

RUN DATE
RUN TIME
RUN USER

PAGE 1

PATIENT

ACCT #:

AGE/SX:

ROOM:

REG DR

DOB:

BED:

STATUS:

SPEC #

RECD:

STATUS:

COLL:

TIME IN FORMALIN: 6:29

nrs.

COLD ISCHEMIA TIME: 0:00

mins.

CLINICAL INFORMATION:

Pre-Op Diagnosis: Right breast mass

Remarks:

- Specimen(s):
- A. Right breast mass
 - B. Right breast sentinel node
 - C. Posterior medial margin
 - D. Medial margin

ICD-O-3
Carcinoma, infiltrating duct NOS
8500/3
Site R Breast NOS
C50.9
JW 6/10/13

MICROSCOPIC DIAGNOSIS

- A. BREAST, RIGHT (REGION NOT OTHERWISE STATED), LUMPECTOMY:
- INVASIVE GRADE 3 DUCTAL CARCINOMA MEASURING 3.5 CM IN GREATEST DIMENSION
 - ASSOCIATED HIGH-GRADE DUCTAL CARCINOMA IN SITU (DCIS) WITH CANCERIZATION OF THE LOBULES AND COMEDO NECROSIS; NOT EXTENSIVE
 - NO ANGIOLYMPHATIC INVASION IDENTIFIED
 - TUMOR FOCALLY INVOLVES INKED DEEP MARGIN ADJACENT TO SKELETAL MUSCLE TISSUE (NOT IN SKELETAL MUSCLE)
 - HEALING WOUND REACTION CONSISTENT WITH PREVIOUS CORE NEEDLE BIOPSY
- B. SENTINEL LYMPH NODE, RIGHT AXILLA, EXCISION:
- ONE (1) LYMPH NODE NEGATIVE FOR METASTATIC CARCINOMA BY ROUTINE LIGHT MICROSCOPY AND CYTOKERATIN (PANK+) IMMUNOSTAIN
- C. ADDITIONAL RIGHT BREAST LUMPECTOMY POSTERIOR MEDIAL MARGIN:
- ADIPOSE AND SKELETAL MUSCLE TISSUE, NEGATIVE FOR CARCINOMA
- D. RIGHT BREAST LUMPECTOMY MEDIAL MARGIN:
- FIBROADIPOSE BREAST TISSUE AND SKELETAL MUSCLE TISSUE, NEGATIVE FOR CARCINOMA

COMMENT(S)

The large mass is a poorly differentiated ductal carcinoma. Microscopically, the tumor does focally extend to the inked deep margin which is adjacent to the skeletal muscle tissue on the medial half. The additional margin tissue submitted for evaluation is negative for carcinoma and, assuming that this tissue was obtained from the region of the positive margin on the original specimen, would provide an additional 0.8 cm to 1 cm margin.

Protocol for the Examination of Specimens From Patients With Invasive Carcinoma of the

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TCGA-LL-A6FR-01A-PR

Redacted



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(Continued)

COMMENT(S)

(Continued)

Breast .

Based on AJCC/UICC TNM, 7th edition

Procedure:

Lymph Node Sampling:

Specimen Laterality:

Histologic Type:

Tumor Size:

Histologic Grade (Nottingham):

Excision without wire-guided localization

Sentinel lymph node

Right

Invasive ductal carcinoma (NOS)

Greatest dimension: 3.5 cm

Glandular Differentiation: Score 2

Nuclear Pleomorphism: Score 3

Mitotic Rate: Score 3

Overall Grade: Grade 3

Single focus of invasive carcinoma

DCIS is present

Margins uninvolved by invasive carcinoma (see comment above)

DCIS: Margins uninvolved by DCIS

Tumor Focality:

Ductal Carcinoma In Situ:

Margins:

Lymph Nodes:

Number of sentinel lymph nodes examined: 1

Total number of lymph nodes examined (sentinel and nonsentinel): 1

Number of lymph nodes without tumor cells identified: 1

Pathologic Staging:

Primary Tumor: pT2

Regional Lymph Nodes:

Modifier: sn

Category: pN0(i-)

Distant Metastasis: Not applicable

Ancillary Studies:

