

1CB-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Sites breast, NOS C50.9 1/26/11

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SURGICAL PATHOLOGY REPORT

Patient:

FMP/SSN:

DOB/Age/Sex:

Location:

Physician(s):

Specimen #:

Race: WHITE

Taken:

Received:

Reported:

****AMENDED****

SPECIMEN:

- A: RIGHT BREAST B: RIGHT BREAST TISSUE FROM INFERIOR FLAP
C: RIGHT SENTINEL LYMPH NODE #1
D: RIGHT SENTINEL LYMPH NODE #2

FINAL DIAGNOSIS:

UUID: 57153075-9055-4D7E-9CD6-9167D165E860
TCGA-A2-A0CZ-01A-PR

Redacted

A. RIGHT BREAST, MASTECTOMY:

- TUMOR TYPE: INVASIVE DUCTAL CARCINOMA WITH LOBULAR FEATURES.
- NOTTINGHAM GRADE MODERATELY DIFFERENTIATED (G2).
- NOTTINGHAM SCORE: 6/9 (TUBULES = 3, NUCLEI = 2, MYTOSSES = 1).
- TUMOR SIZE: GREATEST DIMENSION:
 - TUMOR 1 (UPPER INNER QUADRANT): at least 1.1 CM
(measured on microscopic slide, extensively involves margin)
 - TUMOR 2 (CENTRAL MASS): 2.5 CM (MEASURED GROSSLY).

- TUMOR NECROSIS: ABSENT.
- MICROCALCIFICATIONS: ABSENT.
- VENOUS INVASION: ABSENT.
- MARGINS:

INVASIVE TUMOR EXTENSIVELY INVOLVES THE SUPERFICIAL (ANTERIOR, BLUE INK) MARGIN, UPPER INNER QUADRANT (SLIDES A2-A4).
INTRADUCTAL COMPONENT NEAREST INKED SURGICAL MARGIN: 5 MM (SUPERIOR, ANTERIOR, SLIDE A2).

- INTRADUCTAL COMPONENT MINIMAL.
- LYMPH NODES REPORTED SEPARATELY BELOW IN C AND D.
- NIPPLE INVOLVEMENT: ABSENT.
- SKIN INVOLVEMENT: ABSENT.
- MULTICENTRICITY: PRESENT.
- ADDITIONAL STUDIES: (See comment.)

- TUMOR 1, UPPER INNER QUADRANT:
 - ESTROGEN RECEPTOR: POSITIVE (95% NUCLEAR STAINING)
 - PROGESTERONE RECEPTOR: POSITIVE (5% NUCLEAR STAINING)
 - HER-2 BY IMMUNOHISTOCHEMISTRY: NEGATIVE (1+)
- TUMOR 2, CENTRAL:

ESTROGEN RECEPTOR: POSITIVE (95% NUCLEAR STAINING)
PROGESTERONE RECEPTOR POSITIVE (15% NUCLEAR STAINING)
HER-2 BY FISH NOT AMPLIFIED RATIO 1.1.

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

FINAL DIAGNOSIS (continued):

(ESTROGEN RECEPTOR, PROGESTERONE RECEPTOR, AND HER-2 STUDIES WERE PERFORMED ON AN EARLIER BIOPSY AT SCOTTSDALE PATHOLOGY CONSULTANTS, ACCESSION

-PATHOLOGIC STAGE: pT2N0(i-)MX
-ADDITIONAL PATHOLOGIC CHANGES: CYSTIC CHANGE, APOCRINE METAPLASIA, COLUMNAR CELL CHANGE.

