SURGICAL PATHOLOGY REPORT

Patient:

FMP/SSN:

DOB/Age/Sex:

Location:
Physician(s):

Specimen #:

Taken:

Received: Reported:

100-0-3

AMENDED

F Race: WHITE

Carcinoma, infiltrating ductal, NOS 8500/= Site. Breast, NOS C50.9 1/25/11 la

SPECIMEN:

A: INTERPECTORAL NODE B: LEFT BREAST AND AXILLARY CONTENTS

FINAL DIAGNOSIS:

A. LYMPH NODE, LEFT INTERPECTORAL, EXCISION:

Age:

- METASTATIC DUCTAL CARCINOMA WITH EXTRACAPSULAR EXTENSION SIZE OF DEPOSIT: 0.6 CM
EXTENT OF EXTRANODAL TUMOR: 4 MM (See comment; ONE LYMPH NODE EXAMINED.

- B. BREAST AND AXILLARY CONTENTS, LEFT, MASTECTOMY WITH REGIONAL LYMPH NODE DISSECTION:
 - INVASIVE DUCTAL CARCINOMA, WELL DIFFERENTIATED (NOTTINGHAM SCORE 5)
 TUBULE FORMATION 20% = 2
 NUCLEAR PLEOMORPHISM = 2
 MITOSES 9 per 10 HPF AT 40X FIELD AREA 0.2376 SQ.MM = 1
 - INVOLVING THE DERMIS, EPIDERMIS, AND NIPPLE; WITH ULCERATION
 - SIZE = 7.0 CM (GROSS DIMENSION).
 - DEEP (SKELETAL MUSCLE) MARGIN IS INVOLVED BY TUMOR.
 - LYMPH VASCULAR AND PERINEURAL INVASION IS IDENTIFIED.
 - SEVEN OF ELEVEN EXAMINED LYMPH NODES WITH METASTATIC CARCINOMA; EXTRACAPSULAR EXTENSION IS PRESENT, EXTENT OF EXTRANODAL TUMOR: AT LEAST 6 MM (See comment;
 - MAXIMUM DIMENSION OF LARGEST DEPOSIT: 1.8 CM
 - AJCC CLASSIFICATON: pT4b(ulceration)N2aMX.

COMMENT:

The report is amended on to add the extent of extracapsular extension of tumor in response to a request from the tumor board. The measurement is the distance from the estimated location of the obliterated lymph node capsule to the outer extent of the tumor deposit on the microscopic slide.

UUID: A985FB5C-9E91-40E1-864E-CEA887B3866D
TCGA-A2-A0C5-01A-PR Redacted

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SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

FINAL DIAGNOSIS (continued):

** Report Electronically Signed Out **

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CLINICAL DIAGNOSIS AND HISTORY:

-year-old white female with left breast cancer.

PRE-OPERATIVE DIAGNOSIS:

Left breast cancer.

POST-OPERATIVE DIAGNOSIS:

Operative Findings: Left breast cancer. Post-Operative Diagnosis: Left breast cancer.

GROSS DESCRIPTION:

- A. Received fresh, labeled with the patient's name, designated "INTERPECTORAL NODE" consists of an apparent lymph node, measuring 1.3 x 0.9 x 0.6 cm. The node is bisected revealing firm, yellow and tan tissue. One half of the specimen is submitted for the CBCP protocol. The remaining half is submitted for permanent section.
- B. Received fresh, labeled with the patient's name, designated "LEFT BREAST AND AXILLARY CONTENTS" consists of a 508.0 gram modified radical mastectomy specimen. The breast measures 17.5 x 14.5 x 3.8 cm, attached axillary contents measure 13.0 x 5.2 x 1.5 cm, and overlying nipple-bearing skin measures 13.0 x 9.5 cm.

INK CODE: Blue=superior superficial, green=inferior superficial, and black=deep.

The axillary contents are examined and disected from the breast and has multiple palpable lymph nodes, many of which are suspcious for metastasis.

A large portion of the skin is covered with gauze dressing, which is removed, revealing areas of retraction and ulceration (largest 2.2 x 1.6 cm) superior to the nipple/areolar complex, overlying a large palpable tumor.

The breast is sectioned from the posterior aspect revealing a $7.0 \times 5.1 \times 3.5 \text{ cm}$ tumor, which anteriorly erodes through the skin and posteriorly involves a $3.0 \times 2.5 \text{ cm}$ segment of skeletal muscle. The tumor is centrally-located and extends into the upper mid and upper inner portions of the breast. It has a firm, tan, gritty cut surface. The remaining

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SURGICAL PATHOLOGY REPORT

Patient: Specimen #: \$

GROSS DESCRIPTION (continued):

breast tissue is predominantly fatty and unremarkable. Multiple sections are submitted for the CBCP protocol with matching paraffin sections as follows:

- B1: Lymph node, lower portion of axillary tail, 1.8 x 1.7 x 1.3 cm.
- B2: Grossly normal lymph node, mid upper portion of tail.
- B3: Grossly normal skin (medial tip).
- B4: Skin with underlying tumor.
- B5: Skeletal muscle with tumor.
- B6: Tumor, medial aspect.
- B7: Tumor, lateral aspect.
- B8: Grossly normal fibrous tumor, inferior to tumor.
- B9: LIQ, 3.5 cm from tumor.
- B10: LOQ, 4.0 cm from tumor.
- B11: UOQ, 3.5 cm from tumor.
- B12: UIQ, 2.0 cm from tumor.
- B13: Nipple.
- B14-B17: One lymph node, bisected, in each cassette.
- B18: Five potential lymph node candidates. 18CFSS

Criteria

Diagnosis Discrepancy
Primary Tumor Site Discrepancy
HIPAA Discrepancy
Prior Malignancy History
Dual/Synchronous Perhal Noted
Case is (circle):

Qualified / Classified / Classif