

RUN DATE:
RUN TIME:
RUN USER:

Specimen Inquiry

PAGE 1

PATIENT: [REDACTED]
REG DR: [REDACTED]

ACCT #: [REDACTED]
AGE/SX: [REDACTED]
DOB: [REDACTED]
STATUS: [REDACTED]

LOC: [REDACTED]
ROOM: [REDACTED]
BED: [REDACTED]
TLOC: [REDACTED]

U #: [REDACTED]
REG: [REDACTED]
DI: [REDACTED]

SPEC #: [REDACTED] RECD: [REDACTED] STATUS: [REDACTED] PERFORMED AT [REDACTED]
COLL: [REDACTED] TIME IN FORMALIN:

CLINICAL INFORMATION:

Pre-Op Diagnosis: Invasive lobular carcinoma of the left breast

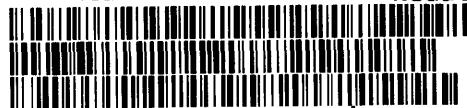
Remarks:

- Specimen(s):
- A. Left breast
 - B. Sentinel node #1
 - C. Sentinel node #2
 - D. Sentinel node #3
 - E. Right breast tissue versus fat
 - F. Right sentinel node #1
 - G. Right breast tissue, new/additional margin
 - H. Right breast, stitch is superior

UUID:5577BE88-72ED-43E5-9BB1-83D56C2EA346

TCGA-LL-A440-01A-PR

Redacted



MICROSCOPIC DIAGNOSIS

- A. LEFT BREAST:
- INVASIVE LOBULAR CARCINOMA
- SEE COMMENT
- B. SENTINEL LYMPH NODE #1:
- ONE REACTIVE LYMPH NODE
- C. SENTINEL LYMPH NODE #2:
- TWO REACTIVE LYMPH NODES
- D. SENTINEL LYMPH NODE #3:
- ONE REACTIVE LYMPH NODE
- E. RIGHT BREAST TISSUE VERSUS FAT:
- BREAST PARENCHYMAL TISSUE
- NO SIGNIFICANT HISTOPATHOLOGIC CHANGE
- F. RIGHT SENTINEL LYMPH NODE #1:
- ISOLATED TUMOR CELLS IN ONE LYMPH NODE
- G. RIGHT BREAST TISSUE, NEW MARGIN:
- FIBROCYSTIC CHANGES
- INTRADUCTAL PAPILLOMA
- H. RIGHT BREAST:
- DUCTAL CARCINOMA IN SITU
- SEE COMMENT

ICD-0-3
carcinoma, lobular, infiltrating
8520/3
Site: breast, NOS
C50.9
8/23/12
RD

** CONTINUED ON NEXT PAGE **

Criteria	Yes	No
Diagnosis Discrepancy	X	
Primary Tumor Site Discrepancy	X	
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is Kirle:	QUALIFIED	DISQUALIFIED
Reviewer Initials:	Date Reviewed:	8/23/12

RUN DATE:
RUN TIME:
RUN USER:

Specimen Inquiry

PAGE 2

SPEC #:

PATIENT:

(Continued)

COMMENT(S)

Findings discussed with

Protocol for Examination of Specimens with Invasive Carcinoma of the Breast based on
AJCC/UICC TNM 7th Edition

SPECIMEN A:

SPECIMEN: Total breast
PROCEDURE: Total mastectomy
LYMPH NODE SAMPLING: Sentinel lymph nodes
SPECIMEN INTEGRITY: Single intact specimen
SPECIMEN LATERALITY: Left
TUMOR SIZE: 1.7 cm
TUMOR FOCALITY: Single focus of invasive carcinoma
MACROSCOPIC AND MICROSCOPIC EXTENT
OF TUMOR:
Skin: invasive carcinoma does not invade into the
dermis or epidermis
Nipple: carcinoma does not involve the nipple
epidermis
Skeletal muscle: skeletal muscle is present and is
free of carcinoma
DUCTAL CARCINOMA IN SITU:
LOBULAR CARCINOMA IN SITU:
HISTOLOGIC TYPE OF INVASIVE
CARCINOMA: Invasive lobular carcinoma
HISTOLOGIC GRADE (NOTTINGHAM
HISTOLOGIC SCORE): Glandular/tubular differentiation score: 3
Nuclear pleomorphism score: 2
Mitotic count score: 1
Overall grade: grade 2
MARGINS: Margins uninvolved by invasive carcinoma
Distance from closest margin: 1.0 mm from the
superficial to lateral peripheral margin
LYMPH NODES: Number of sentinel lymph nodes examined: 4
Total number of lymph nodes examined: 4
Number of lymph nodes with macrometastasis: 0
Number of lymph nodes with micrometastasis: 0
Number of lymph nodes with isolated tumor cells: 0
PATHOLOGIC STAGING: Primary tumor: pT1c
Regional lymph nodes: pN0 (i-)
Distant metastasis: not applicable
ANCILLARY STUDIES: See previous pathology report
ADDITIONAL FINDINGS: Fibrocystic changes, microcalcifications

Protocol for Examination of Specimens with Ductal Carcinoma in Situ of the Breast based on
AJCC/UICC TNM 7th Edition

