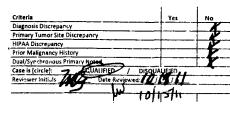
PATIENT HISTORY:			
CHIEF COMPLAINT/ PRE-OP/ POST-O	P DIAGNOSIS: -year-old female	with breast ca. Left invasive ductal ca w	ith 4.0 cm of
calcification/DOIS R UOQ inv tubular C	A with LCIS.		10 011 01
	ing bilataral CAIDs in control titles of	-1.4	
PROCEDURE: Bilateral total mastectom SPECIFIC CLINICAL QUESTION: Not a	res, Dilatetal SINDS, INSERION Dilater Inswered	ai liesue expanders.	
OUTSIDE TISSUE DIAGNOSIS: Not an	swered.		
PRIOR MALIGNANCY: Not answered.	•		
CHEMORADIATION THERAPY: Not an: OTHER DISEASES: Not answered.	swered.		
CASE SYNOPSIS:			
	0.1.00.00.00.00.00.00.00.00.00.00.00.00.		
SYNOPTIC - PRIMARY INVASIVE (	Left /		
PROCEDURE:	Simple mastectomy		
LOCATION:	Upper outer quadrant		
SIZE OF TUMOR:	Lower outer quadrant		
MULTICENTRICITY/MULTIFOCALI	Maximum dimension invasive of	component: 28 mm	
	No		
TUMOR TYPE (invasive componer	nt):		
NOTTINGUALA	Ductal adenocarcinoma, NOS		
NOTTINGHAM SCORE:	Nuclear grade: 2		
More	Tubule formation: 1 Mitotic activity score: 1		
	Total Nottingham score: 4		
	Nottingham grade (1, 2, 3): 1	·	
ANGIOLYMPHATIC INVASION:	No		
DERMAL LYMPHATIC INVASION: CALCIFICATION:	No Van hanima and		
ONEON IONTION:	Yes, benign zones Yes, malignant zones		
TUMOR TYPE, IN SITU:	Cribriform		
	Micropanillany		
SURGICAL MARGINS INVOLVED E	BY INVASIVE COMPONENT:		
	No		
SURG MARGINS INVOLVED BY IN	Distance of invasive tumor to clo	osest margin: 9 mm	
	No No		
LYMPH NODES POSITIVE:	0		
LYMPH NODES EXAMINED:	1	100-0-3	
METHOD(S) OF LYMPH NODE EXA	MINATION:		
T STAGE, PATHOLOGIC:	H/E stain pT2 /	ICD-0-3 Farchiama, infiltrat Site: bust, NOS	has deat NAC
N STAGE MODIFIER:	(sn)	-accuma, inguiria	ing one, 100-
N STAGE, PATHOLOGIC: M STAGE:	pNÓ		8500/2
ESTROGEN RECEPTORS:	Not applicable	0.4 1 4 0/00	452.0
PROGESTERONE RECEPTORS:	positive positive	SITL: School, 1005	C50.9
HER2/NEU:	1+		1 . 1 -1.
8	Pungung		10  14
SYNOPTIC - PRIMARY INVASIVE CATERALITY			
LATERALITY:	RIGHT		
PROCEDURE:	Simple mastectomy		
LOCATION:	Upper outer quadrant		
SIZE OF TUMOR:	Lower outer quadrant		
MULTICENTRICITY/MULTIFOCALITY	Maximum dimension invasive cor	mponent: 11 mm	
	No No		
TUMOR TYPE (Invasive component)	);		
	Ductal adenocarcinoma NOS		
NOTTINGHAM SCORE:	Nuclear grade: 2	INITO ACTERNOS AND	
	Tubule formation: 1	TCGA-BH-A0	8-4E71-9E59-8775FB26984B
	Mitotic activity score: 1 Total Nottingham score: 4		# A . MA B
	Nottingham grade (1, 2, 3): 1	811 88 11 1 281 1 15 6 1 88 4 58 6 16 1 8	
ANGIOLYMPHATIC INVASION:	No	1)] \ 181\ \ 2000   8   8   8   8   8   8   8   8   8	]]
DERMAL LYMPHATIC INVASION: CALCIFICATION:	No		
TUMOR TYPE, IN SITU:	Yes, benign zones	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a 1 ismai a is in 4 a immemit mi (ma) (a a a a aia
SURGICAL MARGINS INVOLVED BY	LCIS		
	No		
I VMBU NOGER BROWN	Distance of invasive tumor to close	est mardin: 26 mm	
LYMPH NODES POSITIVE: LYMPH NODES EXAMINED:	0	on margin; to util	
METHOD(S) OF LYMPH NODE EXAM	T		
	MATION: H/E stain		
T STAGE, PATHOLOGIC:	pT1c		
N STAGE MODIFIER:	(sn)		
N STAGE, PATHOLOGIC: M STAGE:	pNÓ		
ESTROGEN RECEPTORS:	Not applicable		
PROGESTERONE RECEPTORS:	positive		
HER2/NEU:	1+		
		Criteria	Yes No
		Diagnosis Discrepancy	
		Primary Tumor Site Discrepancy	



