

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

UUID: EAF71A1-D6FC-46EA-BC47-D054C497D705
TCGA-A2-A1FX-01A-PR Redacted



SURGICAL REPORT

Name:

Sex: F

DOB:

Location:

Doctor:

Pathology Number

Date Collected:

Date Received:

M.R. Number

Account Number

PRE-OPERATIVE DIAGNOSIS

RIGHT BREAST CANCER

POST-OPERATIVE DIAGNOSIS

RIGHT BREASTS CANCER

PROCEDURE

RIGHT SENTINEL LYMPH NODE BIOPSY

TISSUES

A. LYMPH NODE (S) - SENT NODE #1 **FS**

B. LYMPH NODE (S) - SENT NODE #2 **FS**

C. BREAST EXCISION, NEEDLE LOC, SIMPLE, MARGINS, ETC. - RIGHT BREAST MASS

D. AXILLARY - AXILLARY CONTENTS

E. MARGINS - ADDITIONAL RIGHT BREAST TISSUE

F. MARGINS - ADDITIONAL LATERAL MAGINS

WRI TISSUE -

FS DIAGNOSIS

A. RIGHT SENTINEL LYMPH NODE #1, F.S. -
ONE POSITIVE LYMPH NODE (1/1).

B. FS NOT PERFORMED PER DR.
DEFER.

C. RIGHT BREAST MASS, F.S. -
TUMOR MASS 4.7 CM. AND INVOLVING SUPERIOR, INFERIOR,
MEDIAL, ANTERIOR SURGICAL MARGINS.
TUMOR IS ALSO VERY CLOSE TO POSTERIOR AND LATERAL SURGICAL MARGINS
(WITH SMALL INDURATED NODULES).

E. ADDITIONAL RIGHT BREAST TISSUE (GROSS MARGINS ONLY) -
LATERAL SURGICAL MARGIN IS POSITIVE FOR MALIGNANCY.
THE REMAINING SURGICAL MARGINS ARE FREE OF TUMOR.

F. ADDITIONAL LATERAL MARGIN (GROSS MARGINS ONLY) -
SURGICAL MARGIN IS FREE OF LESION.

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Patient Name

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(Time Reported to Surgeon:

FINAL DIAGNOSIS

- A. RIGHT SENTINEL LYMPH NODE #1 -
POSITIVE FOR MULTIPLE FOCI OF METASTATIC BREAST
CANCER.**
- B. RIGHT SENTINEL LYMPH NODE #2 -
POSITIVE FOR METASTASIS, SUBCAPSULAR SINUS DEPOSITS,
MEASURING LESS THAN 0.2 MM. IN AGGREGATE (1/1).**
- C. RIGHT BREAST MASS -
POSITIVE FOR INfiltrATING CARCINOMA MEASURING 4.7 CM. IN GREATEST
DIMENSION WITH FOCAL EXTENSION TO THE SUPERIOR, INFERIOR AND MEDIAL
MARGINS WITH EXTENSION TO WITHIN 1/2 MM. OF THE ANTERIOR AND LATERAL
MARGINS RESECTION.**
- D. AXILLARY CONTENTS -
POSITIVE FOR METASTASIS IN FOUR OF TWENTY TWO LYMPH NODES, TWO OF FOUR
DISPLAY SUBCAPSULAR METASTASIS MEASURING MORE THAN 2 MM. IN GREATEST
DIMENSION, ONE OF FOUR DISPLAYS MICROMETASTASIS IN SUBCAPSULAR SINUS
MEASURING LESS THAN 2 MM. AND REMAINING ONE OF FOUR DISPLAYS ISOLATED
POSITIVE CELLS IN SUBCAPSULAR SINUSES (4/22).**
- E. ADDITIONAL RIGHT BREAST TISSUE -
POSITIVE FOR ADDITIONAL CARCINOMA WITH FOCAL EXTENSION TO THE LATERAL,
ANTERIOR, SUPERIOR AND INFERIOR SURGICAL MARGINS OF RESECTION.**
- F. ADDITIONAL LATERAL MARGINS -
POSITIVE FOR FOCAL EXTENSION TO THE NEW LATERAL
SURGICAL MARGIN OF RESECTION.**

PTNM CLASSIFICATION: T2 N2a, MX, STAGE IIIA.

