

Surgical Pathology Report

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

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

Pathologic Interpretation:

- A. **Sentinel node # 1 count**
- Metastatic carcinoma to one lymph node, (0/1).
- Metastatic deposit: 0.6 cm.

ICD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 per 3/12/11

NOTE: Metastatic deposit is only present on permanent slides.

- B. **Sentinel node # 2 count** :
- No carcinoma seen in one lymph node (0/1)
- Immunohistochemistry for keratin to follow.

- C. **Right breast 1 short superior, 1 long lateral:**
- Invasive and in situ moderately differentiated ductal carcinoma, Nottingham grade 2 (3+2+1), 2.5 cm in greatest dimension.
- Resection margins are free of tumor (closest margin at 1.0 cm: inferior).
- Lymphovascular invasion is not present.
- DCIS, intermediate nuclear grade without necrosis, cribriform type, present in 2 of 15 slides examined.
- See Tumor Summary.

Tumor Summary:

Specimen:

- Total breast

Procedure:

- Total mastectomy

Lymph Node Sampling:

- Sentinel lymph node

Specimen Integrity:

- Single intact specimen

Specimen Laterality:

- Right

Tumor Size:

- Greatest dimension of largest focus of invasion: 2.5 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

Ductal Carcinoma In Situ (DCIS):

- DCIS is present:
 - Extensive intraductal component (EIC) negative.
 - Size (Extent) of DCIS:
 - Number of blocks with DCIS: 2
 - Number of blocks examined: 15

Architectural Pattern:

- Cribriform

Nuclear Grade:

- Grade II (Intermediate).

Necrosis:

- Not identified.

Lobular Carcinoma In Situ:

- Not identified.

Histologic Type of Invasive Carcinoma:

- Invasive ductal carcinoma

Histologic Grade:

UUID: 82771A56-81CA-4414-949F-EF8CAE1C98D4
TCGA-EW-A1P5-01A-PR

Redacted



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- Glandular (Acinar)/Tubular Differentiation: - Score 3: <10 of tumor area forming glandular/tubular structures
- Nuclear Pleomorphism: - Score 2: Cells larger than normal with open vesicular nuclei, visible nucleoli, and moderate variability in both size and shape.
- Mitotic Count: - Score 1
- Overall Grade: - Grade 2

Margins:

- Margins uninvolved by invasive carcinoma: Distance from closest margin: 10 mm (Inferior).

Lymph-Vascular Invasion:

- Not identified

Dermal Lymph-Vascular Invasion:

- Not identified.

Lymph Nodes:

Number of sentinel lymph nodes examined: 2

Total number of lymph nodes examined (sentinel and nonsentinel): 2

Number of lymph nodes with macrometastases (>0.2 cm): 1

Number of lymph nodes with micrometastases (>0.2 mm to 0.2 cm and /or > 200 cells): 0

Number of lymph nodes with isolated tumor cells (≤.2 mm and ≤200 cells): 0

Size of largest Metastatic deposit: 0.6 cm

Extranodal Extension:

- Not identified.

Method of Evaluation of Sentinel Lymph Nodes:

- Hematoxylin and eosin (H&E), one level
- Immunohistochemistry.

Ancillary Studies:

- Estrogen Receptor: Pending
- Progesterone Receptor: Pending
- Her2/neu FISH:
 - Performed on another specimen
 - Results: Not amplified (HER2 gene copy <4.0 or ratio < 1.8)

Pathologic Staging:

Primary Tumor (Invasive Carcinoma) (pT): pT2

Regional Lymph Nodes (pN) Modifier: (sn) pN1a

Distant Metastasis (M): Not applicable

Pathologic Staging: pT2, pN1a, MX

Electronically Signed Out By

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory (Her 2, Papan, H. pylori, HBoore). These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5=ER, PgR 636=PR, A485=HER2, H-11=EGFR, CCH2/DDG9=CMV, F38.4.1=AR and HPV by ISH. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by LSAB. 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).

Procedures/Addenda Addendum

Date Ordered:
Date Complete:
Date Reported:

Status: Signed Out

Addendum Diagnosis

"B" Immunohistochemistry for keratin is negative for carcinoma.

"C" The tumor cells are positive for ER and PR and negative for HER-2 by Immunohistochemistry.

