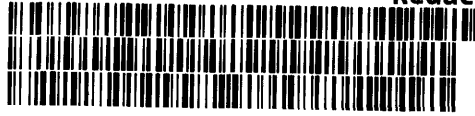


UUID: F4887889-A066-4BE9-88C9-60C7F85BF373
TCGA-S3-AA14-01A-PR Redacted



MRN: [REDACTED]
Patient: [REDACTED]
Admission Date:
Ordering Physician:

Sex/DOB: Female [REDACTED]
Discharge Date:

Surgical Pathology Report

Collected Date/Time:
Received Date/Time:

Accession Number: [REDACTED]

Final Diagnosis

A. LYMPH NODES, RIGHT SENTINEL, EXCISION:

- THREE OUT OF FOUR LYMPH NODES SHOW ONE TO TWO POSITIVE TUMOR CELLS BY CYTOKERATIN STAIN, pN0 (i+)
- SEE SPECIAL STAINS SECTION BELOW.

B. BREAST, RIGHT, EXCISION WITH NEEDLE WIRE LOCALIZATION:

- INVASIVE DUCTAL CARCINOMA, GRADE 3, NOTTINGHAM HISTOLOGIC SCORE 8 (TUBULE FORMATION 3, NUCLEAR PLEOMORPHISM 3, MITOTIC RATE 2).
- DUCTAL CARCINOMA IN SITU, GRADE II-III, SOLID AND CRIBRIFORM TYPES WITH SMALL AREAS OF NECROSIS.
- LOBULAR CARCINOMA IN SITU, PLEOMORPHIC AND CLASSICAL TYPES.
- LYMPHOVASCULAR INVASION PRESENT. SEE NOTE.
- SEE SPECIAL STAINS SECTION BELOW.
- SEE ALSO SYNOPTIC REPORT.

NOTE:

- B. There is a focus of lymphovascular invasion that is 0.2mm from the anterior margin.

ICD-O-3
Carcinoma, infiltrating duct NOS
8500/3
Site: R Breast NOS
C50.9
JW 2/24/14

(Electronic signature)
Verified:

Synoptic Report

SPECIMEN:

Partial breast

PROCEDURE:

Excision with wire-guided localization

LYMPH NODE SAMPLING:

Sentinel lymph node(s)

SPECIMEN INTEGRITY:

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:
Received Date/Time:

Accession Number: [REDACTED]

Single intact specimen (margins can be evaluated)

SPECIMEN SIZE:

Greatest dimension: 5.0 cm

Additional dimensions: 4.0 x 3.5 cm

SPECIMEN LATERALITY:

Right

TUMOR SITE: INVASIVE CARCINOMA:

Not specified

TUMOR SIZE: SIZE OF LARGEST INVASIVE CARCINOMA:

Greatest dimension of largest focus of invasion over 0.1 cm: 2.0 cm (Based on gross evaluation)

Additional dimensions: 2.0 x 1.8 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

DUCTAL CARCINOMA IN SITU (DCIS):

DCIS is present

Extensive intraductal component (EIC) negative

SIZE (EXTENT) OF DCIS:

Number of blocks with DCIS: 19

Number of blocks examined: 29

ARCHITECTURAL PATTERNS:

Cribriform

Solid

NUCLEAR GRADE:

Grade III (high) (DCIS is mostly Grade II)

NECROSIS:

Present, focal (small foci or single cell necrosis)

LOBULAR CARCINOMA IN SITU (LCIS):

Present (Pleomorphic and classical types)

HISTOLOGIC TYPE OF INVASIVE CARCINOMA:

Invasive ductal carcinoma (no special type or not otherwise specified) (With a minor component of apocrine differentiation)

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

OVERALL GRADE:

Grade 3: scores of 8 or 9

MARGINS:

Margins uninvolved by invasive carcinoma

Distance from closest margin: 1.6 mm (Anterior margin)

MRN: [REDACTED]
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

Surgical Pathology Report

Collected Date/Time:
Received Date/Time:

Accession Number: [REDACTED]

Margins uninvolved by DCIS (if present)

Distance from closest margin: 1.2 mm (Anterior margin)

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

DERMAL LYMPH-VASCULAR INVASION:

Not identified

LYMPH NODES:

Number of sentinel lymph nodes examined: 4

Total number of lymph nodes examined (sentinel and nonsentinel): 4

Number of lymph nodes with macrometastases (>0.2 cm): 0

Number of lymph nodes with micrometastases (>0.2 mm to 0.2 cm and/or >200 cells): 0

Number of lymph nodes with isolated tumor cells (less than or equal to 0.2 mm and less than or equal to 200 cells): 3

