

100-0-3  
Carcinoma, infiltrating ductal, NOS 8500/3  
Site: breast, NOS C50.9 1/25/11 hr

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## SURGICAL PATHOLOGY REPORT

Patient:  
FMP/SSN:  
DOB/Age/Sex  
Location:  
Physician(s):

Race: **WHITE**

Specimen #:  
Taken:  
Received:  
Reported:

### SPECIMEN:

A: RIGHT BREAST B: SENTINEL NODE #1 C: SENTINEL NODE #2  
D: SENTINEL NODE #3 E: SENTINEL NODE #4 F: left breast

### FINAL DIAGNOSIS:

- =====
- A. RIGHT BREAST, SIMPLE MASTECTOMY:  
FIBROCYSTIC CHANGES TO INCLUDE FIBROADENOMAS, SCLEROSING ADENOSIS,  
USUAL DUCTAL HYPERPLASIA, DUCT ECTASIA, CYSTIC CHANGE WITH APOCRINE  
METAPLASIA.  
MICROCALCIFICATIONS IDENTIFIED IN BENIGN PROCESSES (A3).  
SKIN AND NIPPLE WITH NO SIGNIFICANT PATHOLOGIC CHANGES.
- B. LYMPH NODE, SENTINEL #1, BIOPSY:  
ONE LYMPH NODE POSITIVE FOR ISOLATED TUMOR CELLS (ITC) BY IMMUNOSTAINS  
AND POSITIVE FOR ISOLATED TUMOR CELL NODULE ON H AND E. (0/1)  
(SEE COMMENT)
- C. LYMPH NODE, SENTINEL #2, BIOPSY:  
ONE OF TWO LYMPH NODES POSITIVE FOR ISOLATED TUMOR CELLS (ITC) BY  
IMMUNOSTAINS; NEGATIVE BY H AND E. (0/2)
- D. LYMPH NODE, SENTINEL #3, BIOPSY:  
ONE LYMPH NODE POSITIVE FOR ISOLATED TUMOR CELLS (ITC) BY IMMUNOSTAINS;  
NEGATIVE BY H AND E. (0/1)
- E. LYMPH NODE, SENTINEL #4, BIOPSY:  
ONE LYMPH NODE POSITIVE FOR ISOLATED TUMOR CELLS (ITC) BY  
IMMUNOSTAINS.  
NEGATIVE BY H AND E. (0/1)
- F. LEFT BREAST, MASTECTOMY:  
TUMOR TYPE: INFILTRATING DUCTAL CARCINOMA, NO SPECIAL TYPE (F2-F5;  
F12-13).  
NOTTINGHAM GRADE: POORLY DIFFERENTIATED.  
NOTTINGHAM SCORE: 9/9  
(Tubules= 3, Nuclei= 3, Mitoses= 3; mitotic count 12 per 10 HPF at  
40x power)  
TUMOR SIZE (GREATEST DIMENSION): 2.5 CM (measured grossly)

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TCGA-A2-A0D2-01A-PR

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**SURGICAL PATHOLOGY REPORT**

Patient:

Specimen #:

**FINAL DIAGNOSIS (continued):**

TUMOR NECROSIS: ABSENT.  
MICROCALCIFICATIONS: PRESENT, IN ASSOCIATION WITH PRIOR BIOPSY (F5)  
AND IN BENIGN BREAST TISSUE.  
VENOUS / LYMPHATIC INVASION: PRESENT (F5).  
MARGINS: NEGATIVE FOR TUMOR.  
-DISTANCE OF TUMOR FROM NEAREST MARGIN IS 0.34 CM, FROM DEEP MARGIN  
(measured microscopically, F12).  
INTRADUCTAL COMPONENT: ABSENT.  
LYMPH NODES: FIVE NODES NEGATIVE FOR TUMOR (PARTS B-E ABOVE).  
NIPPLE INVOLVEMENT: ABSENT.  
SKIN INVOLVEMENT: ABSENT.  
MULTICENTRICITY: UNIFOCAL.  
ESTROGEN RECEPTORS: NEGATIVE (Previously performed on  
PROGESTERONE RECEPTORS: NEGATIVE (Previously performed on  
HER 2 NEU by IHC: NEGATIVE (Previously performed on  
PATHOLOGIC STAGE: PT2 N0(i+) MX  
ADDITIONAL PATHOLOGIC CHANGES:  
-CYSTIC CHANGE WITH APOCRINE METAPLASIA.  
-MICROCALCIFICATIONS IN BENIGN TISSUE.  
(SEE COMMENT)

**COMMENT:**

diagnosis by email on and

The lymph nodes show individual tumor cells but only one cluster was  
identified on H&E and was measured microscopically at 89.9 micrometers  
or 0.09mm, under the total size of allowable for micrometastasis.

were notified of this

\*\* Report Electronically Signed Out \*\*

**CLINICAL DIAGNOSIS AND HISTORY:**

-year-old female with left breast cancer.