MD

Intraoperative Consultation

- AFS. Sentinel node # 1 count fs: Negative for carcinoma
- BFS. Sentinel node # 2 count : fs: Lymph node; negative for tumor.
- CFS. Right breast 1 short superior, 1 long lateral fs
Inferior margin; negative for tumor (grossly and microscopically 1.0 cm from margin).
Superficial margin—negative for tumor (gross and microscopic microscopically 3 cm from tumor).

MD

Clinical History:

Patient is a female with right breast cancer.

Pre Operative Diagnosis:

Right breast cancer, tissue study patient

Specimen(s) Received:

- A: Sentinel node # 1 count fs
B: Sentinel node # 2 count : fs
C: Right breast 1 short superior, 1 long lateral fs

Gross Description:

- A. Received in formalin and labeled "sentinel node # 1 count fs" consists of irregular shaped, adipose tissue fragment, 1.5 x 1.1 x 0.6 cm. Specimen submitted as follows
- 1 Section for frozen
2&4 The reminders of the specimen in toto
- B. Received in formalin and labeled "sentinel node # 2 count fs" consists of irregular shaped, adipose tissue fragment, 2.6 x 1.8 x 0.5 cm. Specimen submitted as follows
- 1 Sections for frozen
2&3 Reminders of specimen in toto
- C. Received in formalin and labeled "right breast 1 short superior, 1 long lateral fs" consists of a mastectomy specimen weighing 6.63 grams and measures 20.0 x 16.0 x 4.0 cm. Specimen is oriented with a short stitch superior and a long stitch lateral. There is an ellipse of skin present, 10.0 x 5.5 cm the nipple and areola are present. The areola complex measure 5.0 cm in greatest dimension. The nipple is inverted, distracted and measures 0.7 cm in greatest dimension. For gross purpose the specimen is inked as follow: Superior resection margin inked blue, inferior resection margin inked green, medial resection margin inked red, lateral resection margin inked orange, anterior margin inked yellow and posterior surgical resection margin inked black. Sectioning of the specimen reveals an ill-defined, pale-tan, firm mass, 2.5 x 1.5 x 1.5 cm. This mass is grossly located 1.0 cm from inferior resection margin and 3.0 cm from lateral resection margin. It is located 2.0 cm from the anterior resection margin and 1.0 cm from the deep resection margin. Upon sectioning the stroma is composed of yellow, lobulated adipose tissue. The firm, white area is closely associated with the skin. No other lesions are identified. Specimen submitted as follows.
- 1 Inferior margin for frozen sections

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- 2 Lateral margin for frozen sections
- 3 Nipple
- 4-6 Sections of mass
- 7 Prior biopsy site with clip
- 8 Closest deep margin
- 9 Mass with skin
- 10 Medial margin
- 11 Superior margin
- 12 lower inner quadrant
- 13 Upper inner quadrant
- 14 Upper outer quadrant
- 15 Lower outer quadrant

ICD-9(s): 196.3 174.8

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Listed		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 3/12/11	

Anatomic Pathology Consult Report

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

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

Interpretation:

RIGHT BREAST:
INFILTRATING DUCTAL CARCINOMA, INTERMEDIATE NUCLEAR GRADE
IMMUNOHISTOCHEMISTRY IS REPORTED TO BE POSITIVE FOR ESTROGEN RECEPTOR AND
PROGESTERONE RECEPTOR (IN THE ORIGINAL LABORATORY).
HER2-FISH IS REPORTED TO BE NEGATIVE (IN THE ORIGINAL LABORATORY).

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory (Her 2, Papan, H. pylori, HBcore). These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5-ER, PyR 634-PR, 1483-HER2, H-11-EGFR, CCH2/DDG9-CMY, F19.4.1-AR and HPV by ISH. 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.

Electronically Signed Out By
MD

ICD-0-3
Carcinoma, infiltrating duct, NOS 8500/3
Site: breast, NOS C50.9 3/12/11

As the attending pathologist, I attest that I: (1) Examined the relevant preparation(s) for the specimen(s); and (2) Rendered the diagnosis(es).

Clinical History:

Right breast core biopsy from a female

Specimen(s) Received:

SP consult, slides only

Slide(s)/Block(s) Received:

RECEIVED 1 SLIDE LABELED

Collection Date:

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
TI-PAA Discrepancy		
History Malignancy History		
Dual/Synchronous Primary Noted		
Case in (circle):	QUALIFIED	UNQUALIFIED
Reviewer Initials		
Date Reviewed		