## FINAL DIAGNOSIS:

PART 1: LEFT AXILLARY SENTINEL LYMPH NODE #1, BIOPSY -ONE LYMPH NODE, NEGATIVE FOR NEOPLASM (0/1).

PART 2: RIGHT AXILLARY SENTINEL LYMPH NODE #1. BIOPSY -ONE LYMPH NODE, NEGATIVE FOR NEOPLASM (0/1).

PART 3: LEFT BREAST, TOTAL MASTECTOMY -

- A. INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 1 (NUCLEAR GRADE: 2, TUBULE SCORE: 1, MITOTIC ACTIVITY: 1; TOTAL SCORE: 4/9).
- B. TUMOR MEASURES 2.8 CM, AND IS IN THE OUTER QUADRANTS AT APPROXIMATELY 3 O'CLOCK.

C. NO LYMPHOVASCULAR SPACE INVASION.

D. DUCTAL CARCINOMA IN SITU (DCIS), NUCLEAR GRADE 2, CRIBRIFORM AND MICROPAPILLARY TYPES.

Criteria

Diagnosis Discrepancy **Primary Tumor Site Discrepancy** HIPAA Disci epancy

Prior Malignancy History

Dual/Synchronous Primary Notes 8. - College

Case is (circle): QUALIFIED
Reviewer Initials Date F

- E. MARGINS ARE NEGATIVE FOR NEOPLASM; CARCINOMA APPROACHES MOST CLOSELY TO THE ANTERIOR MARGIN (0.9 CM).
- CALCIFICATIONS ASSOCIATED WITH MALIGNANT AREAS AND WITH BENIGN AREAS.

G. RADIAL SCAR.

- H. SCLEROSING ADENOSIS AND FIBROCYSTIC CHANGES.
- CHANGES CONSISTENT WITH PREVIOUS BIOPSY SITE.

NIPPLE SKIN IS NEGATIVE FOR NEOPLASM.

- K. TUMOR CELLS (LEFT BREAST) PREVIOUSLY REPORTED TO BE POSITIVE FOR ER AND PR, NEGATIVE FOR HER-2 AND TO HAVE A LOW KI-67 INDEX
- L. PATHOLOGIC STAGE: pT2 pN0 pMX.

## PART 4: RIGHT BREAST, TOTAL MASTECTOMY -

- A. INVASIVE DUCTAL CARCINOMA WITH TUBULAR FEATURES, NOTTINGHAM GRADE 1 (NUCLEAR GRADE 2. TUBULE SCORE 1, MITOTIC ACTIVITY 1, TOTAL SCORE 4/9).
- B. TUMOR MEASURES 1.1 CM AND IS LOCATED APPROXIMATELY AT 9 O'CLOCK.

C. NO LYMPHOVASCULAR SPACE INVASION.

D. MARGINS ARE NEGATIVE FOR NEOPLASM; CARCINOMA APPROACHES MOST CLOSELY TO THE ANTERIOR MARGIN (2.6 CM).

LOBULAR CARCINOMA IN-SITU (LCIS). E.

ATYPICAL DUCTAL HYPERPLASIA AND FLAT EPITHELIAL ATYPIA. F.

G. RADIAL SCAR.

H. BIOPSY SITE CHANGES.

I. FIBROCYSTIC CHANGES, ASSOCIATED CALCIFICATIONS, AND SCLEROSING ADENOSIS.

NIPPLE SKIN IS NEGATIVE FOR NEOPLASM. J.

- K. TUMOR CELLS (RIGHT BREAST) PREVIOUSLY REPORTED TO BE POSITIVE FOR ER AND PR, NEGATIVE FOR HER-2, AND TO HAVE A LOW KI-67 INDEX
- L. PATHOLOGIC STAGE pT1c pN0 MX.

PART 5: LEFT ADDITIONAL BREAST SKIN, EXCISION -SKIN AND ATTACHED BREAST TISSUE, NEGATIVE FOR NEOPLASM.

PART 6: RIGHT ADDITIONAL BREAST SKIN, EXCISION -SKIN AND ATTACHED BREAST TISSUE, NEGATIVE FOR NEOPLASM.