100-0-3 Carcinoma, infil trating ductal, Nos 8500/3 Site: breast, NOS C50.9 1/24/11 lu

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#### SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

FMP/SSN:

DOB/Age/Sev.

F Race: WHITE

Taken:

Locatio

Received:

Physician(s):

Reported:

### SPECIMEN:

A: LEFT BREAST LUMPECTOMY B: SENTINEL LYMPH NODE #1

C: SENTINEL LYMPH NODE #2 D: SENTINEL LYMPH NODE #3

E: NON-SENTINEL NODE TISSUE

# UUID:2A62DD22-EFE6-48CD-8BE6-59B08168F78A TCGA-A2-A0EV-01A-PR Rec

### FINAL DIAGNOSIS:

- A. BREAST, LEFT, LUMPECTOMY:
  - TUMOR TYPE: INFILTRATING DUCTAL CARCINOMA,
  - NOTTINGHAM GRADE: 2 OF 3 (MODERATELY DIFFERENTIATED).
  - NOTTINGHAM SCORE: 7 OF 9
    - (Tubules=3 , Nuclei= 2, Mitoses= 2; mitotic count 8 per 10 HPF at 40x power)
  - TUMOR SIZE (GREATEST DIMENSION): 1.3 CM (MEASURED GROSSLY).
  - TUMOR NECROSIS: ABSENT.
  - MICROCALCIFICATIONS: ABSENT.
  - VENOUS / LYMPHATIC INVASION: ABSENT.
  - MARGINS:
    - -DISTANCE OF TUMOR FROM NEAREST MARGIN IS 0.2 CM, FROM ANTERIOR MARGIN (MEASURED GROSSLY).
  - INTRADUCTAL COMPONENT: DUCTAL CARCINOMA IN SITU, INTERMEDIATE NUCLEAR GRADE (G2), WITH CENTRAL NECROSIS.
  - ESTROGEN RECEPTORS: POSITIVE (NEARLY 100% NUCLEAR STAINING, FROM PREVIOUS BIOPSY
  - PROGESTERONE RECEPTORS: POSITIVE (95% NUCLEAR STAINING, FROM PREVIOUS BIOPSY
  - HER 2 NEU by IHC: NEGATIVE (1+, FROM PREVIOUS BIOPSY )
  - LYMPH NODES: SEE PARTS B, C, D, AND E.
  - PATHOLOGIC STAGE: pT1c NO(i-) MX
  - ADDITIONAL PATHOLOGIC CHANGES:
    - FIBROCYSTIC CHANGES, INCLUDING CYSTS AND FIBROSIS.
    - CHANGES OF PRIOR BIOPSY.
- B. LYMPH NODE, SENTINEL #1, RESECTION:
  - ONE LYMPH NODE NEGATIVE FOR MALIGNANCY BY HEMATOXYLIN AND EOSIN STAIN AND IMMUNOHISTOCHEMICAL CYTOKERATIN STAIN.
- C. LYMPH NODE, SENTINEL #2, RESECTION:
  - ONE LYMPH NODE NEGATIVE FOR MALIGNANCY BY HEMATOXYLIN

#### SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

# FINAL DIAGNOSIS (continued):

AND EOSIN STAIN AND IMMUNOHISTOCHEMICAL CYTOKERATIN STAIN.

- D. LYMPH NODE, SENTINEL #3, RESECTION:
  - TWO LYMPH NODES NEGATIVE FOR MALIGNANCY BY HEMATOXYLIN AND EOSIN STAIN AND IMMUNOHISTOCHEMICAL CYTOKERATIN STAIN.
- E. SOFT TISSUE, NON-SENTINEL NODE TISSUE, RESECTION:
  - TWO LYMPH NODES NEGATIVE FOR MALIGNANCY BY HEMATOXYLIN AND EOSIN STAIN.

COMMENT: Part A: Immunohistochemical stains for e-cadherin (positive in invasive carcinoma), cytokeratin 903 (positive in invasive carcinoma), and p63 (positive in myoepithelial cells), are reviewed with appropriate controls.

