

1CD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Site: breast, NOS C50.9 1/24/11 hr

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SURGICAL PATHOLOGY REPORT

Patient:

FMP/SSN:

DOB/Age/Sex:

Location:

Physician(s):

Specimen #:

Race:

Taken:

Received:

Reported:

SPECIMEN:

A: LEFT BREAST LUMPECTOMY B: AXILLARY CONTENTS

C: LEFT SUPRACLAVICULAR LYMPH NODE

FINAL DIAGNOSIS:

A. LEFT BREAST, LUMPECTOMY:

RESIDUAL INFILTRATING DUCTAL CARCINOMA, POORLY DIFFERENTIATED
RESIDUAL TUMOR SIZE: 2.5 X 2.0 X 1.5 CM
DEEP SURIGIAL MARGIN INVOLVED BY MAIN TUMOR
MEDIAL, SUPERIOR, AND INFERIOR MARGINS FOCALLY INVOLVED BY
DISCONTINUOUS TUMOR FOCI (LOCAL MICROMETASTASES)
EXTENSIVE LYMPHATIC INVOLVEMENT

B. LEFT AXILLARY CONTENTS, DISSECTION:

METASTATIC CARCINOMA INVOLVING 18 OF 20 EXAMINED LYMPH NODES
EXTENSIVE EXTRANODAL EXTENSION AND NON-NODAL METASTASES

C. LEFT SUPRACLAVICULAR LYMPH NODE, EXCISION:

METASTATIC CARCINOMA INVOLVING 1 EXAMINED LYMPH NODE

COMMENT:

The findings were discussed with

by phone

The deep surgical margin is involved by residual gross tumor (Block A24).
The medial, superior, and inferior margins are involved (< 0.6mm) by
microscopic foci, separate from the tumor. (Blocks A5, A10, A11, A23, A39).

Of the 18 involved axillary lymph nodes, 1 has a micrometastasis (B3). An
additional lymph node (B22) has isolated tumor cells. These were
identified by routine light microscopy and hematoxylin-eosin stain.

UUID: 0E480E98-14D1-4A82-814D-51CC2B9BA2B5
TCGA-A2-A04P-01A-PR

Redacted

** Report Electronically Signed Out **



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SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

CLINICAL DIAGNOSIS AND HISTORY:

A year old female with left breast cancer with a positive margin.
Palpable lymph node.

PRE-OPERATIVE DIAGNOSIS:

Left breast cancer.

POST-OPERATIVE DIAGNOSIS:

Left breast cancer.

GROSS DESCRIPTION:

A. LEFT BREAST LUMPECTOMY Received fresh, labeled with the patient's name, and designated "LEFT BREAST TISSUE, SKIN INTERIOR, ONE STITCH MEDIAL, TWO STITCHES SUPERIOR" is a specimen which consists of a piece of fibrofatty tissue, 6.5 x 6.5 x 5.3cm with an overlying ellipse of skin, 5.0 x 2.0cm. There is a 3.5cm scar on the skin surface. Posteriorly a small patch of skeletal muscle is noted. The specimen is oriented with sutures (one - medial; two - superior). Inked as follows: blue - superior; green - inferior; yellow - medial, red - lateral, and black - posterior. Sectioning reveals a 3.0cm biopsy cavity with hemorrhagic walls and surrounding fat necrosis in the medial half of the specimen. Medially adjacent to the cavity and involving the deep margin is a firm, tan tumor measuring 2.5 x 2.0 x 1.5cm. The remaining tissue is fat and fibrous tissue. Sections of skin, tumor, and grossly normal fibrous tissue are harvested for the CBCP protocol with matching paraffin sections as follows: A1, skin, lateral tip; A2, tumor, medial portion; A3, tumor, lateral aspect; A4, grossly normal fibrous, mid medial - superior, 2.5cm from the tum; A5-A6, medial margin; A7-A8, adjacent representative section; A9-A12, biopsy cavity; A13-A17, representative biopsy cavity; A18 - A19, biopsy cavity; A20-A22, biopsy cavity; A23-A25, biopsy cavity; A26-A28, biopsy cavity; A29-A30, biopsy cavity; A31-A33, adjacent left mid section; A34, representative section; A35, representative section; A36-A39, lateral margin. 39CF

B. AXILLARY CONTENTS Received fresh, labeled with the patient's name, and designated "AXILLARY CONTENTS, LEFT TAG AT HIGHEST AXILLARY NODE" is a specimen which consists of a piece of soft yellow tissue, 14.5 x 6.5 x 3.5cm, containing numerous and large lymph nodes. There are several cyst-like structures found on serial sectioning ranging in size from 2.5 x 2.0 x 1.0cm to 1.5 x 1.5 x 1.0cm. The cyst are filled with a red viscous fluid. Further sectioning reveals a 3.5 x 3.0 x 2.0cm hemorrhagic cyst-like structure that has a tan-red surface and is poorly defined. Its mass trails to the lateral edge biopsy tail. Multiple possible lymph nodes are identified ranging in size from 2.0 x 2.0 x 1.5cm to 0.4 x 0.3 x 0.2cm. Two grossly positive lymph nodes and one grossly benign lymph node

SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

GROSS DESCRIPTION (continued):

are harvested for the CBCP protocol with matching paraffin sections as follow: Cassette B1, lymph node with tumor, 2.0 x 2.0 x 1.2cm, lower axillary tale; B2, lymph node with tumor, 1.6cm, lower axillary tail; B3, grossly benign lymph node, 0.7cm, upper axillary tail; B4, grossly positive single lymph node; B5, single lymph node in multiple pieces; B6-B7, multiple possible lymph nodes; B8, bisected possible lymph node; B9, single positive possible lymph node; B10, single possible bisected lymph node; B11, fragments of possible lymph node; B12, fragments of possible lymph node; B13-B14, bisected possible lymph node; B15, possible lymph node; B16, single possible lymph node; B17-B18, skeletal muscle with cyst wall; B19-B22, representative sections of axillary mass; B23-B25, area of possible lymph nodes. 25CF

C. LEFT SUPRACLAVICULAR LYMPH NODE Received in formalin, labeled with the patient's name, and designated "LEFT SUPRACLAVICULAR LYMPH NODE" is a specimen which consists of a 1.3 x 0.7cm lymph node containing a 0.8cm tumor. A portion of the lymph node is submitted for the CBCP protocol. 1CF

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	10/15/10	