SPECIMENS:

A. SENTINEL LYMPH NODE #1 RIGHT AXILLA

B. RIGHT BREAST

Carcinoma, infiltrating ductil, NOS 8500/3

Path Site breat, upper outer quadrent C50.4

COCF Site: breat, NOS C50.9 2/8/11 hr

SPECIMEN(S):

A. SENTINEL LYMPH NODE #1 RIGHT AXILLA

B. RIGHT BREAST

GROSS DESCRIPTION:

A. SENTINEL LYMPH NODE #1 RIGHT AXILLA

Received fresh labeled with the patient's name and designated "sentinel LN #1 right axilla" is a $2.2 \times 1.5 \times 0.6$ cm lymph node. Touch preps are prepared. Lymph node and fibroadipose tissue are entirely submitted.

A1: one lymph node

A2: fibroadipose tissue with additional possible lymph nodes

B. RIGHT BREAST

Received fresh labeled with the patient's name and "right breast" is an oriented (stitch in axillary tail), 1544g, $35.5 \times 26 \times 6.2$ cm mastectomy with 24×14 cm skin ellipse and 1.1 cm everted nipple. Ink code: anterior superior-blue, anterior inferior-orange, posterior-black. The specimen is serially sectioned into 16 slices from medial to lateral with nipple in slice 5 revealing a $4 \times 2.2 \times 0.7$ cm tan, firm, spiculated mass, in the upper outer quadrant, slices 6-8, 4.4 cm from the deep margin. The axillary tail is sectioned to reveal multiple pink-tan lymph nodes. Tissue is procured. Representatively submitted:

B1-B2: slice 5, nipple

B3: slice 7, mass

B4: slice 7, mass (adjacent tissue to section in B3)

B5: slice 8, mass with skin

B6: slice 7, deep margin overlying mass

B7: slice 8, anterior inferior margin adjacent to mass

B8: slice 9, upper outer quadrant with deep margin

B9: slice 9, lower outer quadrant

B10: slice 4, upper inner quadrant

B11: slice 5, central

B12: slice 2, lower inner quadrant

B13: one lymph node, bisected

B14: one lymph node

B15: six possible lymph nodes

B16: four possible lymph nodes

B17: four possible lymph nodes

B18: one lymph node, bisected

B19: four possible lymph nodes

DIAGNOSIS:

A. SENTINEL LYMPH NODE, RIGHT AXILLA, BIOPSY:

- TWO LYMPH NODES, NEGATIVE FOR CARCINOMA (0/2).

B. BREAST, RIGHT, MASTECTOMY:

- INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 1.
 - 2 CM IN SIZE.
 - MARGINS, FREE OF CARCINOMA.
- DUCTAL CARCINOMA IN SITU (DCIS), CRIBRIFORM TYPE, NUCLEAR GRADE 1, WITH MICROCALCIFICATIONS.
- NIPPLE, NO TUMOR SEEN.
- NINE LYMPH NODES, NEGATIVE FOR CARCINOMA (0/9).

SYNOPTIC REPORT - BREAST Specimen Type: Mastectomy

Needle Localization: No Laterality: Right

Invasive Tumor: Present

Multifocality: No

WHO CLASSIFICATION



Invasive ductal carcinoma, NOS 8500/3

Tumor size: 2cm

Tumor Site: Upper outer quadrant

Margins: Negative
Tubular Score: 2
Nuclear Grade: 2
Mitotic Score: 1

Modified Scarff Bloom Richardson Grade: 1

Necrosis: Absent

Vascular/Lymphatic Invasion: None identified

Lobular neoplasia: None

Lymph nodes: Sentinel lymph node

Axillary dissection

Lymph node status: Negative 0 / 11 Non-neoplastic areas: radial scars

DCIS present

Margins uninvolved by DCIS

DCIS Quantity: Estimate 15%

DCIS Type: Cribriform

DCIS Location: Associated with invasive tumor

Nuclear grade: Intermediate

Necrosis: Absent

Location of CA++: DCIS

Benign epithelium

ER/PR/HER2 Results

ER: Positive

PR: Positive

HER2: Negative by FISH Performed on Case:

Pathological staging (pTN): pT 1c N 0

Pathological staging (p114). p1 16 NO
Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

CLINICAL HISTORY:

mammogram 8/13-nodular parenchymal enhancement of right breast

PRE-OPERATIVE DIAGNOSIS:

Invasive ductal cancer right breast

INTRA-OPERATIVE CONSULTATION DIAGNOSIS:

TPA: Sentinel node #1, right axilla - Negative for carcinoma

Gross Dictation:, M.D., ,

Microscopic/Diagnostic Dictation: M.D..

Final Review:, M.D., Pathologist Final Review:, M.D., Pathologist, Final:, M.D., Pathologist,

Criteria

Diagnosis biscrepancy

Diagnosis biscrepancy

Primary Tumor Site Discrepancy

HiPAA Discrepancy

Prior Malignancy History

Doua/Synchronous Primary Noyled

Case is (circle):

Reviewer Initials

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