

Surgical Pathology Report

* Revised *

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

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

Pathologic Interpretation:

AMENDMENT,

ICD-0-3
Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 3/12/11 pw

- A. SUPERIOR MEDIAL MARGIN, RULE OUT TUMOR:
- No malignancy seen.
- B. SENTINEL NODE #1:
- Microscopic foci of carcinoma are highlighted by Keratin (1/1).
- C. SENTINEL NODE #2:
- No malignancy seen in one lymph node (0/1).
- Immunohistochemistry for keratin is negative for carcinoma.
- D. SENTINEL NODE #3:
- Metastatic carcinoma to one lymph node (1/1) with extracapsular extension.
- E. RIGHT BREAST MASS:
- Invasive ductal carcinoma Nottingham grade 2 (3+2+1); 4.2 cm in greatest dimension.
- Specimen margins are negative for tumor closest margins are anterior and superior, 0.2 cm (See Tumor Summary).
- Lymphovascular invasion is identified.
- F. ADDITIONAL AXILLARY FAT:
- No malignancy seen in one lymph node (0/1).
- G. ADDITIONAL SUPERIOR MARGIN:
- Microscopic focus of invasive ductal carcinoma, 0.1 cm, adjacent to inked resection margin.
- The focus of invasive carcinoma is present at the inked margin adjacent to previous resection.
- The "new" inked margin is free of tumor.
- Lymphatic tumor emboli are identified.
- H. RIGHT AXILLARY CONTENTS:
- No malignancy seen in nineteen lymph nodes (0/19).
- I. ADDITIONAL AXILLARY CONTENTS LEVEL 2-3 LYMPH NODES:
- No malignancy seen in two lymph nodes (0/2).

Tumor Summary:

Specimen:

- Partial breast

Procedure:

- Excision without wire-guided localization.

Lymph Node Sampling:

- Sentinel lymph nodes
- Axillary dissection

Specimen Integrity:

- Multiple designated specimens

Specimen Size:

- Greatest dimension: 8.5 cm
- * Additional dimension: 6 x 5 cm.

Laterality:

- Right

Tumor Size:

UUID: 6FEAD496-58BA-42DC-A3F2-2F380EEB1588
TCGA-EW-A1P6-01A-PR

Redacted



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- Greatest dimension of largest focus of invasion over 0.1 cm: 4.2 cm.
 - Additional dimensions: 3.8 x 2.8 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

Lobular Carcinoma IN Situ (LCIS):

- Not identified

Histologic Type of Invasive Carcinoma:

- Invasive ductal carcinoma

Histologic Grade:

- Glandular (Acinar)/Tubular Differentiation:
 - Score 3: <10% of tumor area forming glandular/tubular structures
- Nuclear Pleomorphism:
 - Score 2: Cells larger than normal with open vesicular nuclei, visible nucleoli, and moderate variability in both size and Shape
- Mitotic Count:
 - Score 1
- Overall Grade:
 - Grade 2: scores of 6 or 7

Margins:

- Margins negative for invasive carcinoma.

Lymph-Vascular Invasion:

- Present

Lymph Nodes:

- Number of sentinel lymph nodes examined: 3
- Total number of lymph nodes examined (sentinel and Nonsentinel): 25
- Number of lymph nodes with macrometastases (>0.2 cm): 2

Extranodal Extension:

- Present

Method of Evaluation of Sentinel Lymph Nodes:

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

Pathologic Staging:

- Primary Tumor: pT2: Tumor >20 mm but ≤50 mm in greatest dimension
- Regional Lymph Nodes: pN1a: Metastases in 1 to 3 axillary lymph nodes, at least 1 metastasis greater than 2.0 mm
- Distant Metastasis: Not applicable

Ancillary Studies:

Estrogen Receptor:

- Performed on another specimen:

Results: Immunoreactive tumor cells present (≥1%)

Progesterone Receptor:

- Performed on another specimen:

Results: Immunoreactive tumor cells present (≥1%)

HER2/neu

- Performed on another specimen:

Results: Negative (Score 0)

Clinical History:

- Palpable mass

Pathologic Staging (pTNM): pT2, N1a, M-not applicable

PREVIOUSLY ISSUED DIAGNOSIS:

- A. SUPERIOR MEDIAL MARGIN, RULE OUT TUMOR:
- No malignancy seen.

- B. SENTINEL NODE #1:
- No malignancy seen in one lymph node (0/1).
- Immunohistochemistry for keratin to follow.

- C. SENTINEL NODE #2:

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- Immunohistochemistry for keratin to follow.

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H. RIGHT AXILLARY CONTENTS:

- No malignancy seen in nineteen lymph nodes (0/19).

I. ADDITIONAL AXILLARY CONTENTS LEVEL 2-3 LYMPH NODES:

- No malignancy seen in two lymph nodes (0/2).

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Specimen Integrity:

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Laterality:

- Right

Tumor Size:

- Greatest dimension of largest focus of invasion over 0.1 cm: 4.2 cm.
- Additional dimensions: 3.8 x 2.8 cm.

Tumor Focality:

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Macroscopic and Microscopic Extent of tumor:

- Skin: Skin is not present.
- Skeletal muscle: No skeletal muscle present

Lobular Carcinoma IN Situ (LCIS):

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- Nuclear Pleomorphism:
 - Score 2: Cells larger than normal with open vesicular nuclei, visible nucleoli, and moderate variability in both size and Shape
- Mitotic Count:
 - Score 1
- Overall Grade:
 - Grade 2: scores of 6 or 7

Margins:

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- Margins positive for invasive carcinoma.

