

TSS:

Carcinoma, infiltrating duct, NOS 8500/3
Path Site Code: breast, lower outer quadrant C50.5
CICF site: breast, NOS C50.9

12/29/10
lw

TSS:

SPECIMENS:

- A. SENTINEL NODE #1 LEFT AXILLA
- B. SENTINEL NODE #2 & #3 LEFT AXILLA
- C. SENTINEL NODES #4 & #5
- D. SENTINEL NODE #6 LEFT AXILLA
- E. SENTINEL NODE #7 & #8 LEFT AXILLA
- F. SENTINEL NODE #9 LEFT AXILLA
- G. LEFT BREAST
- H. LEFT AXILLARY CONTENTS

UUID:9C3987A7-D474-4717-8DCE-4AF1AE03ED84
TCGA-E2-A1B0-01A-PR



Redacted

DIAGNOSIS:

- A. SENTINEL NODE #1 LEFT AXILLA:
 - METASTATIC CARCINOMA TO ONE OUT OF ONE LYMPH NODE, CONSISTENT WITH METASTASIS FROM PRIMARY BREAST CARCINOMA (1/1).
- B. SENTINEL NODE #2 AND #3 LEFT AXILLA:
 - TWO LYMPH NODES - NEGATIVE FOR TUMOR (0/2).
- C. SENTINEL NODE #4 AND #5:
 - TWO LYMPH NODES - POSITIVE FOR METASTATIC CARCINOMA (2/2).
- D. SENTINEL NODE #6 LEFT AXILLA:
 - METASTATIC CARCINOMA TO TWO OUT OF THREE LYMPH NODES WITH LYMPHOVASCULAR INVASION (2/3).
- E. SENTINEL NODE #7 AND #8 LEFT AXILLA:
 - METASTATIC CARCINOMA TO ONE OUT OF ONE LYMPH NODE WITH PERINODAL FAT EXTENSION CONSISTENT WITH METASTASIS FROM PRIMARY BREAST CARCINOMA.
- F. SENTINEL NODE #9 LEFT AXILLA:
 - ONE LYMPH NODE - NEGATIVE FOR TUMOR (0/1).
- G. LEFT BREAST, MASTECTOMY:
 - INVASIVE DUCTAL CARCINOMA, SBR GRADE III WITH ASSOCIATED FOCI OF DUCTAL CARCINOMA IN SITU, SOLID, COMEDO PATTERN, HIGH NUCLEAR GRADE.
 - SIZE OF TUMOR- 3.2 X 2.2 X 2.0 CM.
 - DEEP MARGINS OF RESECTION - NEGATIVE FOR TUMOR.
 - SKIN AND NIPPLE - NEGATIVE FOR TUMOR.
 - FOCAL COLUMNAR CELL CHANGE WITH FOCAL MICROCALCIFICATIONS.
 - FOCAL RESORBING FAT NECROSIS AND HEMORRHAGE, CONSISTENT WITH POST BIOPSY SITE CHANGES.
- H. LEFT AXILLARY CONTENTS:
 - EIGHTEEN LYMPH NODES - NEGATIVE FOR TUMOR (0/18).

BREAST CANCER TEMPLATE

Specimen type:
Needle localization:
Laterality:

Mastectomy
No
Left

INVASIVE TUMOR:

Present

Multifocal:

No

Histologic type:

Ductal

Tumor Size (cm):

3.2 x 2.2 x 2.0 cm

Size of Invasive Focus:

3.2 x 2.2 x 2.0 cm

TSS:

Tumor site:	Lower outer quadrant
Grade, Histologic:	3
Grade, Nuclear:	3
Grade, Mitotic:	III
Modified Scarff Bloom Richardson grade:	
Necrosis:	Present
Invasion Vasc/Lymphatic:	Present
DCIS COMPONENT:	
DCIS Quantity:	Estimate 20%
DCIS Type:	Comedo; Solid
DCIS Location:	Associated with invasive tumor
DCIS Size:	
Nuclear grade:	High
Necrosis:	Present
Location of Ca++:	DCIS; Benign Epithelium
DCIS correlates with Ca++ in sections:	
Margins:	Negative
Lobular Neoplasia:	None
Lymph nodes:	Positive (6/28); Sentinel lymph node and axillary dissection
Isolated tumor cell clusters:	No
Micrometastases:	No
Extranodal extension:	Yes
Non-neoplastic areas:	columnar cell change
Hormone receptor status (by IHC):	Biomarker report (from previous bx -, - ER, negative; PR, negative.
HERCEPTEST (by IHC):	Her2/neu - positive 3+ (100%)
Pathologic Stage :	pT2 N2

SPECIMEN(S):

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- C. SENTINEL NODES #4 & #5
- D. SENTINEL NODE #6 LEFT AXILLA
- E. SENTINEL NODE #7 & #8 LEFT AXILLA
- F. SENTINEL NODE #9 LEFT AXILLA
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- H. LEFT AXILLARY CONTENTS

CLINICAL HISTORY:

None given

INTRAOPERATIVE CONSULTATION DIAGNOSIS:

