

Carcinoma, infiltrating ductal, NOS 8500/3  
 Site: breast, NOS C50.9 1/25/11 hr

## SURGICAL REPORT

Name:

Sex: F

DOB:

Location:

Doctor:

Pathology Number:

Date Collected:

Date Received:

M.R. Number

Account Number:

**PRE-OPERATIVE DIAGNOSIS**

RIGHT BREAST CA

**POST-OPERATIVE DIAGNOSIS**

RIGHT BREAST CA

**PROCEDURE**

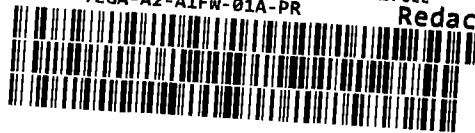
MODIFIED RADICAL RIGHT MASTECTOMY, SENTINEL LYMPH NODE BIOPSY, F.S.; POSSIBLE AXILLARY DISSECTION TISSUES

- A. LYMPH NODE (S) - RIGHT SENTINEL LYMPH NODE #1\*\*FS\*\*
- B. LYMPH NODE (S) - RIGHT SENTINEL LYMPH NODE #2\*\*FS\*\*
- C. LYMPH NODE (S) - RIGHT SENTINEL LYMPH NODE #3\*\*FS\*\*
- D. LYMPH NODE (S) - RIGHT SENTINEL LYMPH NODE #4\*\*FS\*\*
- E. LYMPH NODE (S) - RIGHT SENTINEL LYMPH NODE #5\*\*FS\*\*
- F. LYMPH NODE (S) - RIGHT SENTINEL LYMPH NODE #6\*\*FS\*\*
- G. BREAST MASTECTOMY (WVO) NODES - RIGHT BREAST AND AXILLARY CONTENTS

**FS DIAGNOSIS**

- A. LYMPH NODE #1, F.S. -  
DEFERRED FOR PERMANENT.
- B. LYMPH NODE #2, F.S. -  
DEFERRED FOR PERMANENT.
- C. LYMPH NODE #3, F.S. -  
DEFERRED FOR PERMANENT.
- D. LYMPH NODE #4, F.S. -  
POSITIVE FOR METASTATIC MALIGNANCY (1/1).
- E. LYMPH NODE #5, F.S. -  
DEFERRED FOR PERMANENT.
- F. LYMPH NODE #6, F.S. -  
DEFERRED FOR PERMANENT.

UUID: 849E9FA7-3420-427B-A310-3346CFA9F0CC  
 TCGA-A2-A1FW-01A-PR



Redacted

(REPORTED TO SURGEON:

Diagnosed by

**FINAL DIAGNOSIS**

- A. RIGHT SENTINEL LYMPH NODE #1 -

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LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA.

- B. RIGHT SENTINEL LYMPH NODE #2 –  
LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA.
- C. RIGHT SENTINEL LYMPH NODE #3 –  
LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA.
- D. RIGHT SENTINEL LYMPH NODE #4 –  
LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA.
- E. RIGHT SENTINEL LYMPH NODE #5 –  
LYMPH NODE, NEGATIVE FOR MALIGNANCY.
- F. RIGHT SENTINEL LYMPH NODE #6 –  
LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA.
- G. RIGHT BREAST AND AXILLARY CONTENTS –  
POORLY DIFFERENTIATED INVASIVE DUCTAL CARCINOMA, 75 MM IN GREATEST  
DIMENSION, EXTENDING WITHIN 25 MM. OF THE NEAREST DEEP INKED SURGICAL  
MARGIN.

ALL DESIGNATED INKED SURGICAL MARGINS ARE FREE OF TUMOR.

SCARFF-BLOOM-RICHARDSON BREAST CANCER HISTOLOGIC SCORE OF 9  
(3+3+3).

EXTENSIVE ANGIOLYMPHATIC INVASION IS PRESENT.

