

Surgical Pathology Report

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

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

Pathologic Interpretation:

- A. **Lymph node, sentinel lymph node:**
- No malignancy seen in one lymph node (0/1).
- Keratin immunostain pending.
- B. **Skin left breast:**
- Skin, no pathologic change.
- C. **Left breast lumpectomy:**
- Infiltrating poorly differentiated ductal carcinoma, high nuclear grade, 2.4 cm in greatest dimension.
- Margins of resection are free of tumor.
- Lymphovascular space invasion is present.
- Previous biopsy site identified.
- The tumor cells are positive for ER and PR, and negative for Her2
- See tumor summary.
- D. **Inferior margin, true blue margin:**
- No malignancy seen.
- E. **Right breast tissue:**
- Fibrocystic changes with stromal fibrosis, adenosis, and microcalcifications.
- Previous biopsy site identified.

100-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Site: breast, NOS c50.9 2/12/11 per

Tumor Summary:

Specimen Type: Excision
Lymph Node Sampling: Sentinel lymph node(s) only
Specimen Size: Greatest dimension: 7.5 cm
Additional dimensions: 5.5 x 4.0 cm
Laterality: Left
Tumor Site: Not specified
Size of Invasive Component: Greatest dimension: 2.4 cm
Additional dimensions: 1.5 x 1.0 cm
Histologic Type: Invasive ductal carcinoma
Histologic Grade:
Tubule Formation: Minimal less than 10% (score =3)
Nuclear Pleomorphism: Marked variation in size, nucleoli, chromatin clumping, etc (score =3)
Mitotic Count: Greater than 20 mitoses per 10 HPF (score =3)
Total Nottingham Score: Grade III: 8-9 points
Pathologic Staging (pTNM)
Primary Tumor: pT2
Regional Lymph Nodes: pN0
Number examined: 1
Number involved: 0
Distant Metastasis: pMX
Margins: Uninvolved by invasive carcinoma
Venous/Lymphatic Invasion: Present
Microcalcifications: Present in both tumor and non-neoplastic tissue

UUID:76358109-41A0-4D5C-8894-F6A63A925961
TCGA-EW-A10Y-01A-PR

Redacted



Comments:

ER: Positive
PR: Positive
Her2: Negative

SURGICAL PATHOL Report

Electronically Signed Out By

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory (Her 2, Papan, H. pylori, HBcore). These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5=ER, PgR 636=PR, A465=HER2, H-11=EGFR, CCH2/DDG9=CMV, F39.4.1=AR and HPV by ISH. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by LSAB. The results are read by a pathologist as positive or negative.

, MD

As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

Procedures/Addenda Addendum

Date Ordered:
Date Complete:
Date Reported:

Status: Signed Out

Addendum Diagnosis

Keratin immunostain is negative for carcinoma.

, MD

Intraoperative Consultation

- AFS. Sentinel lymph node #1:
Touch prep only: Lymphoid cells.
No malignant cell seen.
- CFS. Left breast lumpectomy:
Portion from mass (1 x 0.5 x 0.3cm) taken for tissue bank.

Clinical History:

Patient is a female with history of breast cancer.

Pre Operative Diagnosis:

Left breast cancer

Specimen(s) Received:

- A: Lymph node, sentinel lymph node
- B: Skin left breast
- C: Left breast lumpectomy
- D: Inferior margin, true blue margin
- E: Right breast tissue (fresh)

Gross Description:

- A. Received fresh and labeled "lymph node, sentinel lymph node" consists of a lymph node, 1.0 x 0.8 x 0.7 cm. Specimen is multisected and submitted in toto in one cassette for touch prep.

- B. Received in formalin and labeled "skin left breast" consists of an ellipse of skin, 5.0 cm in length by 1.7 x 0.4 cm. Representative section submitted in one cassette.
- C. Received fresh and labeled "left breast lumpectomy 1 short superior 1 long lateral" consists of a lumpectomy which weighs 90.0 grams after formalin fixation and measure 7.5 cm from medial to lateral, 5.5 cm from anterior to posterior and 4.0 cm from superior to inferior. Specimen inked as follows. Superior and inferior margin inked black, medial and lateral margins inked orange, posterior margin inked red and anterior margin inked green. A piece of tumor was taken tumor bank, 1.0 x 1.0 cm. Cut sections of the specimen reveal a stony hard tumor which measure approximately 2.4 x 1.5 x 1.0 cm. The tumor is surrounded by fibrous tissue and has an ill-defined border of fibrosis. The areas of ill-defined, fibrosis measure 5.0 x 3.0 x 3.0 cm in greatest dimension. The small area of hemorrhagic which measure 0.8 x 0.4 x 0.3 cm is located 0.8 cm away from the deep posterior margin and the margin submitted as follows.
- 1 Lateral margin
 - 2 Posterior and inferior margin
 - 3 Superior and anterior margin
 - 4 Additional sections of the anterior margin
 - 5 Sections of the medial margin grossly suspicious area of tumor involvement is located 0.8 cm away from the closest margin which is posterior and inferior
 - 6 & 7 Additional sections of the tumor in relation to the posterior and inferior margin
 - 8 & 9 Additional sections of the fibrotic area at the inferior and posterior margin
 - 10-12 Additional sections of the biopsy cavity in relation to the inferior and posterior margin
 - 13 Sections of the tumor in relation to the superior and anterior margin
- D. Received in formalin and labeled "inferior margin, true blue margin" consists of a present of breast tissue, 7.0 cm in length by 4.0 x 1.2 cm in greatest thickness. One size of the specimen inked in methylene blue and re-inked in black.
- E. Received fresh and labeled "right breast tissue (fresh)" consists of a fragment of fibro-adipose tissue, 7.0 cm in depth by 5.0 x 3.0 cm. An overlying ellipse of skin measuring 3.0 x 1.0 cm in greatest dimension. The specimen weighs approximately 55.0 grams. Specimen is unoriented. Specimen inked black. Cut sections reveal that the specimen consists of 60.0 % cyst fibro-stroma and 40.0 % adipose tissue. The tumor or suspicious areas are grossly identifiable. Sections of the stroma and skin are submitted in three cassettes.

ICD-9(s): 174.8 610.1 793.81

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: 3/13/14	