

SURGICAL PATHOLOGY REPORT

Patient:
FMP/SSN:
DOB/Age/Sex: Age: F Race: WHITE
Location:
Physician(s):

Specimen #:

Taken:
Received:
Reported:

****AMENDED****

1CD-0-3

Carcinoma, infiltrating ductal, NOS
8500/3

SPECIMEN:

A: RIGHT BREAST TISSUE B: LEFT AXILLA SENTINEL NODE Site: breast, NOS C50.9
C: LEFT BREAST TISSUE
D: LEFT BREAST TISSUE LOWER INNER QUADRANT

1/25/11 lw

FINAL DIAGNOSIS:

UUID: 5C563F73-3793-4902-ACBB-82F432AED592
TCGA-A2-A0D3-01A-PR

Redacted

A. BREAST, RIGHT, MASTECTOMY:

- FOCAL USUAL DUCTAL HYPERPLASIA.
- FOCAL LACTATIONAL/SECRETORY CHANGE.
- STROMAL SCLEROSIS AND FOCAL APOCRINE METAPLASIA.
- UNREMARKABLE SKIN AND NIPPLE.
- NO EVIDENCE OF MALIGNANCY.

B. LYMPH NODE, LEFT AXILLA SENTINEL NODE, RESECTION:

- ONE LYMPH NODE NEGATIVE FOR TUMOR BY LIGHT MICROSCOPY AND CYTOKERATIN IMMUNOHISTOCHEMISTRY.

C. BREAST, LEFT, MASTECTOMY:

- WELL DIFFERENTIATED (GRADE I/III) INFILTRATING DUCTAL CARCINOMA.
- * NOTTINGHAM SCORE: 5 OUT OF 9 (TUBULES=2, NUCLEI=2, MITOSES=1).
- * TUMOR SIZE (GREATEST DIMENSION): 1.9 CM (measured grossly).
- * MICROCALCIFICATIONS: IDENTIFIED WITHIN INTRADUCTAL COMPONENT AND BENIGN DUCTS.
- * VENOUS / LYMPHATIC INVASION: NOT IDENTIFIED.
- * MARGINS: NEGATIVE - DISTANCE FROM NEAREST MARGIN: 0.4 CM FROM SUPERFICIAL MARGIN (measured grossly).
- * INTRADUCTAL COMPONENT: DUCTAL CARCINOMA IN SITU, INTERMEDIATE NUCLEAR GRADE (DCIS, GRADE II); SOLID AND CRIBIFORM TYPES WITH FOCAL INTRALUMINAL NECROSIS AND CALCIFICATIONS.
- * SKIN OR NIPPLE INVOLVEMENT: ABSENT.
- * ESTROGEN RECEPTORS: POSITIVE (please see prior specimen).
- * PROGESTERONE RECEPTORS: POSITIVE (please see prior specimen).
- * HER2 NEU BY IHC: NEGATIVE (please see prior specimen (see comment)).
- * PATHOLOGIC STAGE: pT1cN0(i-)Mx.
- ADDITIONAL PATHOLOGIC CHANGES:
 - * FOCAL USUAL DUCTAL HYPERPLASIA.

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FINAL DIAGNOSIS (continued):

D. BREAST, LEFT LOWER INNER QUADRANT, EXCISION:
- BENIGN BREAST TISSUE; NEGATIVE FOR TUMOR.

Comment: There is no change in the original pathologic diagnosis. This amendment is issued to reflect a change in the HER2 immunohistochemical status. The original report stated that the HER2 was positive based on the core biopsy material. However, that core biopsy material has been recently amended to reflect that the HER2 is actually negative (further supported by confirmatory FISH study showing no amplification).

** Report Electronically Signed Out **

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CLINICAL DIAGNOSIS AND HISTORY:

-year-old female with left breast cancer, and strong family history, desires prophylactic bilateral mastectomy.

