

Surgical Pathology Report

Name: [REDACTED]
DOB: [REDACTED]
Gender: F
MRN: [REDACTED]
Location:
Physician:

Case #: [REDACTED]
Collected:
Received: 1
Reported:
Copy To:

Pathologic Interpretation:

- A. Lymph node, sentinel lymph node, TP:
No carcinoma seen in one lymph node (0/1).
Keratin immunostains is pending.

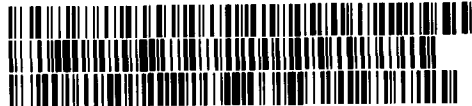
ICD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 2/6/11 hr

- B. Lymph node, sentinel lymph node, TP:
No carcinoma seen in one lymph node (0/1).
Keratin immunostains is pending.

UUID: F282122D-C129-4A8B-9A49-78D5267C37CA
TCGA-EW-A1J6-01A-PR

Redacted



- C. Lymph node, sentinel lymph node, TP:
No carcinoma seen in one lymph node (0/1).
Keratin immunostains is pending

- D. Right breast mass, 1 short stitch superior, 1 long stitch lateral:
Infiltrating, poorly differentiated ductal carcinoma, (high nuclear grade), 1.7 cm in greatest dimension.
The tumor cells are positive for ER and PR and they are negative for HER by immunohistochemistry.
HER-2 CISH is pending.
See tumor summary

- E. Additional medial nodule, FS:
Mammary parenchyma with stromal fibrosis and associated calcifications.

Surgical pathology cancer case tumor summary

Specimen Type: Partial breast

Procedure: Excision with out wire-guided localization

Lymph Node Sampling: Sentinel lymph node.

Specimen Integrity: Single intact specimen (margins can be evaluated)

Specimen size: Greatest dimension 5.8 cm/additional dimension; 538 x 2.5 cm

Laterality: Right.

Tumor Site: Not specify

Tumor Size: Greatest dimension of focus of invasive 1.7 cm; additional dimension 1.6 x 1.6 cm

Tumor focality: single focus of invasive carcinoma

Macroscopic and microscopic extent of tumor:

-Skin is not present

-Skeletal muscle is not present

Ductal carcinoma in situ: Ductal cell carcinoma in situ is present

Size extent of (DCIS): Numbers of blocks with (DCIS) 1 / Numbers of blocks evaluated 8

Architectural Patterns: cribriform/solid

Nuclear grade: Grade III

Necrosis: Present, central expansive comedo

Lobular Carcinoma: Not identified

Histologic Type: Invasive ductal carcinoma (no special type or not otherwise specified)

Histologic Grade: Nottingham Histologic Score: 3 (3+3+2=8)

Glandular/Tubular formation: Score 3

Nuclear Pleomorphism: Score 3

Mitotic Count: Score 2

Margins: Margins uninvolved by Invasive carcinoma

Distance from closest margin: 1 mm (Anterior)

Distance from superior margin > 5 mm/ Distance from inferior margin 5 mm/ Distance from anterior margin 1 mm/

Distance from posterior margin > 7mm/Distance from medial margin > 5 mm/ Distance from lateral margin > 5 mm

Margins uninvolved by (DCIS)

Distance from closest margin: 5 mm (Anterior)

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Distance from closest margin 5 mm/ Distance from superior margin > 5 mm/ Distance from inferior margin 6 mm/ Distance from anterior margin 5 mm/ Distance from posterior margin >7mm/ Distance from medial margin >5 mm/ Distance from lateral margin >5 mm

Lymph vascular invasion: Present

Dermal lymph-vascular invasion: No skin present

Lymph nodes: Number of sentinel lymph nodes examined 3

*** Total numbers of lymph nodes with macrometastases (>0.2 cm) 0

Number of lymph nodes with macrometastases (>0.2 mm and < 200 cells) 0

Method of evaluation of sentinel lymph nodes: Hematoxylin and eosin (H&E), one level/immunohistochemistry pending

Pathologic Staging:

Primary Tumor: pT1c.

