

Surgical Pathology Report

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

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

Pathologic Interpretation:

- A. **Sentinel node #1:**
- No carcinoma seen in one lymph node (0/1)
- Keratin Immunostain is negative.
- B. **Suspicious node:**
- No carcinoma seen in one lymph node (0/1)
- Keratin Immunostain is negative.
- C. **Sentinel node #3:**
- No carcinoma seen in one lymph node (0/1)
- Keratin Immunostain is negative.
- D. **Left breast lumpectomy:**
- Invasive, poorly differentiated mammary carcinoma, high nuclear grade, 2.5 cm.
- Margins are free of tumor.
- Tumor cell have been reported to be ER, and PR negative by Immunohistochemistry and HER2 negative by CISH.
- In house immunostains are pending for further tumor subclassification.

ICD-O-3

carcinoma, basal cell, NOS 8090/3

Site: breast, NOS C50.9

3/14/11

Tumor Summary:

Specimen Type: Partial breast

Procedure: Excision without wire-guided localization

Lymph Node Sampling: Sentinel lymph node

Specimen integrity: Left

Specimen Size:

- Greatest dimension: 5 cm

- Additional dimensions: 4 x 3.5 cm.

Laterality: Left

Tumor Site: Not specified

Size of Invasive Component:

- Greatest dimension of largest focus of invasion: 2.5 cm.

- Additional dimensions: 1.8 x 1.8 cm.

Tumor Focality: Single focus of invasive carcinoma

Macroscopic and Microscopic Extent of Tumor:

Skin: Skin is not present.

Skeletal Muscle: No skeletal muscle present

Ductal Carcinoma in Situ (DCIS): No DCIS is present.

Lobular Carcinoma in situ (LCIS): Not identified.

Histologic Type: Invasive carcinoma. In house immunostains are pending for further tumor subclassification.

Histologic Grade: Overall Grade: Grade 3+3+2=8

- Glandular (Acinar)/Tubular Differentiation: Score 3 <10% of tumor area forming glandular/tubular structures

- Nuclear Pleomorphism: Score 3: Vesicular nuclei, often often with prominent nucleoli, exhibiting marked variation in size and shape, occasionally with very large and bizarre forms.

- Mitotic Count: Score 2

Margins: Margins uninvolved by invasive carcinoma.

- Distance from closest margin: 2 mm (Posterior).

Lymph-Vascular Invasion: Not identified.

Dermal Lymph-Vascular Invasion: No Skin present.

Lymph Nodes:

Number of sentinel nodes examined: 3

Total number of nodes examined (sentinel and Nonsentinel): 3

Number of lymph nodes with macrometastases (>0.2 cm): 0

Number of lymph nodes with micrometastases (>0.2 mm to 0.2 cm and/or >200 cells): 0

Number of lymph nodes with isolated tumor cells (<0.2 mm and ≤200 cells): 0

UUID: 2153CBCE-6DA9-4E0F-9F41-B9F08FD50647
TCGA-EW-A10W-01A-PR

Redacted



SURGICAL PATHOL Report

Size of largest metastatic deposit: 0

Method of Evaluation of Sentinel Lymph Nodes:

- Hematoxylin and eosin (H&E). one level
- Immunohistochemistry.

Pathologic Staging:

- Primary tumor: pT2
- Regional Lymph nodes: pN0 (sn) (i-)
- Distant Metastasis: pMX

Additional Pathologic Findings:

- Other ancillary Studies: Performed on another specimen,
ER: Immunohistochemistry = Negative.
PR: Immunohistochemistry = Negative.
HER2: Immunohistochemistry = Negative.
HER2 CISH – Not amplified.

Pathologic Staging (pTNM): pT2, N0 (i-) (sn), MX

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory. 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. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by Envision Method. 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).

Electronically Signed Out By

Procedures/Addenda Addendum

Date Ordered:
Date Complete:
Date Reported:

Status: Signed Out

Addendum Diagnosis

Left breast lumpectomy0:

- The tumor cells are focally positive for p63 and EGFR by Immunohistochemistry. The morphology and immunophenotype of this neoplasm is consistent with a carcinoma of basal cell subtype.

, MD, PhD

Intraoperative Consultation

- A. Sentinel node #1 FS: No carcinoma seen
- B. Suspicious node FS: No carcinoma seen

, MD

Clinical History:
None provided

SURGICAL PATHOL Report

Operation Performed

Left breast lumpectomy; left breast lumpectomy with sentinel node biopsy, axillary node dissection

Pre Operative Diagnosis:

Breast cancer

Specimen(s) Received:

- A: Sentinel node #1 FS
- B: Suspicious node FS
- C: Sentinel node #3, internal mammary (permanent)
- D: Left breast lumpectomy

Gross Description:

- A. Received fresh there is a 1 x 0.8 x 0.3 cm lymph node. Bisected and submitted in toto for frozen section in two cassettes.
- B. Received fresh there is a 2 x 1 x 0.3 cm lymph node. Bisected and submitted in toto in two cassettes for frozen section.
- C. Received in formalin there is a 0.3 x 0.2 x 0.2 cm lymph node. Submitted in toto.
- D. Received in formalin there is a lumpectomy specimen of 5 x 4 x 3.5 cm and 40 grams. Specimen is oriented with short stitch in the superior margin and a long stitch in the lateral margin. Specimen is inked as follows: blue superior, green inferior, yellow anterior, black posterior, red medial, and orange lateral. There is a palpable indurated pale tan mass of 2.5 x 1.8 x 1.8 cm. Closest resection margin is the posterior margin at 0.2 cm. Superior margin are 0.7, inferior margin at 1 cm, lateral margin at 2.5 cm, and medial margin at 1.5 cm. There are no additional lesions in the remainder of the parenchyma. Fat to stroma ratio is 40:60. Representative sections are submitted as follow:
 - 1 Superior posterior resection margin
 - 2 Inferior posterior margin
 - 3 Medial margin
 - 4 Lateral margin
 - 5 Inferior margin
 - 6-9 Remaining stroma
 - 10 Additional section of tumor

MC
MD

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 5-14-11	