

TSS:

ICD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 2/15/11 JW

SPECIMENS:

- A. SENTINEL LYMPH NODE BX #1 RIGHT AXILLA
- B. SENTINEL LYMPH NODE BX #2 RIGHT AXILLA
- C. WIDE EXCISION RIGHT BREAST
- D. RIGHT BREAST CYST
- E. RE-EXCISION INFERIOR LATERAL MARGIN-RIGHT BREAST

DIAGNOSIS:

- A. LYMPH NODE, SENTINEL #1, RIGHT AXILLA, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR TUMOR (0/1).
- B. LYMPH NODE, SENTINEL #2, RIGHT AXILLA, EXCISION:
ONE LYMPH NODE, NEGATIVE FOR TUMOR (0/1).
- C. BREAST, RIGHT, WIDE EXCISION:
-INVASIVE POORLY DIFFERENTIATED DUCTAL CARCINOMA WITH LOBULAR EXTENSION OF
RIGHT BREAST (SBR GRADE 3)
-SIZE OF TUMOR: 1.5x1.5x1.2cm
-MARGINS OF RESECTION: FREE OF TUMOR
-BLUNT DUCT ADENOSIS AND FOCAL SCLEROSING ADENOSIS
-FOCAL DUCT ECTASIA
- D. RIGHT BREAST CYST, EXCISION:
-CONSISTENT WITH RUPTURED APOCRINE RETENTION CYST WITH REACTIVE ATYPIA; AND
PERIDUCTAL FIBROSIS WITH GRANULATION TISSUE
-CYSTIC AND PAPILLARY APOCRINE CHANGE
-FOCAL BLUNT DUCT ADENOSIS
-FOCAL PERIDUCTAL DUCT ECTASIA (NEGATIVE FOR TUMOR)
- E. RIGHT BREAST, RE-EXCISION-INFERIOR LATERAL MARGIN:
-DUCTAL CARCINOMA IN SITU WITH LOBULAR EXTENSION (SOLID
PATTERN), HIGH NUCLEAR GRADE .see note
- STROMAL FIBROSIS, FOCAL PERIDUCTAL MASTITIS
-CYSTIC APOCRINE CHANGE WITH MICRO AND COARSE CALCIFICATION

Note: Slide#E1-represents section from new margin that shows extension of DCIS involving
3 lobular acini. There is no stromal invasion.

Slide#E6-focus of DCIS measures 8x5 mm, and in#E4-6x4 mm.

Invasive Breast Cancer Template

INVASIVE TUMOR:

Histologic type: ductal
Tumor Size (cm): 1.5x1.5x1.2cm
Size of Invasive Focus: 1.5x1.5x1.2cm
Grade, Histologic: 3
Grade, Nuclear: 3
Mitoses (Olympus 40x): 3
Scarff Bloom Richardson grade: III
Necrosis: absent
Invasion Vasc/Lymphatic: absent
DCIS component
DCIS Quantity: <25%
DCIS Type: solid
DCIS Location: inside and outside main mass
Nuclear grade: high
Necrosis: present
Margins: see note

Lymph nodes: negative (0/2) sentinel lymph nodes

Stage, Pathology : pT1c

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TCGA-E2-A1LH-01A-PR

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Non-neoplastic areas:

Hormone receptor status (by IHC): ER: pending
PR: pending

HERCEPTEST (by IHC): pending

Pathologist
Electronically signed -

ADDENDUM

The ER/PR/HER2 status of the invasive breast carcinoma was determined by immunohistochemistry and quantitated via ACIS (image analysis). Results are as follows:

ER	0%
PR	0%
HER2	0.0%

A separate ACIS report has been generated.

NOTE: FISH analysis for HER2 gene amplification has not been ordered.

SPECIMEN(S):

A. SENTINEL LYMPH NODE BX #1 RIGHT AXILLA B. SENTINEL LYMPH NODE BX #2 RIGHT AXILLA C. WIDE EXCISION RIGHT BREAST D. RIGHT BREAST CYST E. RE-EXCISION INFERIOR LATERAL MARGIN-RIGHT BREAST

CLINICAL HISTORY:

Right breast ca.