ER: Negative

PR: Positive (3% tumor cells with weak staining intensity)

HER2 Immunoperoxidase Studies: Equivocal (Score 2+)

In Situ Hybridization: Amplified

Average Number HER2 Gene Copies Per Cell: 5.4

Average Number of Chromosome 17 Per Cell: 2.0

GROSS DESCRIPTION:

A. Received fresh for gross evaluation of margins and selection of tissue for tissue bank is a lumpectomy specimen which weighs 51 grams and measures 6.5 x 6.5 x 3 cm. There is a 3.5 x 1 cm ellipse of dark brown skin. There is a 2.5 x 2.5 cm portion of skeletal muscle on the undersurface. On palpation, a mass is appreciated. Two sutures orient the specimen as follows: lateral long stitch and superior short stitch. Dr. also placed a smaller stitch which represents closure of a flap of tissue representing additional tissue at the superior aspect. The specimen is inked as follows: superior-anterior blue, inferior-anterior black, lateral yellow, medial red, and deep green. The specimen is placed into Bouin's solution. The specimen is serially sectioned revealing a retracted yellowish white tumor which measures 3.5 x 2.2 x 1.7 cm. Core needle biopsy tracts are within the mid portion of the tumor. The closest margin is the inked deep margin where the tumor abuts

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GROSS DESCRIPTION: (Continued)

this margin in the medial half. A portion of the tumor is provided to the tissue banking coordinator. The results of the margin status were given to Dr. in the operating room at

Cassette Summary:

- 1 - perpendicular sections of medial margin
- 2 - perpendicular sections of lateral margin
- 3,4 - closest deep margin
- 5,6 - a full cross-section of tumor, superficial and deep
- 7,8 - full cross-section of tumor
- 9 - section of tumor in vicinity of muscle
- 10 - additional section

B. Received fresh for gross intraoperative evaluation labeled with the patient's name and "right breast sentinel node" is a 4 x 2 x 1 cm ovoid portion of fatty tissue. Sectioning reveals a single 3 x 1.5 x 1 cm partially blue dye-stained tan lymph node. The lymph node is serially sectioned perpendicular to the long axis. No gross obvious carcinoma. The results are relayed to Dr. in the operating room. The specimen is totally submitted in blocks B1 through B4 for sentinel lymph node protocol.

C. Received fresh labeled with the patient's name and "right breast lumpectomy posterior medial margin" is an additional <2 gram portion of fibroadipose tissue measuring 3 x 1.5 x 0.8 cm. Muscle is present on one end. A long stitch marks the medial side away from the tumor. Short stitch is superior. Blue ink is applied to the new posterior deep margin. The specimen is serially sectioned with the superior half submitted in block C1 and the inferior half in block C2.

D. Received fresh labeled with the patient's name and "right breast lumpectomy medial margin" is an additional <2 gram, 3 x 1.5 x 1 cm portion of fibroadipose tissue. A long stitch marks the medial side away from the tumor and the short stitch marks superior. Black ink is applied to the new medial margin. The specimen is serially sectioned and submitted in blocks D1 and D2 with the superior half in block D1 and the inferior half in block D2.

INTRAOPERATIVE CONSULTATION:

A. RIGHT BREAST:

- CLOSEST MARGIN DEEP, MEDIAL ASPECT, WITH TISSUE PROVIDED TO TISSUE BANK COORDINATOR
- RESULTS DISCUSSED WITH DR. IN THE OPERATING ROOM

B. SENTINEL LYMPH NODE:

- ONE LYMPH NODE WITH NO GROSS TUMOR IDENTIFIED
- RESULTS DISCUSSED WITH DR. IN THE OPERATING ROOM

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(Continued)

PHOTO DOCUMENTATION

Image

Signed _____ (signature on file) _____

** END OF REPORT **

Critique	Yes	No
Diagnostic Discrepancy		/
Primary Tumor Site Discrepancy		/
ICDPA Discrepancy		/
Prior Malignancy History		/
Locally/Synchronous Primary Noted	breast	/
Case is (circle) QUALIFIED / DISQUALIFIED		
Reviewed Initial	6/23/13	