

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

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

Pathologic Interpretation:

A. Sentinel node #1 CT
-Metastatic carcinoma in one lymph node. Please see comment.

Comment: The tumor is seen on deeper section. Tumor is not identified in frozen section slide.
Immunostain for keratin is used in the interpretation.

B. Sentinel node#2
-No malignancy seen in one lymph node (0/1).
-Imunostain for keratin is negative.

C. Right breast:
-Invasive tubulolobular carcinoma, low nuclear grade, Nottingham histologic score grade I. Resection margins are free of tumor.
-Microcalcifications are present.

Dr. [REDACTED] concurs.

Please see Tumor Summary.

TUMOR SUMMARY:

Specimen Type: Mastectomy.
Lymph Node Sampling: Sentinel lymph node(s) only.
Laterality: Right
Tumor Site: Upper inner quadrant.
Size of invasive component:
Greatest dimension: 1 cm
Additional dimensions: 1 x 0.6 cm.
Histologic Type: Invasive tubulolobular

Histologic Grade:
Nottingham Histologic Score:
Tubule Formation: Moderate (score=2)
Nuclear Pleomorphism: Small (score=1).
Mitotic count: Less than 10 mitoses per 10 HPF (score=1).
Total Nottingham Score: Grade I.

Pathologic Staging:

Primary Tumor: pT1b
Regional lymph nodes: pN1a
Distant Metastasis: pMX
Margins: Margins uninvolved by invasive carcinoma.
Distance from closest margin: 4 mm
Specify margin: Deep (posterior)
Venous/lymphatic: Absent.

Comments: Tumor cells are positive for ER and PR and negative for Her2 and by immunohistochemistry.

ICA-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Path Site: breast, upper inner quadrant C50.2

CRCF Site: breast, NOS C50.9

2/8/11

UUID:3CF4FC36-70EF-4EA3-874C-4A514FCD8717
TCGA-EW-A1IX-01A-PR

Redacted



Electronically Signed Out By

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory (Her 2, Parvo, H. pylori, HScore). 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, F30.4.1=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.

SURGICAL PATHOL Report

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

- C. The tumor cells are positive for E-Cadherin by immunohistochemistry.
This immunophenotype is most consistent with an infiltrating ductal carcinoma.

Intraoperative Consultation

AFS: No malignancy seen in one lymph node examined.

BFS: No malignancy seen in one lymph node examined.

Clinical History:

Patient is a -year-old female with right breast cancer.

Pre Operative Diagnosis:

Not Provided

Specimen(s) Received:

A: sentinel node #1 CT ()

B: sentinel node# ()

C: right breast (1 suture superior, 2 sutures lateral)

Gross Description:

- A. Received fresh and labeled "sentinel node #1 CT ()" is a fragment of adipose tissue measuring 2.0 x 1.0 x 0.5 cm. The lymph node is bisected and submitted in toto for frozen section.
- B. Received fresh and labeled "sentinel node# ()" is a fragment of adipose tissue measuring 0.6 x 0.5 x 0.5 cm. The lymph node is bisected and submitted in toto for frozen section.
- C. Received in formalin and labeled "right breast (1 suture superior, 2 sutures lateral)" is oriented with one suture superior and two sutures lateral. The specimen weighs 127.0 grams and measures 16.0 x 11.0 x 0.9 cm. The specimen consists of a nipple and areola, which measures 3.3 x 2.5 cm. There is no retraction or scar. The specimen is inked as follows: superior, blue; inferior, green; medial, red; lateral, orange; posterior (tip), black; anterior, yellow. Cut section revealed a scar-like, firm lesion is identified in the upper inner quadrant, which measures 1.0 x 1.0 x 0.6 cm. It is located 0.4 cm from the deep margin, 2.0 cm from the superior margin, 3.0 cm from the medial margin, and 6.2 cm from the inferior margin. The stroma to fat ratio is 70:30. No other masses or lesions are identified. Sections are submitted as follows:

- 1-4 Mass in toto
5 Upper inner quadrant

SURGICAL PATHOL Report

- 6 Lower inner quadrant
- 7 Upper outer quadrant
- 8 Lower outer quadrant
- 9 Nipple

ICD-9(s): 196.3 174.2

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: 12/15/11	