REMAINING BREAST TISSUE DISPLAYS FIBROCYSTIC CHANGE INCLUDING  
SCLEROSING ADENOSIS, FIBROSIS, DUCT ECTASIA, AND APOCRINE METAPLASIA,  
INCIDENTAL FIBROADENOMA, 10 MM. IN GREATEST DIMENSION.

STIPPLED MICROCALCIFICATIONS AND MONCKEBERG'S MEDIAL CALCIFICATIONS ARE  
PRESENT IN THE NON-NEOPLASTIC TISSUE.

THIRTEEN REACTIVE REGIONAL AXILLARY LYMPH NODES, NEGATIVE FOR  
MALIGNANCY.

PATHOLOGIC TNM STAGE: T3 N2a M not applicable, STAGE IIIA, G3, INVASIVE DUCTAL  
CARCINOMA.

PQRI CATEGORY II: 3260F.

Diagnosed by

Reviewed and electronically signed out by:

COMMENT

This case is discussed with Dr. on y Di

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Key Note Block Summary: 1—nipple, 2 through 7—tumor, 8—deep resection line, 9—superior/lateral/red, 10—inferior/lateral/black, 11—superior/medial/green, 12—inferior/medial/orange, 13, 14 and 15—random, 16, 17 and 18—apparent nodes

#### MICROSCOPIC EXAM

MICROSCOPIC EXAMINATION CONDUCTED BY PATHOLOGIST CONFIRMS FINAL DIAGNOSIS.

#### SYNOPTIC REPORT:

Specimen: Total breast (including nipple and skin).  
Procedure: Total mastectomy (including nipple and skin).  
Lymph Node Sampling: Sentinel lymph nodes, Axillary dissection.  
Specimen Integrity: Single intact specimen (margins can be evaluated).  
Specimen Size: greatest dimension – 27 cm.; additional dimensions 20 x 5.5 cm.  
Specimen Laterality: Right.  
Tumor Site: Mid superior lateral.  
Tumor Size: Greatest dimension of largest focus of invasion over 0.1 cm.: 7.5 cm;  
Additional dimensions: 5 x 3 cm.  
Tumor Focality: Single focus of invasive carcinoma  
Skin: Invasive carcinoma does not invade into the dermis or epidermis.  
Skeletal Muscle: No skeletal muscle present  
Ductal Carcinoma In-situ: No DCIS is present.  
Histologic Type of Invasive Carcinoma: Invasive ductal carcinoma (no special type or not otherwise specified).  
Glandular: Score 3: <10% of tumor area forming glandular/tubular structures.  
Nuclear Pleomorphism: Score 3: Vesicular nuclei, often with prominent nucleoli, exhibiting marked variation in size and shape, occasionally with very large and bizarre forms  
Mitotic Count: Score 3  
Overall Grade: Grade 3: scores of 8 or 9.  
Margins: uninvolved by invasive carcinoma:  
Distance from closest margin: 25 mm (deep).  
Distance from superior margin: 35 mm.  
Distance from inferior margin: 80 mm.  
Distance from posterior margin: 25 mm.  
Distance from medial margin: 80 mm.  
Distance from lateral margin: 35 mm.  
Treatment Effect:  
In the breast – No known presurgical therapy.  
In the lymph nodes – No known presurgical therapy  
Lymph-Vascular Invasion: Present  
Dermal Lymph-Vascular Invasion: Not identified.  
Lymph Nodes:  
Number of sentinel lymph nodes examined: 6  
Total number of lymph nodes examined: 19  
Number of lymph nodes with macrometastases: 5  
Size of largest metastatic deposit: 15 mm.  
Extranodal Extension: Present  
Method of Evaluation of Sentinel Lymph Nodes:  
Hematoxylin and eosin, one level  
H&E, multiple levels.  
Immunohistochemistry.

Pathologic Stage:

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**COMMENT 2**

Immunohistochemical (IHC) stain for panKeratin (AE1/AE3) is negative for micrometastases in the uninvolved regional lymph nodes (specimens E and G).