B. RIGHT BREAST TISSUE FROM INFERIOR FLAP, EXCISION:
-NO SIGNIFICANT PATHOLOGIC CHANGE.

C. SENTINEL LYMPH NODE #1, BIOPSY:
-NO METASTATIC DEPOSIT IDENTIFIED IN ONE EXAMINED LYMPH NODE
(MULTIPLE SLIDES STAINED WITH HEMATOXYLIN&EOSIN AND WITH IMMUNOSTAIN FOR CYTOKERATIN)

D. SENTINEL LYMPH NODE RIGHT AXILLA #2, BIOPSY:
-NO METASTATIC DEPOSIT IDENTIFIED IN ONE EXAMINED LYMPH NODE
(MULTIPLE SLIDES STAINED WITH HEMATOXYLIN&EOSIN AND WITH IMMUNOSTAIN FOR CYTOKERATIN)

COMMENT:

The smaller tumor in the upper inner quadrant is present at the margin and involves an inked surgical margin over a cut arc of 4 to 5 mm. Because the greatest extent of the tumor cannot be assessed, this tumor might otherwise be classified pTX. The cenral mass appears to be larger and is completely excised. Its greatest dimension of 2.5 cm is the basis of the pathologic T stage of pT2.

AMENDMENT COMMENT

The report is amended to add evaluation of markers (ER, PR, Her2) performed on the upper inner quadrant tumor, sections of block A2. The studies reported for the central tumor are from the report of a biopsy designated "12:00" at another institution.

** Report Electronically Signed Out **

NTER

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

CLINICAL DIAGNOSIS AND HISTORY:
breast cancer year old female

GROSS DESCRIPTION:

A. Received fresh labeled with the patient's name designated "RIGHT MASTECTOMY SPECIMEN" is a 278 gram right mastectomy oriented with short stitch superior, long lateral and double deep. The specimen measures 16 cm medial to lateral, 14 cm superior to inferior and 3 cm anterior to posterior. The lightly pigmented superficial skin ellipse measures 10 x 3 cm and displays a 1.7 cm everted nipple free of discharge. No scars are noted. The deep margin is inked black and the superficial surface of the upper inner quadrant is inked blue. Serially sectioned to reveal a 0.6 x 0.4 x 0.3 cm firm pink white mass abutting the superficial margin of the UIQ (1:00). The cut surface shows focal congestion consistent with a previous biopsy. The mass comes to within 2.0 cm of the deep margin. Located approximately 1.0 cm lateral to this mass is a very poorly defined mass of similar appearance which measures 2.5 x 2.5 x 1.0 cm and involves the upper mid and central portions of the breast. The central mass comes to within 1.0 cm of the deep margin. The remainder of the specimen is composed of moderately dense markedly nodular fibrous tissue. The adipose tissue compromises 20% of the specimen is unremarkable. No lymph nodes are identified. Summary of sections:

A1: one piece, skin
A2-A4: one piece in each, upper inner quadrant mass anterior margin
A5: one piece, central mass deep margin
A6: one piece, central mass
A7: upper outer quadrant
A8: lower outer quadrant
A9: lower inner quadrant
A10: upper inner quadrant
A11: one piece, nipple
A12-A13: one piece each, representative mass. 13CF
Matched sections of A1-A2 and A6-A10 are submitted in for CBCP protocol.

B. Received in formalin labeled with the patient's name designated "BREAST TISSUE FROM INFERIOR FLAP" are multiple pieces of yellow tan lobulated adipose tissue measuring 4.7 x 3.5 x 2.0 cm in aggregate dimension. Sectioning reveals grossly unremarkable fibroadipose tissue throughout. Representative sections submitted. Summary of sections:

B1-B4: one piece in each, 4C4

C. Received fresh labeled with the patient's name

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

GROSS DESCRIPTION (continued):

designated "SENTINEL LYMPH NODE #1" is a single 2 x 1 x 0.3 cm pink yellow lymph node. On sectioning cut surface shows a fatty hilum. The specimen is bisected and entirely submitted in C1 and C2. Summary of sections:

C1-C2: one piece in each, suspected lymph node.

D. Received in formalin labeled with the patient's name designated "SENTINEL NODE RIGHT AXILLA #2" is a single 1.1 x 1.0 x 0.5 cm pink yellow lymph node. On sectioning the cut surface shows a fatty hilum. The specimen is bisected and entirely submitted in one cassette. Summary of sections:

D1: two pieces.

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	<i>[Signature]</i>	<i>[Signature]</i>
Date Reviewed	<i>10/10/10</i>	