

Redacted



## SURGICAL PATHOLOGY REPORT

Patient:  
FMP/SSN:  
DOB/Age/Sex:  
Location:  
Physician(s):

(Age:

Race:

Specimen #:

Taken:

Received:

Reported:

**\*\*AMENDED\*\***

1CD-0-3  
carcinoma, infiltrating  
duct, NOS 860013  
Site: CPGF:  
breast, NOS C50.9

**SPECIMEN: LEFT BREAST AXILLARY & CONTENTS**

### FINAL DIAGNOSIS:

Path: breast, upper outer  
quadrant C50.4

**BREAST, LEFT, MASTECTOMY WITH AXILLARY DISSECTION:**

- TUMOR TYPE: INVASIVE DUCTAL CARCINOMA (NO SPECIAL TYPE).
- TUMOR FOCALITY: UNIFOCAL.
- HISTOLOGIC GRADE: GRADE 3.
  - NOTTINGHAM SCORE: 9/9 (Tubules= 3, Nuclei= 3, Mitoses= 3; mitotic count 24 PER 10 high power fields).
- TUMOR SIZE (GREATEST DIMENSION): 2.5 CM (GROSS MEASUREMENT).
- TUMOR SIDE (QUADRANT): LEFT, UPPER OUTER QUADRANT.
- TUMOR NECROSIS: PRESENT IN INVASIVE AND IN SITU CARCINOMA.
- MICROCALCIFICATIONS: PRESENT IN DUCTAL CARCINOMA IN SITU AND BENIGN BREAST TISSUE.
- VENOUS/LYMPHATIC INVASION: NONE DEFINITELY IDENTIFIED.
- INTRADUCTAL COMPONENT: DUCTAL CARCINOMA IN SITU, NUCLEAR GRADE 3, SOLID TYPE WITH CENTRAL EXPANSIVE "COMEDO" NECROSIS.
- MARGINS:
  - DISTANCE OF INVASIVE CARCINOMA FROM CLOSEST MARGIN: 1.2 MM (SUPERFICIAL MARGIN).
  - DISTANCE OF IN SITU CARCINOMA FROM CLOSEST MARGIN: 1.0 MM (SUPERFICIAL MARGIN) AND 1.2 MM (DEEP MARGIN).
- LYMPH NODES: 3 OF 17 NODES POSITIVE FOR METASTATIC CARCINOMA.
  - LARGEST METASTATIC FOCUS: 1.2 CM (MICROSCOPIC MEASUREMENT).
  - EXTRACAPSULAR EXTENSION: ABSENT.
- NIPPLE INVOLVEMENT: ABSENT.
- SKIN INVOLVEMENT: ABSENT.
- PATHOLOGIC STAGE (AJCC EDITION): pt2 N1a.
- ANCILLARY STUDIES:
  - ESTROGEN RECEPTORS: NEGATIVE (0% NUCLEAR STAINING).
  - PROGESTERONE RECEPTORS: NEGATIVE (0% NUCLEAR STAINING).
  - HER2 BY FISH: NEGATIVE (HER2/CEP17 RATIO: 1.0; PERFORMED ON PRIOR SPECIMEN FROM
- ADDITIONAL PATHOLOGIC CHANGES:
  - PRIOR BIOPSY SITE CHANGES.

## SURGICAL PATHOLOGY REPORT

Patient: \_\_\_\_\_

Specimen #:

### FINAL DIAGNOSIS (continued):

- FIBROADENOMA (1.2 CM; MICROSCOPIC MEASUREMENT).
- USUAL DUCTAL HYPERPLASIA, MODERATE.
- SMALL PERIPHERAL PAPILLOMA.
- FIBROCYSTIC CHANGES.

Comment: This case is amended to add the results of immunohistochemical stains for estrogen and progesterone receptors, as noted above. No other changes are made.

Although ER and PR stains were previously performed on the patient's core biopsy, they were repeated due the greater number of neoplastic cells in the current specimen and due to the focal staining for progesterone receptors (reportedly 1%) in the prior biopsy.

Estrogen and progesterone receptors were evaluated by immunohistochemical methods (estrogen receptor antibody 1D5, progesterone receptor antibody PgR636). A positive test is defined as easily discernable nuclear staining in 1% or more of the tumor cells.

\*\* Report Electronically Signed Out \*\*

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### CLINICAL DIAGNOSIS AND HISTORY:

-year-old with left breast mass in Diagnostic  
mammography and ultrasound on confirmed presence of a 2.2 x  
1.4 cm left upper outer quadrant breast mass.

### PRE-OPERATIVE DIAGNOSIS:

Left breast mass; breast cancer.

### POST-OPERATIVE DIAGNOSIS:

None provided.

### GROSS DESCRIPTION:

Received fresh, labeled with the patient's name \_\_\_\_\_ and designated, "Left Breast Axillary and Contents" and consists of a left mastectomy oriented with a short stitch superior; two short stitches posterior; one long lateral; and two long on an axillary lymph node. The specimen weighs 381 grams and measures 17.0 cm medially to laterally; 15.0

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Specimen #: \_\_\_\_\_

## GROSS DESCRIPTION (continued):

cm superiorly to inferiorly; and 2.5 cm anterior to posterior. The darkly pigmented superficial skin ellipse measures 15.5 x 5.5 cm and displays a 1.5 x 1.0 x 1.0 cm centrally located, everted nipple, free of discharge. The deep margin is inked black and the superficial margin is inked blue. Serial sections reveal a fairly well defined, firm pink-tan mass in the upper outer quadrant. The mass measures 2.5 x 1.4 x 0.4 cm, comes to within 0.4 cm of the deep margin and abuts the superficial margin. Immediately adjacent to, and continuous with the mass, is a 0.4 cm centrally located, red-brown probable biopsy cavity. A 1.2 x 1.2 x 0.5 cm well-circumscribed, rubbery fibrous nodule is noted in the lower mid breast which is consistent with a fibroadenoma. The remainder of the specimen is composed of markedly dense tan-white fibrous tissue with minimal admixed adipose tissue. No additional lesions are identified.

The attached axillary tail measures 8.0 x 6.5 x 2.0 cm. Sectioning reveals 11 lymph nodes ranging in size from 0.3 cm in greatest dimension to 2.5 x 2.0 x 1.7 cm. On sectioning, the two largest lymph nodes, one of which is tagged with a suture, are tan-white and moderately firm, consistent with involvement by metastatic lesion.

Representative sections are submitted as follows: 1- nipple; 2- mass with deep margin; 3- mass with superficial margin; 4- mass with deep margin; 5- mass with superficial margin; 6-7- mass with deep margin; 8-9- mass with superficial margin; 10- mass; 11- biopsy cavity; 12- biopsy cavity; 13- lower mid nodule; 14- UIQ; 15- LIQ; 16- LOQ; 17- central (adjacent to mass); 18- one lymph node (marked with suture); 19- five lymph nodes; 20- one lymph node; 21- one lymph node, bisected; 22- one lymph node; 23- one lymph node; 24-25- one lymph node, sectioned.

Matched sections of 1,5,8-10, 12-18, 20 and 22-24 are submitted in OCT/Paraffin per \_\_\_\_\_  
Time in formalin: >80 hours.

Criteria	Yes	No
Diagnostic Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
IPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Qual/Synchronous Primary Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 5/17/12	