- Specify margin and Extent of involvement: Superior margin, focal

Lymph-Vascular Invasion:

- Present

Lymph Nodes:

- Number of sentinel lymph nodes examined: 3

- Total number of lymph nodes examined (sentinel and Nonsentinel): 25

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

Extranodal Extension:

- Present

Method of Evaluation of Sentinel Lymph Nodes:

- Hematoxylin and eosin (H&E), one level

- Immunohistochemistry

Pathologic Staging:

- Primary Tumor: pT2: Tumor >20 mm but ≤50 mm in greatest dimension

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

- Distant Metastasis: Not applicable

Ancillary Studies:

Estrogen Receptor:

- Performed on another specimen

Results: Immunoreactive tumor cells present (≥1%)

Progesterone Receptor:

- Performed on another specimen:

Results: Immunoreactive tumor cells present (≥1%)

HER2

- Performed on another specimen:

Results: Negative (Score 0)

Clinical History:

- Palpable mass

Pathologic Staging (pTNM): pT2, N1a, M-not applicable

NOTE: Some immunohistochemical stains are performed on frozen tissue. 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.

... analyze specific reagents (ASRs) validated by our laboratory. These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by Envision Method. The results are read by a

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

MD

Electronically Signed Out By

Amendments

Amended by

Reason: Diagnosis editing/clarification

New information provided to Dr. : by physician.

Previous Signout Date:

Intraoperative Consultation

A. Superior medial margin, rule out tumor, FS: No tumor seen.

B. Sentinel node #1, FS: Negative for carcinoma (touch prep and frozen)

C. Sentinel node #2, FS: Negative for carcinoma (touch prep and frozen)

D. Sentinel node #3, FS: Atypical cells on touch prep-carcinoma cannot be excluded.
FS: Metastatic carcinoma in lymph node.

: MD

Clinical History:

female with right breast mass. Biopsy shows invasive ductal carcinoma

Operation Performed

Lumpectomy right breast with sentinel node

Pre Operative Diagnosis:

Breast cancer

Specimen(s) Received:

- A: Superior medial margin, rule out tumor, FS
- B: Sentinel node #1, FS
- C: Sentinel node #2, FS
- D: Sentinel node #3, FS
- E: Right breast mass
- F: Additional axillary fat
- G: Additional superior margin
- H: Right axillary contents
- I: Additional axillary contents level 2-3 lymph nodes

Gross Description:

- A. Received fresh are two yellow-tan tissue fragments, measuring up to 1.0 cm in length. In toto in one cassette for frozen.
- B. Received fresh is a light brown lymph node 1.5 x 1.0 cm. In toto in one cassette for frozen.
- C. Received fresh is a lymph node, measuring 2.0 x 1.5 cm. In toto in one cassette for frozen.
- D. Received fresh is a lymph node, measuring 1.2 x 1.0 cm. In toto in one cassette for frozen.
- E. Received in formalin is a yellow-tan fibroadipose tissue fragment, weighing 89 grams, measuring 8.5 x 6.0 x 5.0 cm. The specimen is oriented with a short superior, long lateral and double stitch deep margin. Inked as follows: Superior in blue, inferior in green, deep black, anterior yellow, lateral orange and medial red. Cross section through the specimen shows yellow-tan cut surface. There is an ovoid, markedly firm, tumoral mass, measuring 4.2 x 3.8 x 2.8 cm. The mass is within 2 mm from superior and anterior inferior margin. No other firm masses were grossly identified. Sections submitted as follows:
 - 1&2 Composite resection of the largest axis of the mass from antero-inferior to superior margin
 - 3-5 Additional section of the mass in relation with the antero-inferior margin
 - 6&7 Section of the mass in relation with the deep resection margin
 - 8 Medial margin
 - 9 Lateral margin
- F. Received in formalin are multiple yellow-tan adipose tissue fragments, measuring 6.0 x 4.0 x 1.0 cm in aggregate. No lymph nodes were grossly identified. Sections from the fat tissue in three cassettes.
- G. Received in formalin is a yellow-tan adipose tissue fragment (additional superior margin), measuring 6.0 x 3.0 x 1.0 cm. Multiple sutures orient the specimen as a true margin. The true margin in green. The opposite margin in black. Cross section through the specimen shows a yellow-tan cut surface. No masses were grossly present. Submitted in toto in eight cassettes.
- H. Received in formalin are multiple yellow-tan fibroadipose tissue fragments, measuring 10.0 x 7.0 x 3.0 cm in aggregates. Twenty lymph nodes are present, measuring up to 0.8 x 0.7 cm in greatest dimension. Sections as follows:
 - 1 Two lymph nodes in toto
 - 2-8 Three lymph nodes in toto per cassette
- I. Received are multiple yellow-tan fibroadipose tissue fragments, measuring 5.0 x 3.0 x 1.0 cm. Four lymph nodes are identified, measuring up to 0.6 x 0.4 cm. Sections as follows:
 - 1&2 Two lymph nodes in toto per cassette

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HPAA Discrepancy		/
Prior Malignancy History		/
Qual/Synchronous Primary/Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 3/12/11	