FROZEN SECTION DIAGNOSIS:

A. SENTINEL LYMPH NODE #1 RIGHT AXILLA
Touch prep: No tumor seen on touch prep
B. SENTINEL LYMPH NODE BIOPSY #2 RIGHT AXILLA
Touch prep: No tumor seen on touch prep, reported to Dr. by Dr. a
C. WIDE EXCISION RIGHT BREAST
Gross only: Tumor about 0.8cm. from anterior margin, reported to Dr. by Dr.

GROSS DESCRIPTION:

A. SENTINEL LYMPH NODE BIOPSY #1 RIGHT AXILLA
Received fresh in a single container labelled and designated "sentinel lymph node bx #1 right axilla" and consists of a single 1.5x1.1x0.4cm. lymph node with tan cut surfaces and associated unremarkable adipose tissue. A touch preparation is made from the lymph node. The entire specimen is submitted in a single cassette labelled A1.
B. SENTINEL LYMPH NODE BIOPSY #2 RIGHT AXILLA
Received fresh in a single container labelled and designated "sentinel lymph node bx #2 right axilla" and consists of a single 1.3x1.3x0.4cm. lymph node with tan cut surfaces and associated unremarkable adipose tissue. Touch preparations are made from the lymph node. The entire specimen is submitted in a single cassette labelled B1.
C. WIDE EXCISION RIGHT BREAST
Received fresh in a single container labelled and designated "wide excision right breast cancer with needle localization" and consists of a single 8.5x7.5x3.0cm. resected portion of breast tissue. A single stitch of suture indicates the anterior aspect and a double stitch indicates the lateral aspect. A

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localization wire is present within the specimen. A radiograph is also received with the specimen and shows a radiographic density in the region of the tip of the wire. The margins of resection is inked as follows: inferior orange, superior red, lateral yellow, anterior blue, medial green, posterior black. The specimen is serially sectioned from superior to inferior and a 1.5x1.5x1.2cm. tan grey well circumscribed tumor is identified. The tumor does not approach any of the margins grossly. However, it is within approximately 0.8cm. of the anterior (blue) margin. The tumor is at least 1.5cm. away from all the other margins. A small portion of tumor is submitted for tissue procurement as well as a portion of uninvolved breast parenchyma. The remainder of the cut surfaces are remarkable only for multiple small cystic nodules all 0.3cm. in diameter or less. Multiple sections including approximately 95% of the tumor are submitted and labelled as follows:.

Code of sections:

C1-C2: tumor approaching anterior margin

C3: tumor

C4-C5: tissue adjacent to medial margin

C6-C9: breast with cystic nodules

D. RIGHT BREAST CYST, excision

Received in formalin in a single container labelled and designated "right breast cyst" and consists of a single portion of firm tan yellow fibrofatty tissue measuring 3.7x2.7x2.2cm. No orientation is given. The resection margin is inked. The specimen is serially sectioned and located centrally is a 1.2cm. diameter cyst. The inner lining is smooth and tan. The remainder of the cut surfaces are composed of unremarkable adipose tissue with streaks of breast parenchyma. All of the cyst is submitted in cassettes D1 through D6.

E. RE-EXCISION INFERIOR LATERAL MARGIN RIGHT BREAST

Received in formalin in a single container labelled and designated "re-excision inferior lateral margin right breast" and consists of a portion of tissue measuring 2.0x1.7x1.5cm. A short stitch of suture indicates the inferior aspect of the specimen and a long stitch indicates the lateral aspect which is the new margin. The new margin submitted in a single cassette labelled E1 on face. The remainder of the specimen is serially sectioned and the cut surfaces show unremarkable adipose tissue and breast parenchyma. Remainder of specimen submitted and labelled E2-E9.

Gross Dictation: Pathology Fellow

Microscopic/Diagnostic Dictation: Pathologist, 1

Final Review: Pathologist

Final: Pathologist,

Addendum: Pathologist,

Addendum Review: Pathologist,

Addendum Final: Pathologist

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Pr. Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (select):	QUALIFIED	DISQUALIFIED
Reviewer Initials	<i>[Signature]</i>	<i>[Signature]</i>
Date Reviewed	2/19/11	