

ICD-0-3

Carcinoma, infiltrating ductal, NOS
8500/3

Phone

SITE: breast, NOS C50.9 1/27/11 JWR

Specimen:

Received:

Status:

Req#:

Spec Type:

Subm Dr:

[REDACTED]

RIGHT BREAST CANCER INVASIVE

[REDACTED]

DATE:

DOCTOR(S):

PROCEDURE: RIGHT PARTIAL MASTECTOMY-SENTINEL NODE BX

- A. RT BREAST PARTIAL MASTECTOMY
- B. RT BREAST MEDIAL RE-EXCISION
- C. RT BREAST SENTINEL NODE #1
- D. RT BREAST SENTINEL NODE #2

UUID:E339A88E-3B39-465A-9545-FBA4F79727CC
TCGA-A2-A0T3-01A-PR

Redacted



PART A RECEIVED FRESH LABELED [REDACTED] RIGHT BREAST PARTIAL MASTECTOMY LONG STITCH EQUALS LATERAL SHORT STITCH EQUALS POSTERIOR, IS AN OVOID PORTION OF YELLOW-PINK FIBROFATTY TISSUE MEASURING 6.8 X 6.2 X 3.6 CM. TWO SUTURES ORIENT THE SPECIMEN. THE MARGINS ARE MARKED AS FOLLOWS: LATERAL ORANGE, SUPERIOR GREEN, MEDIAL RED, INFERIOR BLUE, SUPERFICIAL BLACK, DEEP YELLOW. SECTIONING REVEALS TWO MASS LESIONS. THE SMALLER IS MEDIAL MEASURING 1.5 X 0.9 X 0.9 CM. THE CLOSEST MARGIN IS SUPERFICIAL AT 0.5 CM, WITH ALL OTHER MARGINS GREATER THAN 1 CM. THE SECOND IS LATERAL AND MEASURES 1.6 X 1.5 X 2.3 CM. THE CLOSEST MARGIN IS SUPERFICIAL TOWARD THE LATERAL BORDER, WHERE IT IS 0.5 CM FROM THIS MARGIN AND 0.5 CM FROM THE SUPERFICIAL MARGIN SUPERIORLY. A RIBBON CLIP IS IDENTIFIED IN THE MORE LATERAL ASPECT OF THE SPECIMEN. TISSUE IS TAKEN FROM BOTH NODULES PER PROTOCOL. SECTIONS ARE SUBMITTED AS FOLLOWS: A1--PERPENDICULAR MEDIAL MARGIN; A2--PERPENDICULAR LATERAL MARGIN; A3--PERPENDICULAR LATERAL LESION WITH SUPERFICIAL MARGIN LATERALLY; A4--LATERAL LESION WITH SUPERFICIAL MARGIN SUPERIORLY; A5--MIRROR IMAGE OF THE AREA TAKEN PER PROTOCOL OF THE LARGER TUMOR TO INCLUDE SUPERFICIAL MARGIN; A6 THROUGH A8--THE REMAINDER OF THIS CROSS-SECTION TO INCLUDE THE INFERIOR, DEEP AND SUPERIOR MARGINS, RESPECTIVELY; A9 AND 10--FULL CROSS-SECTION OF LATERAL LESION TO INCLUDE SUPERFICIAL MARGIN; A11 THROUGH A14--FULL CROSS-SECTION TO INCLUDE THE MORE MEDIAL SMALLER LESION, WITH A11 THE MIRROR IMAGE OF THAT SUBMITTED PER PROTOCOL TO INCLUDE THE SUPERIOR SUPERFICIAL MARGIN. THE REMAINING CROSS-SECTION IS SUBMITTED AS SUPERIOR DEEP, DEEP INFERIOR AND INFERIOR SUPERFICIAL, RESPECTIVELY. A15 THROUGH A18 IS THE LATERAL PORTION OF THE LESION TO INCLUDE THE LESION WITH THE SUPERFICIAL SUPERIOR MARGIN, THE SUPERIOR DEEP MARGIN, THE DEEP INFERIOR MARGIN AND THE INFERIOR SUPERFICIAL MARGIN, RESPECTIVELY. A19 IS A FIRM AREA BETWEEN THESE TWO NODULES GREATER THAN 1 CM FROM ALL MARGINS MEASURING 1 X 1 X 0.4 CM. A20 IS THE TISSUE BETWEEN BLOCK A19 AND THE MOST LATERAL LARGER LESION WHICH IS GROSSLY UNREMARKABLE.

Patient: [REDACTED]

(Continued)

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Spec Type: SURGICAL P
[REDACTED]
(Continued)

Subm Dr:

PART B RECEIVED FRESH LABELED [REDACTED] RIGHT BREAST MEDIAL REEXCISION STITCH AT NEW MARGIN, IS AN OVOID PORTION OF YELLOW FATTY TISSUE WITH FOCAL BLUE DYE MEASURING 4.9 X 2.8 X 1.5 CM. A SUTURE DENOTES A NEW MARGIN, AND THIS SIDE IS MARKED WITH BLUE INK WITH A PERIMETER OF BLACK INK, SECTIONED AND SUBMITTED LABELED B1 THROUGH 5.

