

Surgical Pathology Report

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

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

Pathologic Interpretation:

- A. Right breast 1 short stitch superior, 1 long stitch lateral:
-Fibrocystic changes including consisting of apocrine metaplasia, stromal fibrosis and microcysts.
- B. Right axillary node:
-Two lymph nodes, no carcinoma seen (0/2). 1CD-0-3
- C. Left rotter lymph node:
-Metastatic carcinoma to one lymph node, 6.0 cm, (1/1).
-Perinodal tumoral invasion seen. Carcinoma, infiltrating ductal and mucinous 8523/3
Site: breast N1S CSU-9 3/12/11 pr
- D. Left breast and axilla (fresh) 1 short suture superior; 1 long suture lateral:
-Invasive, multifocal moderately differentiated ductal carcinoma with mucinous (colloid) morphology, 2.0 and 2.4 cm (sum: 4.4 cm).
-No carcinoma seen in eighteen lymph nodes, (0/18).
-Intraductal papilloma.
-Intradermal nevus.
(See tumor summary).

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TCGA-EW-A1P0-01A-PR Redacted



Tumor Summary

Specimen Type: Mastectomy

Lymph Node Sampling: Axillary dissection

Specimen Size Greatest dimension 21.0 cm

Additional dimension: 21.0 x 6.0 cm

Laterality: Left

Tumor Site: Upper outer quadrant

Size of invasive component: Greatest dimension: 2.0 cm and 2.4 cm (sum: 4.4 cm).

Histologic type: Invasive ductal carcinoma with mucinous differentiation

Histologic Grade: Nottingham Histologic Score: 2 (2+2+2=6)

Tubule formation: (2)

Nuclear Pleomorphism: (2).

Mitotic Count: (2).

Pathologic staging (pTNM)

Primary tumor: pT2

Regional Lymph Nodes: pN1a

Number examined: 21

Number involved: 1

Distant Metastasis: pMX

Margins: Uninvolved by invasive carcinoma, 1.5 cm from the superior margin

Venous/Lymphatic Invasion: Absent

ER: Positive (In-house Immunoperoxidase performed)

PR: Negative (In-house Immunoperoxidase performed)

Her2: Negative (In-house Immunoperoxidase performed)

* Note:

This neoplasm demonstrates a more defined mucinous differentiation on the 2.4 cm nodule, however focal mucinous differentiation is also seen on the 2.0 cm neoplasm

AJCC pathologic staging pT2 N1a Mx

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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:
Date Complete:
Date Reported:

Status: Signed Out

Addendum Diagnosis

- D. Left breast and axilla (fresh) 1 short suture superior; 1 long suture lateral:
-The cells of intradermal nevus are positive for immunohistochemistry.

, PhD

Clinical History:

Patient is a 55 year old white female with history of left breast cancer.

Pre Operative Diagnosis:

Right breast cancer

Specimen(s) Received:

- A: Right breast 1 short stitch superior, 1 long stitch lateral (fresh)
B: Right axillary node (perm)
C: Left rotter lymph node (perm)
D: Left breast and axilla (fresh) 1 short suture superior; 1 long suture lateral

Gross Description:

- A. Received fresh and labeled "right breast 1 short stitch superior, 1 long stitch lateral" specimen consist of right breast oriented with 1 short stitch superior resection margin and 1 long stitch in lateral resection margin, 18.0 x 15.0 x 5.0 cm and weighs 775.0 grams. The skin measures 13.0 x 8.0 cm, nipple measures 1.2 cm and the areola, 4.0 cm in circumference. Sections reveal abundant grossly unremarkable fibroadipose tissue. The central area reveal white-tan, fibrocystic area, 2.0 cm in greatest dimension. No tumor or any other lesions are grossly identified. Representative sections are submitted in ten cassettes as follows:

