

1CB-0-3
Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 1/27/11 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 CANCER

POST-OPERATIVE DIAGNOSIS

RIGHT BREAST CANCER

PROCEDURE

RIGHT BREAST LUMPECTOMY WITH FULL AXILLARY NODE DISSECTION

TISSUES

- A. BREAST EXCISION, NEEDLE LOC, SIMPLE, MARGINS, ETC. - RIGHT BREAST LUMPECTOMY
- B. AXILLARY - CONTENTS
- C. MARGINS - RIGHT BREAST

FS DIAGNOSIS

- A. RIGHT BREAST LUMP (GROSS MARGINS) -
TUMOR EXTENDS TO SUPERIOR MARGIN, NEAR SKIN.

UUID: 754687FB-1976-4994-AFB7-6270382D44D7
TCGA-A2-A0T1-01A-PR

Redacted

(Reported to surgeon:

Diagnosed by:

FINAL DIAGNOSIS

- A. RIGHT BREAST LUMP NEEDLE LOC -
POORLY DIFFERENTIATED INVASIVE DUCTAL CARCINOMA, 7.5 CM. IN GREATEST DIMENSION, EXTENDING TO SUPERIOR INKED SURGICAL MARGIN.

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

HIGH NUCLEAR GRADE DUCTAL CARCINOMA IN-SITU (DCIS) COMPONENT WITH CENTRAL NECROSIS AND CALCIFICATION EXTENDS WITHIN LESS THAN 0.1 CM. OF THE SUPERIOR SURGICAL MARGIN.

REMAINING DESIGNATED SURGICAL MARGINS ARE FREE OF TUMOR.

PATHOLOGIC TNM STAGE: T3 N3 MX, STAGE IIIC, G3, INVASIVE DUCTAL CARCINOMA.

PQRI CATEGORY II: 3260F.

- B. AXILLARY CONTENTS -
TEN (10) REGIONAL LYMPH NODES POSITIVE FOR METASTATIC INVASIVE

Patient Name

Pathology Number:

SURGICAL REPORT

Page 1 of 2

Patient Name _____

Pathology Number: _____

DUCTAL CARCINOMA.

- C. **RIGHT BREAST MARGINS -
SKIN AND ATTACHED FIBROFATTY BREAST TISSUE, NEGATIVE FOR
MALIGNANCY.**

Diagnosed by: (

Reviewed and electronically signed out by:

GROSS DESCRIPTION

The specimen is received in three separate containers labeled

labeled A, B,

C.

- A. The container is received fresh unfixed labeled "right breast lump" and consists of a 67 gm. ovoid mass of apparent fatty and fibrous-encased tissue which is 7.5 x 7.5 x 3 cm. in greatest overall dimension. The attached skin ellipse is 4 x 1 cm. There is a single short suture indicating superior margin inked with black dye, inferior is inked orange. There is a single long suture indicating lateral margin inked with blue dye, medial is inked green. The skin represents the anterior margin, posterior is inked with red dye. Sectioning reveals an irregular bordered tan-gray firm slightly whorled nodule with scattered hemorrhagic areas varying up to 3.5 cm. in greatest overall dimension and grossly appears to be less than 0.1 cm. from the superior margin and directly beneath the ellipse of skin. Gross margins are observed by Dr. The tumor mass grossly appears to be approximately 1.5 cm. from the inferior, 1 cm. from the lateral, 1 cm. from the medial directly beneath the anterior, and 1 cm. from the posterior. The specimen is submitted in twelve blocks.

Key Note Block Summary: 1—superior, 2—inferior, 3—lateral, 4—medial, 5—anterior, 6—posterior, 7 through 12—random.

- B. The container is received fresh unfixed labeled "axillary contents" and consists of an irregular mass of apparent fat which is 13 x 12 x 4 cm. in greatest overall dimension. Sectioning reveals firm tan-gray nodules varying up to 7 cm. in greatest dimension. The largest has scattered green-black areas and scattered yellow-tan chalky material. The specimen is submitted in seven blocks.
- C. The container is received fresh unfixed labeled "additional right breast margin—skin represents the anterior margin, suture on new superior margin" and consists of an ellipse of skin with attached underlying soft tissue which is 7 x 2.5 x 0.4 cm. in greatest overall dimension. There is an attached suture indicating new superior margin inked with black dye. The entire specimen is submitted in five blocks.

MICROSCOPIC EXAM

MICROSCOPIC EXAMINATION CONDUCTED BY PATHOLOGIST CONFIRMS FINAL DIAGNOSIS.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HPA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials		
Date Reviewed		

Patient Name _____

Pathology Number: _____

SURGICAL REPORT