

# Surgical Pathology Report

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

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

## Pathologic Interpretation:

- A. Right breast short stich superior long lateral right single mastectomy:  
- Benign mammary parenchyma, no malignancy seen.
- B. Left breast and level I and II of axilla to tumor short superior, left lateral:  
- Invasive ductal carcinoma, Nottingham grade 3 (3+3+2), 2.8 cm in greatest linear dimension, focally present at the anterior specimen margin.  
- Ductal carcinoma in situ, high grade (DIN 3) solid type.  
- Organizing previous biopsy cavity.  
- Lymphovascular space invasion is present.  
- Metastatic carcinoma in four out of nine lymph nodes (4/9).  
- Receptors to follow.
- C. Additional fat above left breast tumor:  
- No malignancy seen in adipose tissue.
- D. Left level III axilla:  
- No malignancy seen in four lymph nodes (0/4).

1CD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Site: breast, NOS C50.9

2/8/11

lw

UUID: F5EF4698-364C-4A5B-A8EC-1CF231BEEF31  
TCGA-EW-A11Z-01A-PR

Redacted

## Tumor Summary (Invasive Carcinoma of the Breast):

Specimen Type: Total breast (including nipple and skin)

Procedure: Total mastectomy (including nipple and skin)

Lymph Node Sampling: Axillary dissection (partial or complete dissection)

Specimen Integrity: Single intact specimen (margins can be evaluated)

Specimen Laterality: Left

Tumor Site: Lower outer quadrant; Lower inner quadrant

Tumor Size: Size of Largest Invasive Carcinoma: Greatest dimension of largest focus of invasion: 2.8 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

Nipple: DCIS does not involve the nipple epidermis

Skeletal Muscle: No skeletal muscle present

Ductal Carcinoma In Situ: DCIS is present

Architectural Patterns: Solid

Nuclear Grade: Grade III (high)

Lobular Carcinoma in Situ: Not identified

Histologic Type of Invasive Carcinoma: Invasive ductal carcinoma (no special type or not otherwise specified)

Histologic Grade:

Glandular (Acinar)/Tubular Differentiation: Score 3

Nuclear Pleomorphism: Score 3

Mitotic Count: Score 2

Overall Grade: Grade 3

Margins:

Uninvolved by invasive carcinoma

Distance from posterior margin: 2 cm

Uninvolved by DCIS (if present)

Lymph-Vascular Invasion: Present

Dermal Lymph-Vascular Invasion: Not identified

Lymph Nodes:

Number of sentinel lymph nodes examined: 0

Total number of lymph nodes examined (sentinel and nonsentinel): 13

Number of lymph nodes with macrometastases: 4

Size of largest metastatic deposit: 2.0 cm

Extranodal Extension: Not identified

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**Method of Evaluation of Sentinel Lymph Nodes:** Hematoxylin and eosin (H&E), one level

**Pathologic Staging (pTNM)**

**TNM Descriptors:** m (multiple foci of invasive carcinoma)

**Primary Tumor:** pT2

**Regional Lymph Nodes:** pN2

**Distant Metastasis:** Not applicable

**Ancillary Studies:**

**Estrogen Receptor:** Pending

**Progesterone Receptor:** Pending

**Her2:** Pending

\*\*\*Electronically Signed Out By\*\*\*

NOTE: Some immunohistochemical antibodies are analyze specific reagents (ASRs) validated by our laboratory (Her 2, Pervo, H. pylori, HBcore). 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/DDG8=CMV, F39.4.1=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:**

**Status:** Signed Out

**Date Complete:**

**Date Reported:**

#### Addendum Diagnosis

The tumor cells are positive for ER and PR and negative for HER2 by immunohistochemistry. Immunohistochemistry for p63 was used in the evaluation of the specimen.

### Clinical History:

female with left breast cancer

### Pre Operative Diagnosis:

Left breast cancer

### Specimen(s) Received:

- A: Right breast short stich superior long lateral right single mastectomy (fresh)
- B: Left breast and level I and II of axilla to tumor short superior, left lateral (fresh)
- C: Additional fat above left breast tumor (perm)
- D: Left level III axilla (perm)

### Gross Description:

- A. Received fresh and labeled "right breast short stich superior long lateral right single mastectomy (fresh)" is a breast specimen measuring 18.0 x 15.0 x 5.0 cm. It has a white-tan ellipse of skin measuring 4.0 x 1.0 cm. The nipple measures 1.0 x 1.0 cm. The skin is unremarkable and nipple is unremarkable. Deep margin is smooth, facial plane without any

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skeletal muscle. Deep margin is inked in black. Serial sectioning of the mastectomy specimen does not reveal any gross lesion. Specimen submitted as follows:

- 1&2 Sections from upper outer quadrant
- 3&4 Representative section from lower outer quadrant
- 5&6 Representative section from upper inner quadrant
- 7&8 Representative section from lower inner quadrant
- 9&10 Representative section from central quadrant
- 11 Representative section from nipple

B. Received fresh and labeled "left breast and level I and II of axilla to tumor short superior, left lateral (fresh)" is a mastectomy specimen measuring 19.0 x 17.0 x 3.0 cm. It has a white-tan ellipse of skin measuring 2.5 x 2.0 cm. The axillary tail measures 13.0 x 9.0 cm. The skin and nipple are unremarkable. Deep margin is smooth, facial plane without any skeletal muscle. Deep margin is inked black, superior margin is inked blue, medial margin is inked red and inferior margin is inked green. Serial sectioning of the mastectomy specimen reveals a 2.8 x 2.0 x 1.5 cm firm gray mass located in the lower outer quadrant, less than 0.1 cm from the inked anterior specimen margin. There is also a 1 x 1 x 1 cm mass in the lower inner quadrant. The mass is well defined. It has a clip in it. In the upper inner quadrant, there is an area of necrosis measuring 2.0 x 2.0 x 1.0 cm. It is brown in color and soft in consistency. Remainder of the breast parenchyma is predominantly white and firm with small cyst measuring up to 0.3 cm in greatest dimension. The axillary tail is yellow and soft. There are 13 possible lymph nodes. The largest measures 3.0 cm in greatest dimension. Sections submitted as follows:

- 1-8 Mass in the lower inner quadrant
- 9&10 Area of necrosis
- 11&12 Representative section from upper outer quadrant
- 13&14 Representative section from lower outer quadrant
- 15&16 Representative section from upper inner quadrant
- 17&18 Representative section from lower inner quadrant
- 19&20 Representative section from the central quadrant
- 21 Representative section from the nipple
- 22-24 Contains representative section from the largest lymph node
- 25-37 One lymph node per cassette
- 38-41 Additional section of mass in lower outer quadrant

C. Received in formalin and labeled "additional fat above left breast tumor" is a soft fragment measuring 2.5 x 1.0 x 1.0 cm. Submitted in toto in three cassettes.

D. Received in formalin and labeled "left level III axilla" is a pale yellow, soft tissue fragment measuring 4.0 x 3.0 x 2.0 cm. Four possible lymph nodes are bisected and submitted in toto in four cassettes.

**ICD-9(s):** 174.5 174.3 196.3

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	<input checked="" type="checkbox"/> QUALIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials	Date Reviewed: 6/8/11	