UUID:84E6A935-1A49-4BC1-9669-3DEA161CF6FC
TCGA-3C-AALI-01A-PR Redacted

Name:

MRN: D.O.B.

Sex:

(Age:

Path No.:

Date Obtained: Date Received:

Physician:

Location

SURGICAL PATHOLOGY

\*\*See Addendum/Procedure\*\*

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NOS 850013

Tite 10 Breast NOS C50.9

roto Breast, upper outer
quadrant C50.4

reast.

SPECIMEN:

A:Lymph node, right axilla sentinel node, biopsy B:Breast, right, lumpectomy

C:Lymph nodes, right axilla, dissection

DIAGNOSIS(ES):

A. Lymph node, right axilla sentinel node, biopsy;

- Carcinoma in 1 sentinel node following carcinoma of right breast.

B. Breast, right, lumpectomy:

- Carcinoma, invasive ductal type, moderately-differentiated, with focal micropapillary features, Nottingham's score 5 (2+2+1).

- Carcinoma, intraductal, comedo type with microcalcifications.
- Lobular neoplasia, focal, classical type.
- Fibrocystic disease, proliferative, with apocrine metaplasia, sclerosing adenosis and microcalcifications.
- Cicatricial fibrosis and organizing granulation tissue with fat necrosis, consistent with previous biopsy site.
- Fibroadenoma, microscopic.
- C. Lymph nodes, right axilla, dissection:
  - No evidence of carcinoma in 14 lymph nodes.

**Date Dictated:** 

CLINICAL INFORMATION: Breast cancer.

**GROSS DESCRIPTION:** 

The specimen is received in three parts.

Part A is received fresh from the operating room for frozen section diagnosis in a container labeled with the patient's name and "R sentinel lymph node". It consists of one firm tan to red lymph node measuring  $2.0 \times 1.8 \times 1.0$  cm. The specimen is serially sectioned. Submitted in toto in three cassettes labeled AFS, A1 and A2. AFS = frozen section, A1 - A2 = remaining tissue.

Part B is received unfixed in a container labeled with the patient's name and "R breast lumpectomy". It consists of a piece of yellow-white fibrofatty tissue measuring  $10.5 \times 9.0 \times 6.0$  cm. An ellipse of skin is not present. An X-ray is received. A localization needle is not noted. A short suture is noted indicating the superior margin and a row of long sutures are noted indicating the lateral margin. A mass is palpated in the center. The superficial surface is inked yellow

and the deep surface is inked black. The specimen is serially sectioned. On cut section, the mass is  $\tan$ , firm, poorly circumscribed and measures  $3.2 \times 3.0 \times 3.0$  cm. The mass comes to 0.3 cm of the superficial, 0.5 cm of the deep and 2.5 cm of the lateral margins. The tissue is composed of 60% fat and 40% intermixed firm  $\tan$ -white parenchyma. Representative sections are submitted in 29 cassettes labeled B1 - B29.

Legend: B1 = mass and closest deep surface,

B2 = mass and closest superficial surface(B1 and B2 = full thickness of mass),

B3 - B8 = mass with adjacent deep margin

B9 - B17 = superficial margin over mass

B18 - B19 = mass

B20 - B21 = superior

B22 - B23 = deep margin in lateral part(closest to mass)

B24 - B25 = lateral

B26 - B27 = inferior

B28 - B29 = medial.

Part C is received unfixed in a container labeled with the patient's name and "R axillary lymph node dissection". It consists of two pieces of yellow-red fatty tissue measuring  $4.0 \times 2.7 \times 1.0$  cm and  $10.0 \times 7.0 \times 1.0$  cm. A suture is noted attached to one end of the larger piece of fatty tissue. Fourteen lymph moves measuring from  $0.6 \times 0.5 \times 0.5$  cm to  $3.5 \times 1.5 \times 1.0$  cm are identified. The lymph nodes are submitted in toto 10 cassettes labeled C1 - C10.

Legend: C1 = five intact nodes, C2 - C5 = one bisected node in each cassettes, C6 = one intact node, C7 - C8 = one large quadrisected node, C9 - C10 = nodes closest to suture(larger node is bisected).

## INTRAOPERATIVE CONSULTATION:

AFS: Metastatic carcinoma in lymph node.

Performed by: Resident: Interpreted by: Attending:

## MICROSCOPIC DESCRIPTION:

. TYPE OF SPECIMEN: Right breast, excisional biopsy/lumpectomy

Right axillary node dissection

II. LOCATION OF THE TUMOR: Upper outer quadrant

(II. TYPE OF NEOPLASM:

Carcinoma, invasive - ductal type NOS with micropapillary features

Histological Grading: Moderately differentiated

(Nuclear grade 2 and Tubular & Glandular differentiation grade 2)

Ductal carcinoma in situ, nuclear grade 3, multifocal 10%.

Intraductal comedo subtype

Necrosis is present within the intraductal subtype

Lobular neoplasia, type A (monomorphic), Focal in 2 of 29 slides

IV. GROSS/MICRO FINAL INVASIVE TUMOR SIZE INTERPRETATION: 3.2 x 3.0 x 3.0 cm.

V. BORDERS OF INVASIVE NEOPLASM: III-defined

VI. VASCULAR SPACE INVASION: Present in lymphatics

VII. CALCIFICATION: Present in both malignant and benign areas

VIII. NIPPLE: N/A

IX. SKIN: N/A

	ADJACENT BREAST TISSUE: F	Cystic disease, proliferative	
XI.		oma is identified on surgical margi osest deep (slide "B1") margin: 0.6	
XII.	AXILLARY LYMPH NODES: TOTAL: 15 HIGH POINT: 2 SENTINEL NODE: 1	· .	
XIII.	POSITIVE LYMPH NODES: TOTAL: 1 HIGH POINT: 0 SENTINEL NODE: 1		
	DEGREE OF INVOLVEMENT:	Extensive replacement	
	EXTRANODAL EXTENSION: P	resent	
XIV.	PECTORA	L MUSCLE: No pectoral muscle io	lentified .
Interp	report has been reviewed electriceted by: Attending: agnosis was rendered by the attending pat		by
	astroop age tougeted by the effertallia bet	Heragioti	$\mathcal{F} = \mathcal{F}$
	endum	Date Ordered:	Status: Signed Out
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ADD Slides agree	endum ENDUM s were reviewed by ement with the original diagnosis. procedure/addenda has been elect	Date Ordered:	The diagnosis rendered is in

Note: Immunochemistry testing performed at was developed and its performance characteristics determined by the