Concernomas, injetitations duct NOS 8500/3 Site & Breast NOS (509 Ope) 8/2/13

FINAL PATHOLOGIC DIAGNOSIS

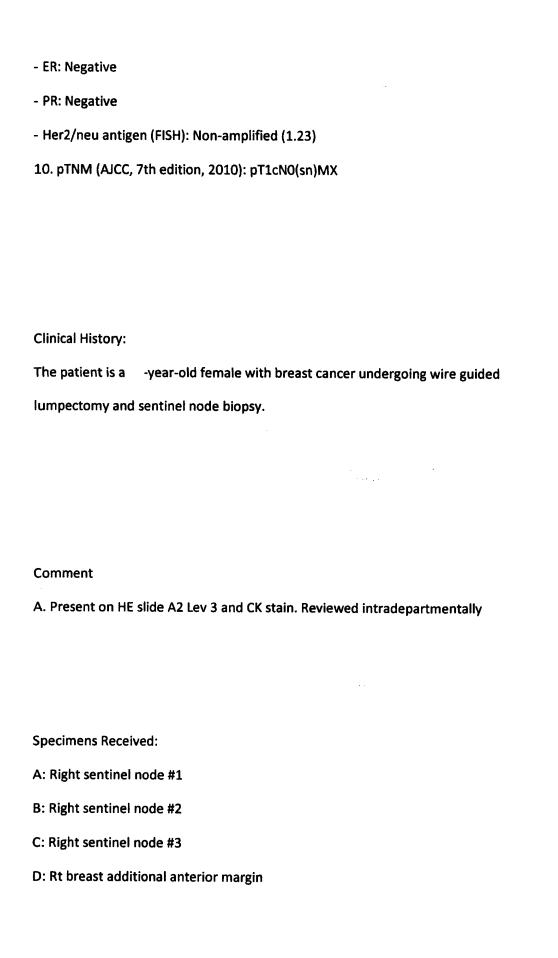
- A. Sentinel lymph node, right axillary #1; excisional biopsy:
- Five reactive lymph nodes, no evidence of tumor (0/5) (HE and CKAE1/AE3)
- Lymphovascular invasion is seen in a lymph node vessel of the lymph node sinus (0.12 mm tumor cell cluster), see comment.
- B. Sentinel lymph node, right axillary #2; excisional biopsy:
- One reactive lymph node, no evidence of tumor (0/1) (HE and CKAE1/AE3)
- C. Sentinel lymph node, right axillary #3; excisional biopsy:
- One reactive lymph node, no evidence of tumor (0/1) (HE and CKAE1/AE3)
- D. Breast, right, additional anterior margin; excision:
- Columnar cell changes.
- Blunt duct adenosis.
- Apocrine metaplasia.
- E. Breast, right; wire-guided lumpectomy:
- Invasive ductal carcinoma, SBR grade III, with necrosis, see parameters

below.

- Ductal carcinoma in situ, high nuclear grade, solid type.
- Biopsy site changes.
- Margins of resection are negative.

Breast Pathologic Parameters

- 1. Invasive carcinoma:
- A. Gross measurement: 1.9 x 1.7 x 1.5 cm
- B. Composite histologic (modified SBR) grade: III
- Architecture: 3
- Nuclear grade: 3
- Mitotic count: 3
- C. Associated intraductal carcinoma in situ (DCIS):
- Adjacent to invasive carcinoma (forming < 5% of tumor volume)
- 2. Intraductal carcinoma:
- A. Microscopic measurement: Adjacent to invasive carcinoma
- B. Type: Solid
- C. Nuclear grade: High
- D. Associated features: Necrosis / Cancerization of lobules
- 3. Excisional biopsy margins: Free of tumor
- Invasive carcinoma 3.0 mm from posterior (closest) margin
- Ductal carcinoma in situ distant to all margins.
- Additional margin (anterior) negative.
- 4. Blood vessel and lymphatic invasion: Present
- Present in axillary lymph node.
- 5. Nipple: N/A
- 6. Skin: N/A
- 7. Skeletal muscle: N/A
- 8. Axillary lymph nodes: Seven sentinel lymph nodes, no evidence of tumor (0/7)
- 9. Special studies