**GROSS DESCRIPTION:**

A. Received fresh, labeled with the patient's name,  
designated "RIGHT BREAST, ORIENTED SHORT STITCH SUPERIOR AND LONG STITCH  
LATERAL" is a 685 gram right breast measuring 21.0 cm superior to  
inferior, 18.0 cm medial to lateral, and 3.5 cm anterior to posterior.

## SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

### GROSS DESCRIPTION (continued):

The lightly pigmented superficial skin ellipse measures 7.0 x 3.5 cm, and displays a 1.0 cm centrally located, everted nipple free of discharge. The deep margin is inked black. Serial sections reveal a marked amount of moderately dense, tan-white, fibrous tissue with multiple scattered blue-gray cysts measuring up to 0.5 cm in greatest dimension. The admixed adipose tissue is yellow-tan, lobulated, and comprises 30% of the cut surface. A 0.8 cm bulging, tan-white, well circumscribed nodule is identified in the lower outer quadrant which is consistent with a fibroadenoma. No lymph nodes are identified. Time in Formalin = Time excised is not provided.

### Cassette Key:

- A1: Skin.
- A2: Upper outer quadrant.
- A3: Lower outer quadrant with nodule.
- A4: Lower inner quadrant.
- A5: Upper inner quadrant.
- A6: Central.
- A7: Additional upper outer quadrant.
- A8: Additional lower outer quadrant.
- A9: Additional lower inner quadrant.
- A10: Upper inner quadrant.
- A11: Nipple.

Matched sections of A1 through A6 are submitted in 11CF for CBCP protocol.

B. Received fresh, labeled with the patient's name, designated "SENTINEL NODE #1" is a 3.0 x 1.5 x 0.8 cm pink-yellow, fatty lymph node. The specimen is sectioned, and entirely submitted in cassettes B1 through B2. A matched section of B2 is submitted in CBCP protocol. 2CF for

C. Received in formalin, labeled with the patient's name, designated "SENTINEL NODE #2" is a 1.5 x 1.5 x 0.5 cm irregular portion of yellow-tan, soft tissue. Sectioning reveals a single 0.5 cm pink-tan lymph node. The specimen is entirely submitted as follows:

### Cassette Key:

- C1: Lymph node.
- : Adipose tissue. 2CF

## SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

### GROSS DESCRIPTION (continued):

D. Received in formalin, labeled with the patient's name, designated "SENTINEL NODE #3" is a 2.0 x 1.2 x 0.4 cm yellow-tan fragment of adipose tissue. This is submitted entirely in cassette D. 1CF

E. Received in formalin, labeled with the patient's name, designated "SENTINEL NODE #4" is a fragment of yellow-tan, adipose tissue which measures 0.8 x 0.8 x 0.4 cm. The specimen is submitted entirely in one cassette. 1CF

F. Received fresh, labeled with the patient's name, designated "LEFT BREAST AND ORIENTED WITH A SHORT STITCH SUPERIOR, LONG STITCH LATERAL" is an 844 gram left breast measuring 22.0 cm superior to inferior, 19.0 cm medial to lateral, and 4.0 cm anterior to posterior. The lightly pigmented superficial skin ellipse measures 10.0 x 2.5 cm and displays a 1.3 cm centrally located everted nipple free of discharge. No scar is identified. The deep margin is inked black, and the superficial inferior surface is inked blue. Serial sections reveal a well circumscribed mass in the lower outer/lower mid breast. The mass measures 2.5 x 2.5 x 2.5 cm and comes to within 0.2 cm of the deep margin, and 1.0 cm of the superficial inferior surface. The cut surface is pink-white, firm and gray. The remainder of the specimen is composed of a marked amount of dense, pink-white, fibrous tissue with scattered blue-gray cysts measuring up to 0.5 cm in greatest dimension. The admixed adipose tissue is yellow-tan, lobulated, and otherwise unremarkable. No additional lesions are identified. No lymph nodes are identified. Representative sections of the specimen are submitted as follows:

### Cassette Key:

- F1: Skin.
- F2: Mass with margin.
- F3: Margin of F2.
- F4: Mass.
- F5: Mass.
- F6: Adjacent normal.
- F7: Upper outer quadrant.
- F8: Upper inner quadrant.
- F9: Lower inner quadrant.
- F10: Lower outer quadrant.
- F11: Central.
- F12-F13: Additional mass plus deep margin.
- F14: Upper outer quadrant.
- F15: Lower outer quadrant.

# SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

## GROSS DESCRIPTION (continued):

F16: Lower inner quadrant.

F17: Upper inner quadrant.

F18: Nipple.

F19: Possible intraparenchymal lymph node candidates.

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle): <u>QUALIFIED</u> <u>DISQUALIFIED</u>		
Reviewer Initials: <u>WJ</u> Date Reviewed: <u>10/2/80</u>		