- TPA: Lymph node, sentinel #1, excision: Positive for carcinoma. (Microscopic)
- By Dr called in at
- C. Breast, left, mastectomy: Margins are grossly negative for tumor.
- By Dr called in at

GROSS DESCRIPTION:

- A. SENTINEL LYMPH NODE #1, LEFT AXILLA
Received fresh for touch prep evaluation labeled with the patient name designated A. sentinel lymph node #1 left axilla is a beige-tan lymph node measuring 0.8x0.5x0.4cm. The specimen is bisected, touch preps are performed. The entire specimen is submitted in a cassette labeled A1.
- B. SENTINEL LYMPH NODES #2 & #3, LEFT AXILLA
Received fresh for touch prep evaluation labeled with the patient name designated B. sentinel lymph nodes #2 & #3 is a portion of firm red-tan fibroadipose tissue measuring 5.5x2.0x1.0cm. Two beige-tan lymph nodes are identified. The specimen is serially sectioned, touch preps are performed. The specimen is submitted in toto in blocks B1-B3.

TSS:

C. SENTINEL LYMPH NODES #4 & #5, LEFT AXILLA

Received fresh for touch prep evaluation labeled with the patient name designated C. sentinel nodes #4 & #5 are two beige-tan firm lymph nodes. The larger measuring 1.5x1.0x0.9cm. The smaller measuring 0.4x0.3x0.3cm. The entire specimen is submitted for microscopic evaluation. Cassettes are submitted as follows:

C1: the smaller lymph node

C2: the larger lymph node serially sectioned

D. SENTINEL LYMPH NODE #6, LEFT AXILLA

Received in formalin in a container labeled with the patient name designated D. sentinel node #6 is a firm beige-tan lymph node measuring 1.0x0.9x0.7cm. specimen is bisected and submitted entirely in cassette D1.

E. SENTINEL LYMPH NODE #7 & #8, LEFT AXILLA

Received in formalin in a container labeled with the patient name designated E. sentinel node is a group of beige-tan, firm, matted lymph nodes, measuring in aggregate 2.2x1.9x0.7cm. The specimen is bisected and submitted entirely in cassette E1-E2.

F. SENTINEL LYMPH NODE #9, LEFT AXILLA

Received in formalin in a container labeled with the patient name designated F. sentinel node #9 left axilla is a firm beige-tan lymph node with attached adipose tissue. The lymph node measures 0.4x0.4x0.3cm. The entire specimen is submitted in cassette F1.

G. LEFT BREAST

Received in fresh state with patient's name and identification number and labeled "left breast". The specimen consists of a left mastectomy specimen weighing 797 grams and with total dimensions of 26.0 x 19.0 x 5.5 cm. There is an attached stitch indicating the left axillary tail area of the breast. Overlying skin measures 18.0 x 12.0 cm. The nipple is erect and grossly not remarkable, and shows no areas of ulceration. There is a firm palpable mass noted along the supero-central aspect of the specimen, which on serial cut section shows an ill-defined, firm, nodular mass with ill-defined borders measuring 3.2 x 2.2 and 2.0 cm with focal areas of hemorrhage. The remainder of the specimen consists mostly of fatty breast tissue parenchyma with alternating strands of fibrous stroma. The deep margin is inked black. Grossly, the tumor is seen 0.9 cm from the nearest superior margin. There is no other identifiable tumor focus and scant axillary fat shows predominantly adipose tissue with possible tiny 0.1 cm lymph node. Multiple sections are submitted and labeled as follows:

G1-G2: bisected anterior margin adjacent to mass

G3: skin and mass

G4-G5: tissue inferior to mass, bisected

G6: deep margin

G7-G12: sections of mass

G13-G14: fibrous tissue from superior inner quadrant

G15-G18: fibrous and firm tissue from superior outer quadrant

G19-G20: fibrous tissue from inferior outer quadrant

G21-G22: fibrous tissue from lower inner quadrant

G23-G24: nipple and subjacent tissue perpendicularly sectioned

G25: 1 possible axillary lymph node

H. LEFT AXILLARY CONTENTS

Received in formalin and labeled "left axillary contents" is an aggregate of pink-yellow soft tissue measuring 9.0x5.5x1.8cm. 16 possible lymph nodes are found, ranging in size from 0.1 to 1.7cm. Nodes are submitted in toto as follows:

H1: 6 possible lymph nodes

H2-H6: 2 bisected lymph nodes each

ADDENDUM:

Correction of typographical error on template regarding tumor site. Should read as follows:

Tumor site – upper outer quadrant.

Gross Dictation:

Microscopic/Diagnostic Dictation: Pathologist,

Microscopic/Diagnostic Dictation: Pathologist,

Microscopic/Diagnostic Dictation: Pathologist,

Final Review: Pathologist

Final Review: Pathologist,

Criteria	Yes	No
Diagnosis discrepancy		/
Primary Tumor Site Discrepancy		/
IHPAA Discrepancy		/
Prior Malignancy History		/
Due/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	JW	
Date Reviewed	12-22-10	

TSS:

Final: Pathologist,
Addendum: Pathologist,
Addendum Review: Pathologist,
Addendum Final: Pathologist, '