E: Right breast wire guided; lumpectomy

Gross Description:

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

A. The first container is additionally identified as, 'right breast sentinel node #1'. Received fresh and placed in formalin are 2 fragments of ovoid yellow to brown rubbery tissue. The first measures $4.0 \times 2.0 \times 1.3$ cm and the second is $4.5 \times 1.5 \times 1.2$ cm. A number of lymph node candidates are identified the largest of which measures $4.0 \times 1.5 \times 1.0$ cm. The specimen is submitted as follows:

A1: 3 lymph node candidates

A2: One lymph node candidate

A3-A4: One lymph node candidate bisected

B. The second container is additionally identified as, 'right breast sentinel node #2'. Received fresh and placed in formalin is an ovoid fragment of yellow-tan fibroadipose tissue measuring $1.8 \times 1.6 \times 0.5$ cm. A brown-tan lymph node is identified that measures $1.1 \times 0.5 \times 0.3$ cm. It is bisected and entirely submitted in cassette B1 along with the surrounding fat.

C. The third container is additionally identified as, 'right breast sentinel node #3'. Received fresh and placed in formalin is a fragment of rubbery

yellow-tanto brown tissue measuring $1.3 \times 0.5 \times 0.3$ cm. It is entirely submitted in cassette C1.

D. The fourth container is additionally identified as, 'additional anterior margin'. Received fresh and placed in formalin is a rectangular fragment of soft to rubbery yellow-tan tissue measuring $2.3 \times 1.7 \times 0.6$ cm. A double suture marks the final anterior margin. This margin is inked blue and the remainder of the specimen is inked black. The specimen is then serially sectioned and entirely submitted in cassettes D1-D2.

E. The fifth container is additionally identified as, 'right breast wire guided lumpectomy'. Received fresh on a radiographic grid is a 45.4 gm lumpectomy specimen measuring 7 cm from medial to lateral, 5.8 cm from superior to inferior and 2.7 cm from anterior to posterior. The specimen is oriented with a short suture designating the superior pole and a long suture designating the lateral pole. Accompanying the specimen is an x-ray demonstrating a metallic clip located in grid coordinate D3. There is a circled mass in grid positions C4, C3, and D3, and D4, centered on the clip. The wire enters the specimen in grid coordinates C3 and terminates in D4.

The margins are inked as follows:

anterior - black;

posterior - red;

superior - blue;

inferior - green;

medial - yellow;

lateral - violet.

The specimen is serially sectioned from medial to lateral into 8 slices. The metallic clip is identified in slice 4. The wire enters the specimen in slice 3 and terminates in slice for. There is a firm, tan, irregular, 1.9 x 1.7 x 1.5 cm lesion located in slices 3 through 4. The lesion is located 1.5 cm from the anterior (black) margin, 0.3 cm from the posterior (red) margin, 1.3 cm from the superior (blue) margin, 1.2 cm from the inferior (green) margin, 1.7 cm from the medial margin, and 4 cm from the lateral margin. The remainder of the breast parenchyma is white-yellow and lobulated with no additional masses or lesions.

Block summary:

E1: medial margin, slice 1

E2: lateral margin, slice 8

E3: mass, slice 3 with red margin

E4: Surrounding margins from slice 3

E5-E6: mass, slice 4 with red margin, surrounding clip

E7: Surrounding margins from slice 4

E8: Slice 2 next to mass

E9: Slice 5 next to mass

E10: Section from grossly unremarkable breast parenchyma, slice 6

Criteria

Diagnosis Discrepancy
Pilmary Tumor Site Discrepancy
HIPAA Discrepancy
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Prior Malaynancy History
D 14/2ynchronous Prinary Novem
Case is (cycly):
QUALIFIED
Re-riewer Miller
Dec-riviewed:

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