Comment:

This case is discussed with Dr.

The Cytokeratin (AE1/AE3) performed on specimen "B and D" support the diagnosis given. E-cadherin stain on specimen "C" confirms the infiltrative duct carcinoma. (

Signature on file.

PATHOLOGIST

GROSS DESCRIPTION

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The specimen is received in six separate containers labeled _____, designated A, B, C, D, E and F.

- A. The container is received fresh unfixed labeled "right sentinel lymph node #1 for frozen section". The specimen consist of an ovoid mass of pink-tan, firm, rubbery tissue with attached fat measuring 1.5 x 1 x 1 cm in greatest overall dimension. Touch prep and frozen section are obtained by Dr. _____. The entire specimen, including frozen section, submitted in two blocks.
- B. The container is received fresh unfixed labeled "right sentinel lymph node #2 for frozen section". The specimen consists of an ovoid mass of tan-gray, firm, rubbery tissue with attached fat measuring 0.9 x 0.8 x 0.4 cm in greatest overall dimension. A touch prep is obtained by Dr. _____. A frozen section is not performed per Dr. _____. Entire specimen one block.
- C. The container is received fresh unfixed labeled "gross margins right breast mass". The specimen consists of an 18 gram ovoid mass of apparent fatty and fiber incased ovoid mass which is 5.5 x 3 x 2 cm in greatest overall dimension. There is an inserted indicator wire. There is an attached single suture indicating anterior margin inked with a blue dye. Posterior is inked with a black. There are two short sutures indicating superior margin inked with a red dye. Inferior is inked with a yellow. There is a long suture indicating lateral margin inked with an orange. Medial is inked with a green. Gross margins are observed by Dr. _____. He states tumor mass is 4.7 cm and involving superior, inferior, medial, anterior, surgical margins. Tumor mass is very close to the posterior and lateral surgical margin, with small indurated nodules. The specimen is submitted in twelve blocks.

Key note block summary: 1- superior, 2 - inferior, 3 - anterior, 4 - posterior, 5 - lateral, 6 - medial. All of those are perpendicular. 7 through 12 - remaining.

- D. The container is received fresh unfixed labeled "axillary contents". The specimen consists of an irregular mass of apparent fatty tissue measuring 10 x 8 x 3 cm in greatest overall dimension. Serial sectioning reveals firm, purple-tan nodules varying up to 0.9 cm in greatest dimension. The entire specimen is submitted in five blocks.
- E. The container is received fresh unfixed for gross margins which are obtained by Dr. _____ labeled "additional right breast tissue". There is a single short suture indicating anterior margin inked with an orange dye. Deep margin is inked with a black dye. There are two short sutures indicating superior margin inked with a red dye. Inferior is inked with a yellow. There is a single long suture indicating lateral margin inked with a green dye. Medial is inked with a blue. Sectioning reveals firm nodules varying up to 4 cm in greatest dimension. Lateral/green margin is grossly positive. These nodules are chiefly located in the anterior lateral area and approximately 0.2 cm from the anterior margin. The specimen is submitted in nine blocks.

Key note block summary: 1 - lateral, 2 - medial, 3 - anterior, 4 - deep, 5 - superior, 6 - inferior, 7 through 9 - random.

- F. The container is received fresh unfixed labeled "additional lateral margins - suture on new lateral margin which is inked with a green dye. Gross margins are observed by Dr. _____. Sectioning reveals firm palpable nodules varying up to 0.3 cm in greatest dimension. They appear to be 0.4 cm from the new lateral margin. The specimen is submitted as four sections in four blocks.

Patient Name:

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MICROSCOPIC EXAM

MICROSCOPIC EXAMINATION CONDUCTED BY PATHOLOGIST CONFIRMS FINAL DIAGNOSIS.

SPECIAL STAINS PERFORMED: **E-Cadherin (specimen C); Cytokeratin (AE1/AE3) (specimens B and D)**

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):	<input checked="" type="checkbox"/> QUALIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials	Date Reviewed: 12/11	

Patient Name:

Pathology Number:

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