SURGICAL PATHOLOGY REPORT

Patient: FMP/SSN:

Specimen #:

DOB/Age/Sex:

Race: WHITE

Taken:

Location: Physician(s):

Received: Reported:

AMENDED

106-0-3

SPECIMEN:

Carcinoma, infiltrating ductal, was A: LEFT BREAST TISSUE B: SENTINEL NODE LEFT AXILLARY Str. breast, Nos c50.9

A. BREAST, LEFT, EXCISIONAL BIOPSY:

- INFILTRATING DUCTAL CARCINOMA, NO SPECIAL TYPE.

-NOTTINGHAM GRADE: III/III, POORLY DIFFERENTIATED.

-NOTTINGHAM SCORE: 8/9 (TUBULES=3, MITOSES=2, NUCLEI=3).

-TUMOR SIZE: 3.1 CM (MEASURED GROSSLY, SEE COMMENT).

-MICROCALCIFICATIONS: ABSENT.

-LYMPHVASCULAR INVASION: NO UNEQUIVOCAL INVOLVEMENT.

-INTRADUCTAL COMPONENT: LESS THAN 25%, WITH PROMINENT CANCERIZATION

-LYMPH NODES: TWO NODES NEGATIVE FOR TUMOR (ONE SENTINEL, ONE WITH THE BREAST BIOPSY ITSELF, SEE COMMENT).

-MULTICENTRICITY: ABSENT.

-ESTROGEN RECEPTORS: POSITIVE (>10%).

-PROGESTERONE RECEPTORS: NEGATIVE.

-HER 2 NEU BY IHC: POSITIVE (3+).

-PATHOLOGIC STAGE: pT2 N0 MX.

-AJCC STAGE: IN THE ABSENCE OF METASTASES: IIA.

B. SENTINEL LYMPH NODE, LEFT AXILLARY, EXCISION:

-ONE LYMPH NODE NEGATIVE FOR MALIGNANCY.

-IMMUNOHISTOCHEMICAL MARKER FOR CYTOKERATIN CONFIRMS THIS NODE

COMMENT:

The tumor, measured grossly, is 3.1 cm in greatest dimension. However there is cancerization of the lobules which extends up to 1.5 cm beyond the grossly recognizable mass of invasive tumor.

ER, PR and Her 2 studies were performed on the previous core biopsy, the results are copied into this report, but these studies ave not been repeated.

UUID: 28AFD5DD-8607-4837-819F-688C9218ED06 TCGA-A2-A0CX-01A-PR Redacted 177 | 788 | 177 | 188 | 187 | 187 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 | 188 |

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PERSONAL DATA - PRIVACY ACT OF 1974

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

FINAL DIAGNOSIS (continued):

Two lymph nodes are identified, both negative for malignancy. One lymph node is present in the breast parenchyma and is the nodule identified grossly near the inferior margin. The second one is the sentinel node in specimen "B".

This case has undergone intradepartmental review and the above diagnosis has been agreed upon.

** Report Electronically Signed Out **

CLINICAL DIAGNOSIS AND HISTORY.

year old white female with left breast cancer

GROSS DESCRIPTION:

A. Received fresh labeled with patient's name "LEFT BREAST LONG STITCH LATERAL, DOUBLE STITCH DEEP, SHORT STITCH designated SUPERIOR" is a 230 gram irregular portion of breast tissue oriented as follows: short suture superior, long lateral and double deep. The specimen measures 1.0 cm medial to lateral, 10.5 cm superior to inferior, and 5.0 cm anterior to posterior and is inked as follows: superior blue, inferior green, lateral yellow, medial red, anterior orange, posterior black. Serial sectioning reveals a 2.7 x 3.1 x 2.5 cm centrally located pink white firm gritty mass with well defined borders and comes closest to the anterior margin (1.0 cm). A second well circumscribed tan white fibrous mass is noted at the inferior margin measuring 1.1 \times 0.9 x approximately 0.8 cm and comes to within approximately 0.4 cm of the inferior green margin and comes to within 0.2 cm of the lateral yellow margin. This mass is located approximately 1.2 cm from the larger mass. Remainder of cut surface is composed primarily of lobulated adipose tissue admixed with scant fibrous tissue. No additional lesions identified. Representative sections submitted as follows:

A1: mass and adjacent normal A2: mass and adjacent normal A3: normal, 1.0 cm from mass

Matched sections of A1-A3 and fresh/frozen tumor submitted for CBCP

Additional sections A4- A5 inferior margin

SURGICAL PATHOLOGY REPORT

Patient:

A

Specimen #:

GROSS DESCRIPTION (continued):

A6-A8 small nodule inferior margin

A9-A10: tissue from same plane sectioned in A2

All: next plane of tissue

Al2-Al4: tissue from same plane as Al

A15: superior margin. 15CF

B. Received fresh labeled with patient's name "SENTINEL LYMPH NODE LEFT AXILLARY" consists of a single 1.0 x 0.8 x 0.4 cm pink tan lymph node with attached adipose tissue. Specimen is bisected and one half submitted in B1 and remaining half submitted for CBCP

> Diagnosis Discrepancy Primary Tumor Site Discrepancy HIPAA Discrepuncy Prior Mai'gnarcy History
>
> Dual/Synchronous Primary Noted
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> Case is Circle):
>
> DIALIFIED
>
> Discuss Free Primary Noted
>
> Case is Circle):
>
> Qualified
>
> Qualified