

Sex:  
D.O.B.:  
MRN #:  
Ref Physician:

UUID: 0F890724-8554-482B-B4EC-6B9B24C757D8  
TCGA-AC-A3YJ-01A-PR

Redacted

SPECIMEN

Collected:  
Received:  
Reported:

## SURGICAL PATHOLOGY REPORT

### DIAGNOSIS

#### DIAGNOSIS:

A. Right sentinel lymph nodes, one lymph node:  
No evidence of metastatic carcinoma.  
Confirms frozen section diagnosis and confirmed by negative staining for pancytokeratin.

B. Right breast mastectomy:  
Multiple areas of invasive papillary carcinoma.  
Largest area size 3 cm.  
Architectural score: 1 of 3.  
Nuclear score: 2 of 3.  
Mitotic score: 1 of 3.  
Total score: 4 of 9 = grade 1.

Additional areas of in situ and invasive papillary carcinoma located in other quadrants of the breast.  
The largest area of confluent carcinoma measures 0.8 cm.  
No evidence of skin of nipple involvement.  
Overlying skin contains a large sebaceous keratosis.  
Deep margin of excision is free of carcinoma.

TNM: T2pN0(i-)MX.

ICD-O3  
carcinoma, papillary, NOS  
8050/3  
Site: breast, NOS C50.9 6-6-12 RD

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IIPAA Discrepancy		
Prior Malignancy History		
Just/Synchronous Primary Noted		
Case is (check):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed	

### Electronic Signature:

### CLINICAL INFORMATION

#### CLINICAL HISTORY:

Preoperative Diagnosis: Right modified radical mastectomy with sentinel node mapping with frozen section. Adenocarcinoma, with papillary subtype.  
(Papillary carcinoma)  
ER positive, PR positive.  
Postoperative Diagnosis:  
Symptoms/Radiologic Findings:

#### SPECIMENS:

A. Sentinel node right, count 4600 with frozen section  
B. Right breast tissue 1453 grams

### SPECIMEN DATA

#### GROSS DESCRIPTION:

The specimen is received in two containers labeled with the patient's name.

A. Container A is received fresh for frozen section, additionally labeled 'right sentinel node' and contains a 2.5 x 2.0 x 1.0 cm aggregate of yellow-tan fibrofatty soft tissue. On palpation, a 1.3 cm firm fatty nodule is identified consistent with possible lymph node. The nodule is bisected and entirely submitted for frozen section. The residual is entirely resubmitted for permanent section in cassette A labeled

B. Container B is received with formalin additionally labeled 'right breast tissue' and consists of a 1439.4 gram, 27.5 x 19.0 x 6.5 cm simple mastectomy specimen partially surfaced by pink-tan wrinkled skin which bears a central 1.5 x 1.0 x 0.2 cm slightly raised nipple. Orientation is not offered or possible. Located 0.7 cm from the skin edge and 7.8 cm from the nipple is a 1.3 x 0.8 x 0.5 cm gray-brown raised skin lesion. Additional skin lesions are not identified. The deep margin is inked and the specimen is serially sectioned to reveal a 2.8 x 1.5 x 1.0 cm cystic lesion containing pink-tan friable soft tissue, along with a radiographic clip. This lesion resides 4.5 cm from the skin surface and 2.2 cm from the inked deep margin. Multiple additional pink-tan rubbery lesions are identified diffusely scattered throughout the specimen and involve all four quadrants. The largest of these remaining lesions is 3.0 x 1.8 x 1.8 cm and approaches to within 0.4 cm of the inked deep margin. The uninvolved areas are comprised of yellow-tan adipose tissue admixed with moderate amounts of interspersed gray-white fibrous tissue. Discrete axillary tail is not present, however, five firm fatty possible lymph nodes are identified along one edge of the specimen. These possible lymph nodes range from 1.0 up to 1.4 cm in greatest dimension.

Also received in the same container are two portions of pink-tan wrinkled skin with yellow-tan subcutaneous fibroadipose tissue. These tissues are 8.0 x 2.0 x 1.3 cm and 16.0 x 3.0 x 2.0 cm. The cut surfaces are yellow-tan fibrofatty with no discrete lesions. Representative sections are submitted in cassettes B1 through 13 labeled as follows: 1, nipple; 2, skin lesion, entirely; 3 and 4, radiographically located lesion; 5 and 6, largest additional lesion to inked deep margin, perpendicular; 7 through 10, additional representative lesions from all four quadrants; 11, two whole possible lymph nodes; 12, two whole possible bisected lymph nodes (one inked); 13, one whole possible bisected lymph node. Additionally, a yellow, green and blue cassette are submitted for genomics research each labeled

#### INTRA-OPERATIVE CONSULTATION:

FROZEN SECTION DIAGNOSIS: Part A: No neoplasm identified (0/1) per Dr.