1CD-0-3 Carcinoma, infittrating ductal, NOS 8500/3 Siti: breast, NOS C50.9 1/24/11 for

FOR OFFICIAL USE ONLY - PERSONAL DATA - PRIVACY ACT OF 1974

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

FMP/SSN:

DOB/Age/Sex:

Race: WHITE

Taken:

Location:

Received: Reported:

Physician(s):

AMENDED

SPECIMEN:

A: SENTINEL LYMPH NODE #1 B: SENTINEL LYMPH NODE #2

C: RIGHT BREAST TISSUE D: FINAL DEEP MARGIN

FINAL DIAGNOSIS:

- A. LYMPH NODE, SENTINEL #1, BIOPSY:
 - POSTIVE FOR MICROMETASTASIS (largest deposit 0.6 mm) IN ONE OF TWO LYMPH NODES (1 of 2)
- B. LYMPH NODE, SENTINEL #2, BIOPSY:
 - NEGATIVE FOR METASTASIS IN ONE EXAMINED LYMPH NODE (Multiple sections stained by hematoxylin & eoson and by immunohistochemistry for keratin)
- C. BREAST TISSUE, RIGHT, LUMPECTOMY:
 - INVASIVE DUCTAL CARCINOMA, MODERATELY DIFFERENTIATED BY COMBINED HISTOLOGICAL CRITERIA (TUBULES=3, NUCLEAR SIZE=2, MITOSES=1; TOTAL=6).
 - MAXIMUM SIZE = 1.4CM (SLIDE C1).
 - SUPERIOR-ANTERIOR MARGIN INVOLVED BY TUMOR (SLIDE C23). OTHER MARGINS NEGATIVE FOR TUMOR.
 - DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM-TYPE WITH NECROSIS (SLIDE C15).
 - FIBROADENOMA.
 - FIBROCYSTIC CHANGES INCLUDING APOCRINE METAPLASIA AND USUAL DUCTAL HYPERPLASIA.
- D. BREAST, DEEP MARGIN, EXCISION:
 - BENIGN FIBROADIPOSE TISSUE AND SKELETAL MUSCLE.
 - NEGATIVE FOR TUMOR.

COMMENT:

The report is ammended of sentinal lymph nodes during

to report evaluation absence.

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TCGA-A2-A0ER-01A-PR Redacted

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Continued on Next Page

- PERSONAL DATA - PRIVACY ACT OF 1974

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

FINAL DIAGNOSIS (continued):

** Report Electronically Signed Out **

CLINICAL DIAGNOSIS AND HISTORY:

year old female with history of a right breast mass.

PRE-OPERATIVE DIAGNOSIS:

Right breast cancer

GROSS DESCRIPTION:

- A. SENTINEL LYMPH NODE #1 Received fresh is a 2.5 x 1.7 x 1.5 cm fatty tissue fragment containing 2.2 x 1.4 x 1.4 cm lymph node. Half of the node is submitted for the CBC protocol. The remaining half is submitted for paraffin section in one cassette.
- B. Received fresh is a 2.0 x 1.8 x 1.5 cm fatty tissue fragment containing a 1.5 x 1.2 x 1.2 cm lymph node. Half of the node is submitted for the CBC protocol. The remaining half is submitted for paraffin sections in a single cassette.
- C. Received fresh is a fibrofatty tissue fragment, oriented with sutures (short-superior, long-lateral) measuring 7.5 x 5.5 x 1 cm. A needle localization wire is in place. The accompanying radiograph is reviewed and shows a well defined density alongside the locaation wire and about 1 cm from a metallic clip. Inked: blue- superior-anterior, green- inferioranterior, black-posterior. The specimen is sectioned from lateral to medial revealing a 1.3 \times 1.0 \times 0.7 cm tumor with tan gritty cut surface in the mid portion of the specimen. The tumor is located 0.3 cm from the deep margin and 0.3 cm from the inferior anterior margin. The remaining tissue is variably fatty and fibrous. Two tissue sections submitted for CBC protocol with matching paraffin sections as follows:

C1: tumor

C2: fibrous area near lateral margin approximately 2 cm from tumor.

Additional sections are submitted as follows:

C3-C4: lateral to fibrous area paired cassettes C5-C6: medial to fibrous area paired cassettes

C7-C8: paired cassettes

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

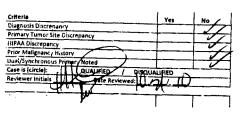
GROSS DESCRIPTION (continued):

C9-C10: paired cassettes C11-C13: matched cassettes

C14-C16: matched cassettes lateral to tumor C17-C18: paired cassettes medial to tumor

C19-C21: matched cassettes C22-C23: paired cassettes C24-C25: paired cassettes.

D. Received in formalin and labeled with the patient's name and designated FINAL DEEP MARGIN is a single fragment of yellow-tan fibrous tissue measuring 3.5 x 2 x 1 cm. Inked entirely in black. Serial sectioning reveals unremarkable fibroadipose tissue mostly adipose. Tissue is entirely submitted



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End of Report