Collection Date: Hospital of Origin: Copy to.

QC Pathologist:

FINAL PATHOLOGIC DIAGNOSIS:

A. Right axillary sentinel lymph node:

One lymph node, total replacement by metastatic

adenocarcinoma.

Confirms frozen section diagnosis.

Size of involved node: 2 cm.

B. Right breast mastectomy:

Invasive ductal carcinoma.

Architectural score: 1 of 3.

Nuclear score: 2 of 3.

Mitotic score: 2 of 3.

Total score: 5.of 9 = Grade I.

Size: 3.8 cm.

No evidence of skin or nipple involvement.

Deep margin of excision is free of carcinoma.

C. Right axillary sentinel lymph node #2:

One lymph node, no evidence of metastatic carcinoma.

pTNM classification: pT2 pN1 Mx.

COMMENTS:

CLINICAL HISTORY:

Preoperative Diagnosis: Right breast cancer ER positive

32%, PR 84%

Postoperative Diagnosis:

Symptoms/Radiologic Findings:

SPECIMENS:

A. Right axillary sentinel node at 900 with frozen section

B. Right breast

C. Right axillary sentinel node #2

CODES:

PROCEDURAL DEMOGRAPHICS: Date of Procedure:

carrinoma, infutrating duct, Nos 8580/3 S.t. brust, NOS C50.9 W.

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TCGA-AC-A23E-01A-PR Redacted

Accession Date/Time:

GROSS DESCRIPTION:

The specimen is received in three containers labeled with the patient's name

A. Container A is additionally labeled 'right axillary sentinel node' and contains a 1.5 cm yellow-tan firm fatty nodule consistent with possible lymph node. The nodule is bisected and entirely submitted for frozen section with the residual entirely resubmitted for permanent section in cassette A labeled

B. Container B is additionally labeled 'right breast' and contains a 1050.0 g, 22.0 x 18.5 x 6.5 cm simple mastectomy specimen partially surfaced by a 22.5 x 12.5 cm portion of pink-tan skin bearing a central 1.5 x 1.3 x 0.7 cm everted nipple. Orientation is not offered or possible. Located 5.0 cm from the nipple is a 2.3 cm partially healed pink-tan linear incision possibly consistent with previous biopsy site. Additionally, three tan-brown granular lesions are identified. These lesions range from 0.4 up to 1.0 cm in greatest dimension and reside 3.0 to 6.0 from the nipple. The deep margin is inked and the specimen is serially sectioned to reveal a 3.8 x 3.5 x 2.6 cm gray-white firm, gritty mass surrounded by fibrosis. This mass resides 2.0 cm below the skin's surface and approaches to within 2.3 cm of the inked deep margin. The remainder of the cut surface is comprised of predominantly yellow-tan adipose tissue admixed with moderate amounts of interspersed gray-white cystic fibrous tissue. No additional lesions are identified. Representative sections are submitted in cassettes B1 - 11 labeled designated as follows: B1, nipple; B2, skin lesions; B3, inked deep margin, perpendicular; B4 -B8, mass; B9 - B11, uninvolved tissue from each of the three uninvolved quadrants. Additionally, a yellow and green cassette are submitted for genomics research each labeled

C. Container C is additionally labeled 'right axillary sentinel node #2' and contains a 0.9 cm yellow-tan firm fatty nodule consistent with possible lymph node. The specimen is bisected and entirely submitted in cassette C labeled

INTRA-PROCEDURE CONSULTATION:

A. FROZEN SECTION DIAGNOSIS: Positive for tumor per Dr.

results were communicated to identity.

after confirming patient

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