Regional lymph nodes: pN0

Distant Metastasis: No applicable

Estrogen Receptor: Pending

Progesterone Receptor: Pending

HER2 IHC and CISH: Pending

Preliminary Dx: AJCC pTc1 No (sn) MX (Final AJCC pending evaluation of keratin immunosatin on sentinel lymph nodes)

Electronically Signed Out By

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory (Her 2, Pervo, H. pylori, HBcore). These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5-ER, PgR 636-PR, A485-HER2, H-11-EGFR, CCH2/DOG9-CMV, F39.4.1-AR and HPV by ISH. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by LSAB. The results are read by a pathologist as positive or negative.

As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

Procedures/Addenda

Addendum

Date Ordered:

Status: Signed Out

Date Complete:

Date Reported:

Addendum Diagnosis

- A. Lymph node, sentinel lymph node,
-Keratin negative for tumor cells.
- B. Lymph node, sentinel lymph node,
-Keratin negative for tumor cells.
- C. Lymph node, sentinel lymph node,
-Keratin negative for tumor cells.

Addendum

Date Ordered:

Status: Signed Out

Date Complete:

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Date Reported:

Addendum Diagnosis

The tumor cells are positive for ER and PR and negative for HER-2 by immunohistochemistry. HER-2 CISH is negative. Final AJCC staging pT1C N0 (sn) (I-) MX.

Intraoperative Consultation

- AFS. Lymph node, sentinel lymph node, : 1 ct. Lymphocytes present.
No evidence of malignancy.
- BFS. Lymph node, sentinel lymph node, : 1 ct. Lymphocytes present.
No evidence of malignancy.
- CFS. Lymph node, sentinel lymph node, : 1 ct. Lymphocytes present.
No evidence of malignancy.
- EFS. Additional medial nodule, FS: fibrosis,
No malignancy seen.

Clinical History:
{Not Provided}

Pre Operative Diagnosis:

Right breast cancer

Specimen(s) Received:

- A: Lymph node, sentinel lymph node,
B: Lymph node, sentinel lymph node,
C: Lymph node, sentinel lymph node,
D: Right breast mass, 1 short stitch superior, 1 long stitch lateral
E: Additional medial nodule, FS

Gross Description:

- A. Received fresh and labeled "lymph node, sentinel lymph node, TP #1" is a segment of fibro-adipose tissue, 1.3 x 0.9 x 0.6 cm. Specimen bisected and submitted in toto in one cassette.
- B. Received fresh and labeled "lymph node, sentinel lymph node, TP#2" is a segment of yellow-tan, fibro-adipose tissue, 1.2 x 0.8 x 0.6 cm. Specimen bisected and submitted in toto in one cassette.
- C. Received fresh and labeled "lymph node, sentinel lymph node, TP #3" is a segment of pale-tan fibro-adipose tissue, 1.8 x 1.2 x 0.3 cm. Specimen submitted in toto in one cassette.
- D. Received in formalin and labeled "right breast mass, 1 short stitch superior, 1 long stitch lateral" is a lumpectomy specimen measuring 5.8 x 5.8 x 2.5 cm and weighs 26.5 grams. Specimen oriented with one short stitch indicating superior and one long stitch lateral. Resection margins inked as follows: Superior margin inked blue, inferior margin inked red, lateral margin inked orange, anterior margin inked yellow, posterior (deep) inked black. Sections of the specimen reveal and irregular shaped, ill-defined, indurate, white-tan mass, 1.7 x 1.6 x 1.6 cm. The mass is present at 0.1 cm from the anterior margin (closest-yellow). The remainder margins are grossly uninvolved. Cassettes submitted as follows.

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- 1 Mass in relation to anterior and inferior margins (yellow-green)
- 2 Lateral (orange) and medial (red margin)
- 3 Superior (blue) and deep (black margin)
- 4-8 Lesions submitted in toto

E. Received fresh and labeled "additional medial nodule, FS" consists of a segment of tan-yellow, fibro-adipose tissue, 2.3 x 1.0 x 0.6 cm. The true margins inked black. Representative sections submitted as follows.

- 1 Sections submitted for frozen
- 2 Reminder of specimen submitted in toto

ICD-9(s): 174.8

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	UNQUALIFIED
Reviewer Initials	Date Reviewed: 12/8/11	