

SURGICAL PATHOLOGY REPORT

Patient:
FMP/SSN:
DOB/Age/Sex:
Location:
Physician(s):

Race: **BLACK**

Specimen #:
Taken:
Received:
Reported:

SPECIMEN:

A: LEFT BREAST QUADRANTECTOMY
B: LEVEL #1 & #2 AXILLARY LYMPH NODES

100-0-3
Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS 850.9
1/25/11 *hr*

FINAL DIAGNOSIS:

A. BREAST, LEFT, QUADRANTECTOMY:

- MODERATELY DIFFERENTIATED (GRADE II) INFILTRATING DUCTAL CARCINOMA.
 - * NOTTINGHAM SCORE: 7 OUT OF 9 (TUBULES=3, NUCLEI=2, MITOSES=2).
 - * MAXIMUM TUMOR SIZE: 3.0 CM (MEASURED GROSSLY).
 - * VENOUS/LYMPHATIC INVASION: PRESENT (E.G., SLIDES A3 AND A4).
 - * MARGINS: NEGATIVE.
 - : TUMOR PRESENT 0.27 CM FROM THE ANTERIOR (BLUE INKED) TISSUE EDGE (SLIDE A1).
 - * INTRADUCTAL COMPONENT: PRESENT. DUCTAL CARCINOMA IN SITU, INTERMEDIATE NUCLEAR GRADE (DCIS, GRADE II); SOLID TYPE WITH FOCAL INTRALUMINAL NECROSIS AND MICROCALCIFICATIONS.
 - * LYMPH NODES: 1 OF 23 LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA (1/23; PLEASE SEE PART "B").
 - * ESTROGEN RECEPTORS: POSITIVE (>95% NUCLEAR STAINING; PLEASE SEE
 - * PROGESTERONE RECEPTORS: POSITIVE (60-70% NUCLEAR STAINING; PLEASE SEE
 - * HER 2 NEU BY IHC: 2+ (PLEASE SEE
 - * HER 2 NEU BY FISH: PENDING (PLEASE SEE
 - * PATHOLOGIC STAGE: pT2N1MX.
- ADDITIONAL FINDINGS:
 - * PRIOR BIOPSY SITE CHANGES.

B. LYMPH NODES, LEFT AXILLA LEVELS 1 AND 2, AXILLARY DISSECTION:

- ONE OF TWENTY-THREE LYMPH NODES POSITIVE FOR METASTATIC CARCINOMA (1/23).
 - * LARGEST METASTATIC FOCUS: 1.4 CM WITH FOCAL EXTRANODAL EXTENSION (LESS THAN 0.1 CM).

UUID:990F5885-8EDD-42A2-AEFE-9DEE3E95A0B1
TCGA-A2-A0D4-01A-PR



Redacted

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

FINAL DIAGNOSIS (continued):

**** Report Electronically Signed Out ****

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CLINICAL DIAGNOSIS AND HISTORY:

yo black female with breast cancer, left inner mid breast g2 (7/9)
+lvi, er/pr+, her2/neu 2+, fna+ of left axillary lymph node. Time in
formalin: 84 hours.

PRE-OPERATIVE DIAGNOSIS:

breast cancer

POST-OPERATIVE DIAGNOSIS:

none provided

GROSS DESCRIPTION:

A: Received fresh, labeled with the patient's name, : and designated "Left Breast Quadrantectomy" is a 408 gm lumpectomy specimen oriented with a single short black stitch superior, long black lateral, double blue deep, triple blue medial, and anterior margin is inked blue. The specimen measures 19.0 cm superior to inferior, 14.0 cm medial to lateral, and 4.0 cm anterior to posterior. The specimen is inked as follows: anterior-blue, superior-orange, lateral-yellow, medial-red, inferior-green, and deep-black. Serial sections reveal a 3.0 x 2.0 x 1.7 cm well-defined, tan-pink, gritty mass with focal congestion. The mass comes to within 0.5 cm of the closest margin (anterior). On sectioning through the mass a 0.4 cm red-brown biopsy cavity is identified, with an embedded metallic clip. The remainder of the specimen is predominantly composed of lobulated, yellow-tan adipose tissue admixed with approximately 20% fibrous tissue. No additional lesions are identified. Representative sections are submitted.

Cassette Summary: A1-A2- anterior margin; A3-A4- mass; A5-A6- mass with cavity; A7- mass; A8- adjacent normal; A9- section with medial (red inked) tissue edge adjacent to sections from A1-A6; A10- adjacent section of medial-posterior (red and black inked) tissue edges; A11-A12- sections of white fibrous area with lateral (yellow inked) tissue edge in plane immediately next to plane of sections A1-A10; A13- sections of anterior (blue inked) tissue edge adjacent to tumor area taken from A7; A14- medial-anterior (red and blue inked) tissue edges taken from area adjacent to A7.

****Matched sections of A3, A5-A8 are submitted in OCT for CBCP Protocol***

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Patient:

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GROSS DESCRIPTION (continued):

B: Received fresh, labeled with the patient's name, and designated "Level 1 and 2 Axillary Lymph Node" is a 10.0 x 7.5 x 2.0 cm irregular portion of soft tissue. Sectioning reveals multiple pink-red to pink-tan lymph nodes ranging in size from 0.7 cm in greatest dimension to 3.0 x 1.0 x 0.7 cm. Sectioning through the larger lymph nodes reveals a markedly congested cut surface. The lymph nodes are submitted entirely as follows:

Cassette Summary: B1-B2- one lymph node; B3-B4- one lymph node; B5- one lymph node, bisected; B6- one lymph node; B7- four lymph nodes; B8- one lymph node; B9- one lymph node, bisected; B10- one lymph node, bisected; B11- one lymph node; B12- one lymph node, bisected; B13- two lymph nodes bisected (one inked green); B14-21: additional lymph node candidates.
 **Matched sections of B1, B3, B6, B8 are submitted in OCT for CBCP Protocol.

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BJS	