

Surgical Pathology Report

Name: [REDACTED]
DOB: [REDACTED]
Gender: F
MRN: [REDACTED]
Location:
Physician:

Case #: [REDACTED]
Collected:
Received:
Reported:
Copy To:

Pathologic Interpretation:

- A. **Right axilla:**
- Micrometastatic carcinoma in one out of six lymph nodes (1/6)
 - Size of metastatic deposit: 1.25mm
 - Note: Immunohistochemistry for keratin was used for interpretation.
- B. **Right lumpectomy:**
- Invasive, poorly differentiated ductal carcinoma, high nuclear grade, 1.5 cm in greatest dimension.
 - Invasive carcinoma is present at less than 1 mm from the inferior margin.
 - Ductal carcinoma in situ is present within 1 mm of lateral and inferior margins.
 - Lymphovascular space invasion is identified.
 - Previous biopsy site.
 - See Tumor Summary.

Tumor Summary:

Specimen Type: Right lumpectomy

Procedure: Excision with wire-guided localization

Lymph Node Sampling: Sentinel lymph nodes

Specimen Integrity: Single intact specimen

Specimen Size:

- Greatest dimension: 8.9 cm.
- Additional dimensions: 8.2 x 2.3 cm.

Laterality: Right

Tumor Size:

- Greatest dimension of largest focus of invasion over 0.1 cm: 2.5 cm.
- Additional dimensions: 2.2 x 1.2 cm.

Tumor Focality: Single focus of invasive carcinoma.

Macroscopic and Microscopic Extent of Tumor:

Skin: Invasive carcinoma does not invade into the dermis or epidermis.

Skeletal Muscle: No skeletal muscle present.

Histologic Type: Invasive ductal carcinoma.

Histologic Grade:

- Glandular (Acinar)/Tubular Differentiation: Score 3: <10% of tumor area forming glandular/tubular structures
- Nuclear Pleomorphism: Score 3: Vesicular nuclei, often with prominent nucleoli, exhibiting marked variation in size and shape, occasionally with very large and bizarre forms.

Mitotic count: Score 1

Overall Grade: Grade 2: Score of 6 or 7

Margins: Margins uninvolved by invasive carcinoma.

Distance from closest margin: < 1 mm (inferior)

Specify margins:

- Distance from superior margin: 10 mm
- Distance from inferior margin: < 1 mm
- Distance from anterior margin: > 10 mm
- Distance from posterior margin: < 2 mm
- Distance from medial margin: > 10 mm
- Distance from lateral margin: > 10 mm

Margins: uninvolved by DCIS:

Distance from closest margin: < 1 mm (inferior, lateral)

Treatment Effect: Response to Presurgical (neoadjuvant): Therapy: No known Presurgical therapy.

Lymph-Vascular Invasion: Present

Dermal Lymph-Vascular Invasion: Not identified.

Lymph Nodes:

1CD-0-3

Carcinoma, infiltrating duct, NOS 8500/3
Site: breast, NOS C50.9 3/12/11 hr

UUID:88E39E13-8ADC-481A-992E-610B3BEB0D4
TCGA-EW-A10V-01A-PR



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Number of sentinel nodes examined: 6
Total number of nodes examined (sentinel and Nonsentinel): 6
Number of lymph nodes with macrometastases (>0.2 cm): 0
Number of lymph nodes with micrometastases (>0.2 mm to 0.2 cm and/or >200 cells): 1
Number of lymph nodes with isolated tumor cells (<0.2 mm and ≤200 cells): 0
Size of largest metastatic deposit: 1.25mm
Extranodal Extension: Not identified.
Method of evaluation of Sentinel Lymph Nodes:
- Hematoxylin and eosin (H&E), one level
- Immunohistochemistry

☐ Pathologic Staging (pTNM): pT2, pN1mi, pM (not applicable)

Regional Lymph Nodes (pN): pN1mi

Ancillary Studies: To Follow

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory. These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: 1D5-ER, PgR 636-PR, A485-HER2, H-11-EGFR. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by Envision Method. The results are read by a pathologist as positive or negative.

As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

MD

Electronically Signed Out By

Procedures/Addenda
Addendum

Date Ordered:
Date Complete:
Date Reported:

Status: Signed Out

Addendum Diagnosis

- A. **Right axilla:**
- The tumor cells are negative for ER, PR and Her-2 by Immunohistochemistry.
 - The tumor cells are also negative for E-cadherin.
 - This immunophenotype may be seen in the basal subtype of mammary carcinoma.
 - Additional Immunohistochemistry to follow.

, MD

Addendum

Date Ordered:
Date Complete:
Date Reported:

Status: Signed Out

Addendum Diagnosis

- B. **Right lumpectomy one suture superior, two medial:**

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- The tumor cells are positive for p-cadherin and negative for CK5/6 and EGFR by Immunohistochemistry.

MD

Intraoperative Consultation

Right axilla, FS: 3 lymph nodes: no tumor on frozen section. Await sentinel node protocol for definitive diagnosis.

MD

Clinical History:

Patient with biopsy proven G3 cancer right breast for needle localization segmental mastectomy with SLNB. Please evaluate sentinel nodes for metastasis and do Immunohistochemistry on permanents if frozen negative, evaluate lumpectomy margins.

Operation Performed

Right needle localization mastectomy with SLNB, possible AND, right lumpectomy

Pre Operative Diagnosis:

Cancer right breast

Specimen(s) Received:

- A: Right axilla fs
B: Right lumpectomy one suture superior, two medial

Gross Description:

- A. Received fresh for frozen section is an irregular fragment of fibroadipose tissue, measuring 3.2 x 2.0 x 1.1 cm. Seven lymph nodes are identified at the time of consultation. In the rest of the adipose tissue two possible lymph nodes are identified. The fragments are submitted in toto as follows:
1-3 One lymph node per cassette for frozen section
4&5 One additional lymph node per cassette
6&7 The rest of the fibroadipose tissue
- B. Received in formalin is a lumpectomy specimen, measuring 8.9 cm from medial to lateral, 8.2 cm from anterior to posterior, 2.3 cm in from superior to inferior. A metallic localization needle is located in the anterior aspect of the specimen. Surgical margins are inked as follows: superior inked blue, inferior inked green, medial inked red, lateral inked orange, anterior inked yellow, posterior inked black. Upon sectioning at the tip of the needle localization an irregular firm, tan and white area is identified, measuring 2.5 x 2.2 x 1.2 cm. This area is up to, 0.1 cm from the inferior margin, 1.5 cm from the deep posterior margin, 4.5 cm from the anterior margin, 2.3 cm from the lateral margin, 1.0 cm from the superior margin, 3.2 cm from the medial margin. Representative section of the tumor is submitted for tissue bank. Other areas of the specimen are fibroadipose with a stroma to fat ratio of 10:90. Representative sections are submitted as follows:
1&2 Sections of the tumor in relation with the inferior and superior margins
3 Tumor in relation with the deep margin
4&5 Additional sections (composite) of the tumor in relation with the inferior and deep margins
6 Lateral margin
7 Medial margin
8 Anterior margin
9-11 Additional sections of the tumor

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (Circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	3/12/11	