



Sample #

FINAL PATHOLOGIC DIAGNOSIS

A. Sentinel lymph node #1, left, biopsy:

-One reactive lymph node, negative for tumor (0/1)

B. Sentinel lymph node #2, left, biopsy:

-One reactive lymph node, negative for tumor (0/1).

C. Left axillary lymph node #3, biopsy:

-Two reactive lymph nodes, negative for tumor (0/2).

D. Left axillary lymph node #4, biopsy:

-One reactive lymph node, negative for tumor (0/1).

E. Left axillary non-sentinel lymph node, biopsy:

-One reactive lymph node, negative for tumor (0/1).

F. Left breast, mastectomy:

-Malignant phyllodes tumor (25 x 17 x 16.5 cm) with heterologous (chondrosarcomatous, fibrosarcomatous-like, and fibro-myxosarcomatous-like differentiation).

- Margins of resection are free of phyllodes tumor (0.5 mm from posterior margin, > 6 mm from closest anterior inferior aspect).

- The tumor abuts the dermis of the nipple areolar complex.

- Nipple without diagnostic abnormality.

- Focus of atypical ductal hyperplasia, see comment.

- Intraductal hyperplasia, usual type.

- Benign skin.

G. Pectoralis major muscle, new outer margin, excision:

ICD-O-3  
Tumor, phyllodes malignant  
9820/3  
Site @ Breast NOS  
C50.9  
JW 4/28/14

-Fibroadipose tissue and skeletal muscle with degenerative changes,  
negative for tumor.

**Clinical History:**

The patient is a    -year-old female with breast cancer undergoing simple  
mastectomy, breast reconstruction, and sentinel node biopsy.

**Comment**

F. CK5/14 supports a small focus of atypical ductal hyperplasia. All IHC  
controls were appropriate.

**Specimens Received:**

A: F/s 1st sentinel node left breast

B: F/s 2nd sentinel node left breast

C: Left axillary lymph node #3

D: Left axillary lymph node #4

E: Left axillary non-sentinel lymph node

F: Left breast

G: Pectoralis major muscle

E. The fifth container is additionally identified as, 'left axillary non-sentinel lymph node'. Received fresh and placed in formalin is a 0.7 x 0.6 x 0.4 CM lymph node that is bisected and submitted in E1.

F. The sixth container is additionally identified as, 'left breast. Long stitch-lateral margin. Short stitch-superior margin. Please weigh the specimen per Dr. . Received fresh and placed in formalin is a 4,580 gm mastectomy specimen measuring 25 cm from medial to lateral, 20 cm from superior to inferior and 16.5 cm from anterior to posterior. There is a 25 x 20 cm wrinkled skin ellipse covering the entire anterior surface, with a short suture designating the superior pole and a long suture designating the lateral pole. The areola measures 5.5 CM in diameter and the nipple measures 1.5 x 1.2 x 0.3 CM. The nipple-areolar complex displays no evidence of ulceration or retraction.

The deep surface is inked black and the specimen is sectioned from medial to lateral into 12 slices (nipple at slice 6-7) to reveal a 25 x 17 x 16.5 CM mass with a variegated cut surface characterized by tan, fleshy regions intermixed with dusky, gray-green regions and golden-yellow adipose, with scattered coarse granularity and hemorrhage. The superior portions of slices 2-10 contain a cystic space filled with hemorrhagic to slightly mucinous fluid. The mass grossly extends to the posterior margin (slice 9) and is located 0.2 CM from the green ink. Multiple sections of the mass, skin, and margins are submitted as follows:

**Gross Description:**

The specimens are received in seven containers each labeled with the patient's name and medical record number.

A. The first container is additionally identified as, 'F/S first sentinel node left breast '. Received fresh for frozen section diagnosis is a 2 x 1.2 x 0.8 CM lymph node that is entirely frozen and called, 'one benign lymph node,' by Dr. . The frozen section remnants are submitted in A1-A2 FS.

B. The second container is additionally identified as, 'F/S second sentinel node left breast'. Received fresh for frozen section diagnosis is a 2.0 x 1.2 x 0.6 CM lymph node that is entirely frozen and called, 'one benign lymph node,' by Dr. . The frozen section remnants are submitted in B1FS.

C. The third container is additionally identified as, 'Left axillary lymph node #3. Count ' . Received fresh for frozen section diagnosis are 2 lymph nodes measuring 0.6 and 1.2 CM in greatest dimension. They are entirely frozen and called, '2 benign lymph nodes,' by Dr. . The frozen section remnants are submitted in C1-C2 FS.

D. The fourth container is additionally identified as, 'Left axillary lymph node #4. Count- ' . Received fresh for frozen section diagnosis is a 1.3 CM lymph node that is entirely frozen and called, 'one benign lymph node,' by Dr. . The frozen section remnants are submitted in D1FS.

F1-F2: Slice 11

F3-F4: Slice 10

F5-F6: Slice 9, closest approach to black ink

F7-F8: Slice 8

F9: Slice 7

F10-F11: Slice 6 (nipple)

F12: Slice 5

F13: Slice 4, closest approach to green ink

F14-F15: Slice 3

F16-F17: Slice 2

F18: Slice 1

Tissue fixed for at least 6 hours in 10% NBF and no more than 72 hours.

G. The seventh container is additionally identified as, 'pectoralis major muscle new outer margin lateral long black, new superior margin black'. Received fresh and placed in formalin is a 24.3 g, 7 x 4.5 x 2.2 CM portion of irregular, ragged, partially disrupted fibroadipose and muscle tissue designated with a long suture marking new outer margin lateral, and a black suture designating new superior margin. A gross photograph is taken. The specimen is inked as follows:

New outer lateral margin-orange

Superior-blue

Inner-black

Anterior-yellow

Posterior-red

The specimen is serially sectioned from superior to inferior into 13 slices to reveal scattered palpable nodules. Sections are submitted as follows:

G1: Superior tip (slice 1), shaved

G2: Slice 3

G3-G4: Slice 5

G5-G6: Slice 7

G7-G8: Slice 9

G9: Slice 11

G10: Slice 13

Intraoperative Consult Diagnosis:

A1-A2 FS: 'one benign lymph node,' by

B1 FS: 'One benign lymph node,' by

C1-C2 FS: '2 benign lymph nodes,' by

D1 FS: 'One benign lymph node,' by

lw 12/23/13

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	LM	
Date Reviewed	12/23/13	