**GROSS DESCRIPTION**

The specimen is received in seven separate containers labeled through G. designated A

- A. The container is received fresh unfixed labeled "right sentinel lymph node #1 for frozen section" and consists of an ovoid nodule of apparent fat which is 0.3 x 0.3 x 0.2 cm. Sectioning reveals a 0.3 cm. tan-gray nodule. Frozen section is deferred by Dr. The entire specimen is submitted in one block.
- B. The container is received fresh unfixed labeled "right sentinel lymph node #2 for frozen section" and consists of an irregular mass of apparent fat which is 0.8 x 0.6 x 0.4 cm. in greatest overall dimension. Sectioning reveals a 0.6 cm. tan-gray nodule. Frozen section is deferred by Dr. The entire specimen is submitted in one block.
- C. The container is received fresh unfixed labeled "right sentinel lymph node #3 for frozen section" and consists of an ovoid mass of apparent fat which is 1 x 1 x 0.6 cm. in greatest dimension. Sectioning reveals a 0.3 cm. tan-gray area. Frozen section is deferred by Dr.
- D. The container is received fresh unfixed labeled "right sentinel lymph node #4 for frozen section" and consists of an ovoid mass of tan-gray firm rubbery tissue which is 1.5 x 1 x 1 cm. in greatest overall dimension. Touch prep and frozen section are obtained by Dr. The entire specimen including frozen section is submitted in two blocks.
- E. The container is received fresh unfixed labeled "right sentinel lymph node #5 for frozen section" and consists of an irregular mass of apparent fat which is 1 x 0.4 x 0.3 cm. in greatest overall dimension. Sectioning reveals a 0.3 cm. tan-gray area. Frozen section is deferred by Dr. The entire specimen is submitted in one block.
- F. The container is received fresh unfixed labeled "right sentinel lymph node #6 for frozen section" and consists of an irregular mass of apparent fat which is 0.6 x 0.4 x 0.4 cm. Sectioning reveals a 0.3 cm. tan-gray area. Frozen section is deferred by Dr. The entire specimen is submitted in one block.
- G. The container is received fresh unfixed labeled "right breast - suture on superior/lateral aspect" and consists of a 1,242 gm. apparent right breast which is 27 x 20 x 5.5 cm. in greatest overall dimension and has an apparent axillary tail. There is an attached suture indicating superior/lateral aspect inked with red dye, lower lateral is inked black, upper medial is inked green, lower medial is inked orange. The underlying deep is inked with yellow. There is an eccentrically placed nipple which is slightly inverted. Sectioning through the breast stroma reveals a gray-white irregular-bordered tumor mass which grossly appears to be 7.5 x 5 x 3 cm. in greatest overall dimension and grossly appears to be located in the mid superior/lateral region. The tumor mass is 2.5 cm. from the underlying/yellow margin, 3.5 cm. from the superior/lateral/red margin, 8 cm. from the inferior/lateral/black margin, 8 cm. from the superior/medial/green margin and 7 cm. from the inferior/medial/orange margin. Sectioning through the attached axillary fat reveals pink-tan nodules varying up to 1.5 cm. in greatest dimension. The specimen is submitted in eighteen blocks.

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Primary Tumor: pT3

Regional Lymph Nodes: pN2a

Distant Metastasis: Not applicable.

Ancillary Studies.

ER Performed on another specimen -  
Results: Immunoreactive tumor cells present - Quantitation: 90%  
PR Performed on another specimen -  
Results: No immunoreactive tumor cells present  
Immunoperoxidate Stains. Performed on another specimen - S-1500-10  
Results: Negative (score 0)

Microcalcifications: Present in non-neoplastic tissue.  
Clinical History Palpable mass.

SPECIAL STAINS PERFORMED: panKeratin (blocks E, G16 through G18)

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
hIPAA Discrepancy		
Prior Malignancy History		
Dual/synchronous Primary noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	W	W
Date Reviewed	2/1	

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