PART C RECEIVED FRESH LABELED [REDACTED] RIGHT BREAST FIRST SENTINEL NODE HOT AND BLUE, IS A 1.8 X 1.2 X 0.9-CM OVOID PORTION OF YELLOW FATTY TISSUE. SECTIONING REVEALS A 1.1-CM LYMPH NODE WITH BLUE DYE. ONE-HALF IS SUBMITTED PER PROTOCOL. THE REMAINDER IS SUBMITTED LABELED C.

PART D RECEIVED FRESH LABELED [REDACTED] RIGHT BREAST SECOND SENTINEL NODE BLUE, IS A 1.5 X 1.0 X 0.7-CM OVOID PORTION OF PINK-TAN TISSUE AND ADJACENT YELLOW FAT. SECTIONING REVEALS A GROSSLY FAT-REPLACED LYMPH NODE WITH FOCAL BLUE DYE MEASURING 1.1 CM IN DIAMETER. ONE-HALF IS SUBMITTED PER PROTOCOL. THE REMAINDER IS SUBMITTED LABELED D.

PROCEDURES:

88307/4, IMMUNOPEROXIDAS/2, A BLK/20, B BLK/5, CBX X6, DBX X6

PART A RIGHT BREAST, PARTIAL MASTECTOMY: IN SITU AND INFILTRATING DUCT CARCINOMA WITH TWO SEPARATE NODULES OF INFILTRATING DUCT CARCINOMA PRESENT IN THE SPECIMEN. THE LARGER (1.7 CM) NODULE IS POORLY DIFFERENTIATED, NUCLEAR GRADE III/III WITH A HIGH MITOTIC INDEX. FOCAL DUCT CARCINOMA IN SITU WITH COMEDONECROSIS IS PRESENT ASSOCIATED WITH THIS LESION AND EXTENDING INTO BREAST FAT AT LEAST 1.5 CM FROM THE TUMOR. THE SECOND (1.2 CM) LESION IS MODERATELY DIFFERENTIATED, NUCLEAR GRADE III/III WITH A HIGH MITOTIC INDEX. THIS LESION IS ALSO ADMIXED WITH AREAS OF HIGH-GRADE DUCT CARCINOMA IN SITU OF THE CRIBRIFORM, MICROPAPILLARY, AND COMEDOCARCINOMA TYPES. INVASIVE CARCINOMA IS LOCATED 3 MM FROM THE SUPERFICIAL MARGIN ON THE LATERAL SIDE. THERE IS A MICROSCOPIC FOCUS OF SOLID TYPE DUCT CARCINOMA IN SITU AT THE MEDIAL MARGIN. DUCT CARCINOMA IN SITU INVOLVES THE SUPERIOR MARGIN AND THERE IS A MICROCALCIFICATION WITH COMEDONECROSIS SUSPICIOUS FOR DUCT CARCINOMA IN SITU AT THE INFERIOR MARGIN, ALTHOUGH THE POSSIBILITY THAT THIS IS A DETACHED ARTIFACTUALLY DISPLACED FOCUS OF DCIS CANNOT BE TOTALLY EXCLUDED. THE DEEP MARGIN IS FREE OF TUMOR BY AT LEAST 1 CM.

PART B RIGHT BREAST MEDIAL MARGIN, REEXCISION: FATTY BREAST TISSUE WITH NO RESIDUAL TUMOR IDENTIFIED.

PART C RIGHT FIRST AXILLARY SENTINEL LYMPH NODE BIOPSY: METASTATIC INFILTRATING DUCT CARCINOMA IDENTIFIED IN THE SUBCAPSULAR PORTION OF THE

Patient: [REDACTED]

(Continued)

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Spec Type: SURGICAL P
[REDACTED]
(Continued)

Subm Dr:

LYMPH NODE WITH SEVERAL FOCI PRESENT. THE LARGEST CONTIGUOUS FOCUS OF TUMOR SPANS A DISTANCE OF APPROXIMATELY 1 MM. THE TUMOR IS VISIBLE ON BOTH ROUTINE H&E AND CYTOKERATIN IMMUNOHISTOCHEMICAL STAIN.

PART D RIGHT SECOND AXILLARY LYMPH NODE BIOPSY: LYMPH NODE WITH NO EVIDENCE OF METASTATIC DISEASE, SUPPORTED BY NEGATIVE CYTOKERATIN IMMUNOHISTOCHEMISTRY.

[REDACTED]
1

Signed _____

(signature on file) _____

(prelim.)

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