

Summary of sections:

FSC -- frozen section control

3). The specimen is received fresh for frozen section consultation, labeled "sentinel node number three, level 1 right axilla" and consists of a tan lymph node measuring 1.0 cm. Bisected and entirely submitted for frozen section.

Summary of sections:

FSC -- frozen section control

4). The specimen is received fresh for frozen section consultation, labeled "sentinel node number five level 2 right axilla" and consists of three tan lymph nodes measuring 0.2, 0.2, and 0.3 cm. Entirely submitted for frozen section.

Summary of sections:

** Continued on next page **

5). The specimen is received in formalin, labeled "Sentinel node number 4, 6, 7, 8, 9, 10, 11, and 12, right axilla levels one and two" and consists of multiple unoriented pieces of fatty tissue totaling 3.7 x 3.5 x 0.9 cm in aggregate. Sectioning through the tissue reveals approximately 8 pink-tan lymph nodes ranging in size from 0.2 to 1.2 cm in greatest dimension. The lymph nodes are submitted entirely.

Summary of sections:

U-undesignated

6). The specimen is received in formalin, labeled "Non-sentinel tissue, right axilla" and consists of two irregularly shaped unoriented pieces of yellow-tan soft lobulated tissue measuring 5.5 x 4.9 x 1.2 cm greatest dimension. Sectioning through the tissue reveals a rim of pink tan focally hemorrhagic lymphoid tissue measuring 1.5 x 0.3 cm. The lymphoid tissue is bisected and entirely submitted.

Summary of sections:

U-undesignated

7). The specimen is received fresh labeled, "Right breast, stitch marks axillary tail" and consists of a breast measuring 22 x 21 x 6.8 cm with overlying white-tan skin ellipse measuring 15.8 x 4.7 cm. Situated centrally on the skin surface is a slightly retracted nipple measuring 0.8 x 0.7 cm and areola measuring 2.8 x 2.5 cm. The skin shows a linear scar measuring of 2.4 cm, situated at the lateral aspect of the skin surface. A suture demarcates the axillary aspect, which is inked blue. The posterior surface of the breast is inked black. The specimen is serially sectioned to reveal an ill-defined white-tan, partially pseudoencapsulated, bulging, focally hemorrhagic tumor mass measuring 4.3 x 4 x 4.5 cm, located 0.7 cm from the deep margin of excision at the outer upper quadrant. Cut section through the mass reveals a 2.5 x 1.7 x 2 cm smooth walled pink-tan hemorrhagic area at the medial edge of the mass consistent with a possible previous biopsy site. Cut sections through the mass reveal ill-defined areas of necrosis and fine granularity. The remaining tissue reveals well-defined areas of dense white tan fibrocystic tissue with multiple areas of pink-tan nodularity identified scattered throughout the tissue. Sectioning of the axillary aspect reveals a single 1.4 cm tan lymph node. Representative sections are submitted to TPS, and for permanent section.

Summary of sections:

N - nipple
NB - nipple base
S - skin scar
D - deep margin
T - tumor
UIQ - upper inner quadrant

** Continued on next page **

LIQ - lower inner quadrant
 UOQ - upper outer quadrant
 LOQ - lower outer quadrant
 BLN - bisected axillary lymph node, entirely submitted

5

Summary of Sections:

Part 1: SP: Sentinel node #1, level 1, right axilla

Block	Sect.	Site	PCs
1	fsc		1

Part 2: SP: Sentinel node #2, level 1, right axilla

Block	Sect.	Site	PCs
1	fsc		1

Part 3: SP: Sentinel node #3, level 1, right axilla

Block	Sect.	Site	PCs
1	fsc		1

Part 4: SP: Sentinel node #5, level 2, right axilla

Block	Sect.	Site	PCs
1	fsc		1

Part 5: SP: Sentinel node #4, 6, 7, 8, 9, 10, 11 and 12 right axilla, levels 1 and 2

Block	Sect.	Site	PCs
2	u		2

Part 6: SP: Non sentinel tissue right axilla

Block	Sect.	Site	PCs
1	u		1

Part 7: SP: Right breast

Block	Sect.	Site	PCs
1	bln		1
1	d		1
2	liq		2
2	loq		2
1	n		1
1	nb		1
1	s		1
5	t		5
2	uiq		2

** Continued on next page **

6/

Procedures/Addenda:

Addendum

Date Ordered:

Date Complete:

Date Reported:

Status: Signed Out

By:

Addendum Diagnosis

ADDENDUM REPORT

SITE: RIGHT BREAST (PART #7)

IMMUNOPEROXIDASE STUDIES FOR ER, PR AND HER-2 (HERCEPT) ARE REPEATED ON A TUMOR TISSUE BLOCK DIFFERENT FROM THE ONE USED PREVIOUSLY. THE RESULTS REMAIN UNCHANGED.

Intraoperative Consultation:

The diagnoses given in this section pertain only to the tissue sample examined at the time of the intraoperative consultation.

- 1) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SAME.
- 2) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SAME.
- 3) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SAME.
- 4) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SAME.

** End of Report **