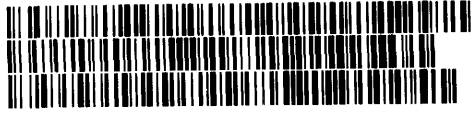


UUID:DD289E47-8C67-4599-8086-0D30DE727855
TCGA-S3-AA15-01A-PR Redacted



MRN:
Patient:
Admission Date:
Ordering Physician:

Sex/DOB:
Discharge Date:

Female

Surgical Pathology Report

Collected Date/Time:
Received Date/Time:

Accession Number:

Final Diagnosis

A. RIGHT SENTINEL LYMPH NODE, EXCISION:

- METASTATIC CARCINOMA TO ONE LYMPH NODE (1/1).
- THE FROZEN SECTION DIAGNOSIS IS CONFIRMED.
- SEE SPECIAL STAINS AND SYNOPTIC REPORT.

B. RIGHT BREAST, MASTECTOMY WITH AXILLARY LYMPH NODES DISSECTION:

- INVASIVE DUCTAL CARCINOMA, GRADE 3, MEASURING 1.1 CM, EXTENDING TO 5 MM FROM THE CLOSEST POSTERIOR RESECTION MARGIN, WITH LYMPHOVASCULAR INVASION.
- DUCTAL CARCINOMA IN-SITU, NUCLEAR GRADE 3, WITH FOCAL NECROSIS, EXTENDING TO MORE THAN 5 MM FROM THE CLOSEST POSTERIOR RESECTION MARGIN.
- MICROMETASTATIC CARCINOMA (0.21 MM) TO 1 OF 12 AXILLARY LYMPH NODES (1/12).
- HEALING BIOPSY SITE WITH ORGANIZING HEMATOMA.
- SKIN AND NIPPLE WITH SCLEROSING ADENOSIS.
- SEE SYNOPTIC REPORT AND SPECIAL STAINS.

(Electronic signature)
Verified:

Synoptic Report

SPECIMEN:

Total breast (including nipple and skin)

PROCEDURE:

Total mastectomy (including nipple and skin)

LYMPH NODE SAMPLING:

Axillary dissection (partial or complete dissection)

SPECIMEN INTEGRITY:

Single intact specimen (margins can be evaluated)

SPECIMEN SIZE:

Greatest dimension: 30 cm

ICD O-3
Carcinoma, infiltrating duct NOS
Site @ Breast NOS
pH
@ Breast, upper inner quadrant
QW 2/24/14

Printed by:
Copied to:
Distribute to:

Page 1 of 5

Print Date/Time:

Patient Locations:

MRN: [REDACTED]
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

Surgical Pathology Report

Collected Date/Time:

Accession Number: [REDACTED]

Received Date/Time:

Additional dimensions: 22 X 7 cm

SPECIMEN LATERALITY:

Right

TUMOR SITE: INVASIVE CARCINOMA:

Upper inner quadrant

TUMOR SIZE: SIZE OF LARGEST INVASIVE CARCINOMA:

Microinvasion only (≤ 0.1 cm)

Greatest dimension of largest focus of invasion over 0.1 cm: 1.1 cm

TUMOR FOCALITY:

Single focus of invasive carcinoma

MACROSCOPIC AND MICROSCOPIC EXTENT OF TUMOR:

Skin: Invasive carcinoma does not invade into the dermis or epidermis

DUCTAL CARCINOMA IN SITU (DCIS):

DCIS is present

Extensive intraductal component (EIC) negative

NUCLEAR GRADE:

Grade III (high)

NECROSIS:

Present, focal (small foci or single cell necrosis)

HISTOLOGIC TYPE OF INVASIVE CARCINOMA:

Invasive ductal carcinoma (no special type or not otherwise specified)

GLANDULAR (ACINAR)/TUBULAR DIFFERENTIATION:

Score 3: $<10\%$ of tumor area forming glandular/tubular structures

NUCLEAR PLEOMORPHISM:

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

MITOTIC COUNT:

Score 2

Number of mitoses per 10 high-power fields: 17

Diameter of microscope field: 0.55 mm

OVERALL GRADE:

Grade 3: scores of 8 or 9

MARGINS:

Margins uninvolved by invasive carcinoma

Distance from closest margin: POSTERIOR 5 mm

Distance from anterior margin: >5 mm

Margins uninvolved by DCIS (if present)

Distance from anterior margin: >5 mm

Distance from posterior margin: >5 mm

TREATMENT EFFECT: RESPONSE TO PRESURGICAL THERAPY: IN THE BREAST:

No known presurgical therapy

TREATMENT EFFECT: RESPONSE TO PRESURGICAL THERAPY: IN THE LYMPH NODES:

No known presurgical therapy

LYMPH-VASCULAR INVASION:

Present

MRN: [REDACTED]
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

Surgical Pathology Report

Collected Date/Time:
Received Date/Time:

