

1CD-0-3
Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 1/26/11 per

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SURGICAL PATHOLOGY REPORT

Patient: Specimen #:
FMP/SSN: -
DOB/Age/Sex: - Race: WHITE Taken:
Location: Received:
Physician(s): Reported:

SPECIMEN:

A: SENTINAL LYMPH NODE #1
B: SENTINAL LYMPH NODE #2 C: LEFT BREAST TISSUE

FINAL DIAGNOSIS:

- A. LYMPH NODE, SENTINEL #1, EXCISIONAL BIOPSY:
- TWO (2) LYMPH NODES NEGATIVE FOR MALIGNANCY BY ROUTINE AND IMMUNOHISTOCHEMICAL STAINS.
- B. LYMPH NODE, SENTINEL #2, EXCISIONAL BIOPSY:
- ONE (1) LYMPH NODE NEGATIVE FOR MALIGNANCY BY ROUTINE AND IMMUNOHISTOCHEMICAL STAINS.
- C. BREAST, LEFT, BIOPSY:
-MULTIFOCAL INFILTRATING DUCTAL CARCINOMA (TWO FOCI, 1.5 CM AND 0.6 CM IN GREATEST DIMENSION), INTERMEDIATE GRADE BY COMBINED HISTOLOGIC CRITERIA.
-SURGICAL MARGINS: LARGER TUMOR 2.0 MM FROM SUPERIOR MARGIN.
SMALLER TUMOR 1.5 MM FROM SUPERIOR MARGIN.
-NO EVIDENCE OF LYMPHVASCULAR INVASION.
-IN-SITU COMPONENT: DUCTAL CARCINOMA IN-SITU (INTERMEDIATE GRADE, CRIBRIFORM PATTERN, COMPRISING 10% OF THE TUMOR).

** Report Electronically Signed Out **

CLINICAL DIAGNOSIS AND HISTORY:

-year-old female with infiltrating ductal carcinoma of the left breast diagnosed on core biopsy.

UUID:618C91AE-CD06-432D-BCBA-6FAE2209C610
TCGA-A2-A0EQ-01A-PR



SURGICAL PATHOLOGY REPORT

Patient:

Specimen #: - - -

GROSS DESCRIPTION:

A. SENTINEL LYMPH NODE #1 received in formalin, labeled with the patient's name, designated "SENTINEL LYMPH NODE NUMBER ONE" consists of a tan, fibrofatty tissue fragment measuring 2.0 x 1.3 x 0.4 cm in size. Sectioning reveals two ovoid, tan nodules suggestive of lymphoid tissue. The largest one is 0.5 cm in size, the smaller is 0.4 cm in size. The specimen is bisected and entirely submitted in cassette A.

B. SENTINEL LYMPH NODE #2 received in formalin, labeled with the patient's name, designated "SENTINEL LYMPH NODE NUMBER TWO" is a roughly ovoid, tan, firm tissue fragment measuring 0.6 x 0.5 x 0.4 cm in size. Sectioning reveals a well-delineated, homogeneous tan nodule suggestive of a lymph node. The specimen is trisected and entirely submitted in B1.

C. LEFT BREAST TISSUE received in formalin, labeled with the patient's name, designated "LEFT BREAST TISSUE" is a fibrofatty tissue fragment originally received fresh measuring 6.8 x 6.5 x 2.1 cm, impaled with a needle localization wire. A radiograph accompanies the specimen. The specimen is oriented with sutures (one stitch=medial, two stitches=superior, wire=anterior). The specimen is inked as follows: Red=medial and lateral, blue=superior, green=inferior, yellow=anterior, and black=posterior. Sectioning reveals a 1.5 cm tumor with well-defined margins and abutting the superior margin. The tumor has a tan, gritty cut surface. Approximately 1.0 cm lateral to the tumor is a second firm, well-defined nodule. The remaining tissue is mostly fat with patches of white, fibrous tissue. Two sections of the tumor and one section of grossly normal fibrous tissue (lateral margin, approximately 3.0 cm from tumor) are submitted for the CBCP protocol (matching paraffin sections=A1-A3 respectively). The remaining specimen is sectioned and submitted from lateral to medial in additional cassettes labeled C4-C15.

Slide key:

C4: Lateral most margin.

C5-C6: Paired sections.

C7-C8: Previously described smaller mass.

C9-C10: Paired sections.

C11: Same area as C2.

C12: Same area as C1.

C13-C14: Sections of largest tumor mass.

C15: Section demonstrating medial most margin. 15CFSS

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):	QUALIFIED	UNQUALIFIED
Reviewer Initials	Date Reviewed: 11/2/10	