- 1 Perpendicular representative sections from superior resection margins
- 2 Perpendicular representative sections from inferior resection margins
- 3 Perpendicular representative sections from medial resection margins
- 4 Perpendicular representative sections from lateral resection margins
- 5 Representative sections from nipple
- 6 Perpendicular representative sections from deep resection margins
- 7-10 The lesion described submitted in toto (fibrocystic areas)
- 11 Representative from upper outer quadrant
- 12 Representative sections from lower outer quadrant
- 13 Representative sections from upper inner quadrant
- 14 Representative sections from lower inner quadrant

- B. Received in formalin and labeled "right axillary node" specimen consist of yellow-tan, fibroadipose tissue, 3.0 x 1.5 x 1.0 cm. Section reveal two lymph nodes. The lymph nodes submitted in toto in one cassette bisected each.

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- C. Received in formalin and labeled "left rotter lymph node" specimen consist of one lymph node, 6.0 x 5.0 x 3.0 cm and weighs 35.0 grams. Sections reveals pink-tan, well defined multinodular . No calcified or hemorrhagic areas are grossly identitifed. Representative sections are submitted in eight cassettes:
- D. Received fresh and labeled "left breast and axilla 1 short suture superior; 1 long suture lateral" is a mastectomy specimen with axillary contents, weighing 1150.0 grams and measuring 21.0 x 21.0 x 6.0 cm and the axillary contents, 14.0 x 12.0 x 2.0 cm. There is an anterior ellipse of white skin, 20.0 x 10.0 cm. Located centrally within this ellipse of skin there is a nipple areola complex 3.5 cm in circumference and 1.0 cm in circumference. Located toward the outer quadrant there are two verrucose shaped hyperkeratosis lesions, 0.7 x 0.5 cm in greatest dimension. The remainder of the skin surface is unremarkable. The rest of the specimen is covered by yellow-tan lobulated adipose tissue. The surgical resection margins are inked din black. Multiple cross sections reveals an ill circumscribed gray-tan, hard greatly mass, 2.0 cm in greatest dimension. The mass is located in the outer quadrant approximately 1.00 o'clock position, 1.5 cm from the superior resection margin (nearest margin) and 2.5 cm from deep resection margin. Located in the same quadrant 2.5 cm from the mass previously described there is a second ill circumscribed gray-tan, hard nodule measuring 2.4 cm in greatest dimension, this mass is 2.8 cm from deep resection margin (closest margin). The remainder of the specimen shows a heterogeneous breast tissue. No other lesions or masses are grossly identified. The stroma to fat ratio is 30.70. Multiple sections through the axillary contents reveal eighteen possible lymph nodes ranging in size from, 0.3 cm to 2.0 cm in greatest dimension. Representative sections are submitted as follows:

- 1 Superior resection margin nearest to the 1.00 o'clock mass
- 2 Inferior resection margin
- 3 Medial resection margin
- 4 Lateral resection margin
- 5 Deep margin closest to 1.00 o'clock mass (outer upper quadrant)
- 6 Deep margin closest to the second mass (outer upper quadrant)
- 7 Representative sections from the areola and nipple
- 8 Representative sections from the skin wit verrucose lesion
- 9-11 Representative sections from the mass at 1.00 o'clock (outer upper quadrant)
- 12-14 Representative sections from the second mass (outer upper quadrant)
- 15 Representative sections from inner upper quadrant
- 16 Representative sections from inner lower quadrant
- 17 Representative sections from outer lower quadrant
- 18-20 One lymph node multisected
- 21-23 One lymph node multisected
- 24&25 One lymph node multisected
- 26-33 One lymph node bisected per cassette
- 34 Four possible lymph nodes submitted in toto
- 35 Three possible lymph nodes submitted in toto

ICD-9(s): 174.8 196.3 216.5

Criteria	Yes	No
Diagnosis Discrepancy		
Priinary Tumor Site Discrepancy		
HPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous tumor noted		
Date is (circle): <input checked="" type="checkbox"/> CURRENT <input type="checkbox"/> DISQUALIFIED		
Reviewer Initials: <u>MM</u>	Date Reviewed: <u>3/12/11</u>	