GROSS DESCRIPTION:

A. Received in formalin, labeled with the patient's name, designated "RIGHT BREAST TISSUE, LONG = LATERAL, SHORT = SUPERIOR" is a 300 gram right mastectomy specimen oriented with a short stitch superior, and long stitch lateral. The specimen measures 16.0 x 16.0 x 3.0 cm, and displays an 8.5 x 3.0 cm lightly pigmented skin ellipse on the superficial surface. The centrally located everted nipple measures 1.5 cm and is free of discharge. The deep margin is inked in black. Serial sections reveal markedly dense, pink-white, fibrous tissue involving 70% of the cut surface. The tissue is slightly nodular, however, no discreet mass or lesion is identified. No lymph nodes are identified. Representative sections are submitted as follows:

Cassette Key:

- A1: Skin.
- A2: Upper outer quadrant.
- A3: Lower outer quadrant.
- A4: Lower inner quadrant.
- A5: Upper inner quadrant.
- A6: Central.

Matched sections of A1 through A6 are submitted in OCT for CBCP protocol.

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GROSS DESCRIPTION (continued):

- A7: Nipple.
- A8: Upper outer quadrant.
- A9: Lower outer quadrant.
- A10: Lower inner quadrant.
- A11: Upper inner quadrant. 11C11

B. Received in formalin, labeled with the patient's name, designated "LEFT AXILLA SENTINEL NODE" is a single 1.8 x 1.8 x 0.6 cm pink-tan lymph node. The lymph node is trisected, and entirely submitted in cassettes B1 and B2. Matched section of B1 is submitted in OCT for CBCP protol.

C. Received in formalin, labeled with the patient's name, designated "LEFT BREAST TISSUE, LONG LATERAL, SHORT SUPERIOR" is a 284 gram left mastectomy specimen oriented with a short stitch superior and long stitch lateral. The specimen measures 14.5 cm medial to lateral, 14.0 cm superior to inferior, and 2.5 cm anterior to posterior. The lightly pigmented superficial skin ellipse measures 7.0 x 3.2 cm and displays a centrally located, everted nipple measuring 1.8 x 1.5 x 1.3 cm. The nipple is free of discharge. The deep margin is inked in black, and the superficial inferior half is inked in blue. Serial sections reveal a 1.9 x 1.6 x 1.6 cm well defined, pink-tan, gritty, indurated mass in the lower outer quadrant at the junction of the deep and superficial margins. The mass is located 1.0 cm from the deep margin, and 0.4 cm from the superficial margin. The remainder of the specimen is composed of 70% of markedly dense, diffusely nodular fibrous tissue with scattered gray-blue cysts measuring up to 0.3 cm in greatest dimension. No lymph nodes are identified. Representative sections are submitted:

Cassette Summary:

- C1: Skin.
 - C2: Nipple.
 - C3: Mass, lower outer quadrant.
 - C4-C6: Deep and superficial margins of C3.
 - C7: Mass with superficial margin.
 - C8: Additional superficial margin.
 - C9: Adjacent normal with cyst (lower outer quadrant).
 - C10: Upper outer quadrant.
 - C11: Upper inner quadrant.
 - C12: Lower inner quadrant.
- Matched sections of C1-C3, C7, and C9-C12 are submitted in OCT for CBCP protocol.
- C13-C15: Additional representative sections of breast mass. 15CF

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GROSS DESCRIPTION (continued):

D. Received in formalin, labeled with the patient's name, designated "LEFT BREAST TISSUE LOWER INNER QUADRANT" are multiple fragments of yellow, lobular, adipose tissue. The first fragment measures 5.5 x 3.0 x 0.4 cm. The second fragment measures 5.0 x 2.5 x 0.5 cm. Serial sectioning is remarkable for an area of focal hemorrhage measuring 0.4 x 0.3 x 0.2 cm located 0.2 cm from the nearest inked margin. Representative section is submitted in cassette D1. Also noted is a fibrotic band measuring 0.4 x 0.4 x 0.2 cm abutting the closest inked margin. Two representative sections are submitted in cassette D2. The second specimen is inked in blue, and is serially sectioned to reveal unremarkable, yellow, cut surfaces. Representative sections are submitted in cassettes D3-D4. 4CF

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	Date Reviewed: 1/21/11	