Accession Number: [REDACTED]

DERMAL LYMPH-VASCULAR INVASION:

Not identified

LYMPH NODES:

Number of sentinel lymph nodes examined: 1

Total number of lymph nodes examined (sentinel and nonsentinel): 13

Number of lymph nodes with macrometastases (>0.2 cm): 1

Number of lymph nodes with micrometastases (>0.2 mm to 0.2 cm and/or >200 cells): 1

Number of lymph nodes with isolated tumor cells (less than or equal to 0.2 mm and less than or equal to 200 cells): 0

Size of largest metastatic deposit: 0.9 CM

EXTRANODAL EXTENSION:

Not identified

METHOD OF EVALUATION OF SENTINAL LYMPH NODES:

Hematoxylin and eosin (H&E), one level

PRIMARY TUMOR (INVASIVE CARCINOMA (pT):

pT1c: Tumor >10 mm but less than or equal to 20 mm in greatest dimension

REGIONAL LYMPH NODES (pN):

pN1a: Metastases in 1 to 3 axillary lymph nodes, at least 1 metastasis greater than 2.0 mm

DISTANT METASTASIS (M):

Not applicable

ESTROGEN RECEPTOR:

Performed on another specimen

Specimen (accession number):

PROGESTERONE RECEPTOR:

Performed on another specimen

Specimen (accession number):

HER2/NEU IMMUNOPEROXIDASE STUDIES:

Performed on another specimen

Specimen (accession number):

MICROCALCIFICATIONS:

Not identified

CLINICAL HISTORY:

Mass or architectural distortion

Source of Specimen

- A Lymph Nodes, Rt. Sentinel
- B RT Breast and Axillary Nodes I & II

Clinical Information

African American female with right breast cancer, silk marks axilla upper inner quadrant

PRE-OP DIAGNOSIS: Right breast cancer

POST-OP DIAGNOSIS: Same

TYPE OF PROCEDURE: Right breast mastectomy and Sentinel node biopsy

Gross Description

MRN: [REDACTED]
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

Surgical Pathology Report

Collected Date/Time:
Received Date/Time:

Accession Number: [REDACTED]

Specimen is received in 2 parts:

A. The specimen is labeled "RIGHT SENTINEL NODE" and is received unfixed for frozen section diagnosis. (The specimen is in the formalin more than 6 hours and less than 48 hours). It consists of a large lymph node measuring 3.5 x 2 x 2 cm. Sectioned and entirely submitted in cassettes FSA 1-FSA3.

Time specimen was removed from the patient:

Time specimen was placed in formalin :

Ischemic time: 27 minutes

B. The specimen is labeled "RIGHT BREAST AND AXILLARY NODES I AND II" and is received in formalin. (The specimen is in the formalin more than 6 hours and less than 48 hours). It consist of mastectomy specimen with lymph nodes weighing 1150 grams and measuring 30 x 22 x 7 cm with brown skin ellipse measuring 21 x 10 cm, containing grossly unremarkable 2.0 cm in diameter nipple. The skin is tagged with a black stitch designating the axilla. The posterior margin is composed of smooth fascia which is inked black. The breast is sliced in sagittal planes revealing a 5 x 5 x 4 cm hemorrhagic cavity within the upper inner-central quadrants which is 0.7 cm away from the closest deep fascial margin of resection. The remaining parenchyma reveals unremarkable yellow mammary fat with streaks of white-gray mammary parenchyma. Representative sections are submitted as follows:

B1 = one lymph node, bisected

B2 = one lymph node, bisected

B3 = one lymph node, bisected

B4 = 5 lymph nodes

B5 = 2 lymph nodes, one bisected.

B6 = one lymph node, bisected

B7 = one lymph node, bisected

B8 = one lymph node, bisected

B9-B12 = upper inner quadrant-central mass

B13 = mass closest to deep fascial margin of resection

B14 = nipple

B15 = upper inner quadrant

B16 = upper outer quadrant

B17 = lower outer quadrant

B18 = lower inner quadrant

B19-28= additional sections from biopsy cavity.

Time specimen was removed from the patient:

Time specimen was placed in formalin :

Ischemic time: 18 minutes

Dictated by:

Intra Operative Consultation

Right sentinel lymph node: one lymph node, positive for carcinoma (1/1).

Special Stains / Slides

Immunohistochemical studies were performed on formalin fixed, paraffin-embedded tissue (Block B2, B5, B6) with adequate positive and negative control sections.

Immunostains for keratins AE1/AE3 are negative for carcinoma.

MRN: [REDACTED]
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

Surgical Pathology Report

Collected Date/Time:
Received Date/Time:

Accession Number: [REDACTED]

The performance characteristics of these antibodies were determined by the

They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high-complexity clinical laboratory testing.

Tissue Code

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	B. F.	Date Reviewed: 12/11/2013