Parts B-D: Immunohistochemical stains for cytokeratin are reviewed with controls.

This case received prospective quality control review.

\*\* Report Electronically Signed Out \*\*

R

# CLINICAL DIAGNOSIS AND HISTORY:

female with lump above left nipple. MMG showing speculated mass at twelve o'clock position with overlying skin retraction. US guided biopsy confirmed intraductal carcinoma.

### PRE-OPERATIVE DIAGNOSIS:

Left breast cancer.

# GROSS DESCRIPTION:

A. Received fresh, labeled with the patient's name, designated "LEFT BREAST LUMPECTOMY" is an ovoid portion of soft tissue oriented with a short stitch superior, long stitch lateral. The specimen measures 8.0 cm medial to lateral, 6.5 cm superior to inferior, and 3.0 cm anterior to posterior. Located on the anterior surface is a 4.5 x 2.0 cm lightly pigmented, superficial skin ellipse. No scar is identified. The specimen is inked as follows: superior = blue, inferior = green, medial =

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#### SURGICAL PATHOLOGY REPORT

Patient: Specimen #:

### GROSS DESCRIPTION (continued):

red, lateral = yellow, anterior = orange, and posterior = black. Serial sections reveal a fairly well defined, firm, gritty, pink-white mass measuring 1.3 x 1.2 x 0.8 cm. The mass shows focal congestion with an embedded clip on sectioning. The mass is located subadjacent to the skin ellipse coming to within 0.2 cm of the anterior inked margin, and 0.4 cm of the superior margin. The remainder of the specimen is composed of lobulated, yellow-tan, adipose tissue admixed with a moderate amount of fibrous tissue. No additional lesions are identified.

# Cassette Summary:

A1: Mass with skin.

A2: Adjacent normal with superior margin.

A3: Mass with adjacent normal.

A4-A5: Superior and posterior margins.

A6: Skin with anterior margin.

A7: Medial margin. A8: Medial margin.

A9: Lateral and inferior margin.

A10: Lateral and anterior margin.

All: Inferior margin.

Matched sections of A1 and A3 are submitted in for CBCP protocol.

- B. Received fresh, labeled with the patient's name designated "SENTINEL LYMPH NODE #1" is a 2.0 x 2.0 x 1.0 cm portion of soft tissue. The specimen is bisected to reveal a predominantly fatty cut surface with a partial thin, rim of pink-tan, lymphoid tissue. The specimen is submitted in cassettes B1 and B2.
- C. Received fresh, labeled with the patient's name, designated "SENTINEL LYMPH NODE #2" is a 2.5 x 2.5 x 1.0 cm portion of soft tissue. The specimen is bisected to reveal a predominantly fatty, cut surface with minimal lymphoid tissue identified. The specimen is entirely submitted in cassettes C1 and C2.
- D. Received fresh, labeled with the patient's name, designated "SENTINEL LYMPH NODE #3" is a 1.5 x 1.0 x 0.5 cm portion or soft tissue. The specimen is bisected to reveal a predominantly fatty, cut surface with minimal lymphoid tissue identified. The specimen is entirely submitted in cassette D1.
- E. Received in formalin, labeled with the patient's name,

# SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

# GROSS DESCRIPTION (continued):

designated "NON-SENTINEL NODE TISSUE" are two portions of yellow-brown, lobulated, soft tissue measuring 2.0 x 1.5 x 0.7 cm, and 1.1 x 0.4 x 0.4 cm. Both fragments are bisected to reveal a predominantly, fatty, cut surface admixed with lymphoid tissue. The larger fragment is submitted in cassette E1. The smaller is submitted in cassette E2.

Criteria
Diagnosis Discrepancy
Primary Tumor Site Discrepancy
HIPAA Discrepancy
Prior Malignancy History
Dual/Synchronous Primary/Acted
Case is (circle):
Reviewer Initials:

Outer Reviewed
Date Reviewed

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End of Report