EXTRANODAL EXTENSION:

Not identified

METHOD OF EVALUATION OF SENTINAL LYMPH NODES:

H&E, multiple levels

Immunohistochemistry

PRIMARY TUMOR (INVASIVE CARCINOMA (pT):

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

REGIONAL LYMPH NODES (pN):

pN0 (i+): Malignant cells in regional lymph node(s) no greater than 0.2 mm and no more than 200 cells (detected by H&E or IHC including ITC) (pN0 (i+)

DISTANT METASTASIS (M):

Not applicable

ADDITIONAL PATHOLOGIC FINDINGS:

Intraductal papilloma (3.5 mm), fibrocystic changes, usual ductal hyperplasia, reactive changes at prior biopsy site

ESTROGEN RECEPTOR:

Performed on another specimen

Specimen (accession number):

Immunoreactive tumor cells present (greater than or equal to 1%)

Quantitation: 75%, positive

PROGESTERONE RECEPTOR:

Performed on another specimen

Specimen (accession number):

Immunoreactive tumor cells present (greater than or equal to 1%)

Quantitation: 75%, positive

HER2/NEU IMMUNOPEROXIDASE STUDIES:

Performed on another specimen

Specimen (accession number):

Positive (Score 3+)

MICROCALCIFICATIONS:

Present in both carcinoma and non-neoplastic tissue

MRN: [REDACTED]
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

Surgical Pathology Report

Collected Date/Time:
Received Date/Time:

Accession Number: [REDACTED]

Source of Specimen

- A Lymph Nodes, Sentinel Right Axillary
- B RT. BREAST TISSUE

Clinical Information

markings: double long-12:00, single long-6:00, double short-deep
PRE-OP DIAGNOSIS: Right breast cancer
POST-OP DIAGNOSIS: Same
TYPE OF PROCEDURE: Right breast needle localization biopsy and right Sentinel node biopsy

Gross Description

Specimen is received in 2 parts:

A. The specimen is labeled "RIGHT SENTINEL NODE" and is received unfixed. It consists of 4 x 4 x 1 cm fragment of fatty tissue which reveals 6 lymph nodes ranging from 0.5 x 0.5 x 0.3-2 x 1 x 1 cm. All lymph nodes are entirely submitted as follows:

A1 = possible two lymph nodes

A2 = bisection of a single lymph node

A3-A4 = entire sections of single lymph node

Specimen is in formalin more than 6 hours and less than 48 hours

Time specimen was removed from the patient:

Time specimen was placed in formalin :

Ischemic time: 16 minutes

B. The specimen labeled "RIGHT BREAST TISSUE" is received in formalin. (Specimen is in formalin more than 6 hours and less than 48 hours). It consists of an ovoid piece of yellow-tan fatty tissue with 3 sutures designating double long - 12 o'clock, single long - 6 o'clock and double short - deep margin. A needle guide wire is inserted within the specimen.. The specimen measures 5 x 4 x 3.5 cm, is oriented and inked as follows: Anterior-yellow, posterior-black, superior-orange, inferior-red, medial-blue, and lateral margin with green color. On sectioning, the cut surface shows centrally, a 2 x 2 x 1.8 cm in ill-defined mass with 0.5 x 0.5 x 0.5 cm calcification. Entirely submitted in cassettes B1-B29.

Time specimen was removed from the patient:

Time specimen was placed in formalin :

Ischemic time: One hour 4 minutes

Dictated by:

Special Stains / Slides

Immunohistochemical studies were performed on formalin fixed, paraffin-embedded tissue (Block s A1, A2, A3 & A4) with adequate positive and negative control sections. A1 and A2 each shows a single positive cells, A3 reveals 2 positive cells and A4 is entirely negative. Immunohistochemical stains were also performed on B18 with appropriate positive and negative controls. The results are as follows:

B18-

E-cadherin : Pleomorphic LCIS shows speckled pattern.

MRN: [REDACTED]
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

Surgical Pathology Report

Collected Date/Time:
Received Date/Time:

Accession Number: [REDACTED]

p63: Present in the pleomorphic and classical LCIS; negative in DCIS-like areas and invasive ductal carcinoma, the former mostly representing lymphovascular invasion.

Calponin: Present in the pleomorphic and classical LCIS; negative among neoplastic cells within the lymphovascular space.

Podoplanin: Highlights lymphovascular invasion.

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.

37 H&E, 8 IHC

Tissue Code

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IIHAA Discrepancy		
Prior Malignancy History		
Qual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BTL	Date Reviewed: 12/11/2013