SPECIMEN B:

** CONTINUED ON NEXT PAGE **

RUN DATE: [REDACTED]
RUN TIME: [REDACTED]
RUN USER: [REDACTED]

PAGE 3

SPEC #: [REDACTED] PATIENT: [REDACTED] [REDACTED] (Continued)

COMMENT (S)	(Continued)
SPECIMEN:	Total breast
PROCEDURE:	Total mastectomy
LYMPH NODE SAMPLING:	Sentinel lymph nodes
SPECIMEN INTEGRITY:	Single intact specimen
SPECIMEN LATERALITY:	Right
EXTENT OF DCIS:	8 mm
HISTOLOGIC TYPE:	Ductal carcinoma in situ
NUCLEAR GRADE:	Grade 2
NECROSIS:	Present, focal
MARGINS:	Margins uninvolved by DCIS Distance from closest margin: 3.5 cm, deep margin
LYMPH NODES:	Number of sentinel lymph nodes examined: 1 Total number of lymph nodes examined: 1 Number of lymph nodes with macrometastasis: 0 Number of lymph nodes with micrometastasis: 0 Number of lymph nodes with isolated tumor cells: 1
PATHOLOGIC STAGING:	Primary tumor: pTis Regional lymph nodes: pN0 (i+) Distant metastasis: Not applicable
ANCILLARY STUDIES:	See previous pathology report
ADDITIONAL FINDINGS:	Fibrocystic changes

GROSS DESCRIPTION:

The specimen is received in eight parts. Each part is labeled with the patient's name.

A. Received fresh for tissue banking and "left breast" is an 858 gram, 28.0 x 16.0 x 5.0 cm fibrofatty breast. The breast is received with a suture designating superior at one corner of the skin ellipse. There is no axillary tail, and the breast is consistent with a simple mastectomy specimen. Separate within the specimen container is a linear 7.0 x 1.5 x 0.8 cm strip of tissue with fibroskeletal muscle. The fascial plane is somewhat smooth, and no additional fibroskeletal muscle is identified. The breast has an overlying 8.5 x 3.5 cm skin ellipse with a central 3.0 cm areola which extends to the edges of the ellipse and a 1.0 cm nipple with an adjacent associated papule. No scars or lesions are identified on the skin surface. There is blue localization dye. The deep margin is inked blue, and the breast is serially sectioned to have a 1.7 x 1.5 x 1.2 cm indurated tumor mass. A portion of the tumor is sampled for tissue banking. The tumor is 2.0 cm from the deep margin. The tumor appears to be in the upper outer quadrant according to the orientation of the specimen. The tumor is approximately 8.0 cm from superior, 14 cm from inferior, is 11.5 cm from medial and approximately 7 cm from lateral. The tumor is 1.0 cm from the superficial to lateral peripheral aspect of the breast. The tumor is in the upper outer quadrant. The remainder of the parenchyma is diffusely fatty, and no additional indurated lesions are identified. White fibrous tissue appears to involve <20% of the parenchyma. The breast has an odd shape for orientation and is longer superior to inferior than medial to lateral. Representative sections are sampled as labeled:

A1 - sections of nipple
A2 - areola

RUN DATE: [REDACTED]
RUN TIME: [REDACTED]
RUN USER: [REDACTED]

PAGE 4

SPEC #: [REDACTED]

* PATIENT [REDACTED]

(Continued)

GROSS DESCRIPTION: (Continued)

A3 - separate portion of fibroskeletal muscle sampled
A4 - deep margin nearest tumor sampled
A5-A6 - full cross sections of tumor to include entire tumor and tumor to superficial peripheral aspect
A7 - upper outer quadrant
A8 - lower outer quadrant
A9 - upper inner quadrant
A10 - lower inner quadrant

B. Part 2, received in formalin for gross evaluation, labeled with the patient's name and "sentinel node #1", is a 2.0 x 1.4 x 1.0-cm aggregate of yellow, lobulated adipose. The adipose is sectioned to have a 1.0 x 0.6 x 0.5-cm nodular lymph node. The node is sectioned to be entirely submitted per sentinel lymph node protocol in cassette B1.

C. Part 3, received for gross evaluation, labeled "sentinel node #2", is a 4.0 x 3.0 x 2.0-cm aggregate of yellow, lobulated adipose. The adipose is sectioned to have a 0.5-cm nodular lymph node. The node is bisected. There is an additional minute 0.3-cm lymph node present within the aggregate of adipose. Lymphoid tissue is entirely submitted per sentinel lymph node protocol in cassette C1.

D. Part 4, received for gross evaluation, labeled "sentinel node #3", is a 1.5 x 1.4 x 0.8-cm portion of yellow, lobulated adipose. The adipose is sectioned to have a nodular, 1.2 x 0.5 x 0.4-cm lymph node. The node is trisected to be entirely submitted per sentinel lymph node protocol in cassette D1.

E. Part 5, received fresh for frozen section diagnosis labeled with the patient's name and "breast tissue or fat?", is a 6.3-gram, 5.0 x 3.0 x 1.3-cm portion of yellow, lobulated adipose. The adipose is sectioned to have scant dense white fibrous tissue. The fibrous tissue makes up between 5 and 10% of the parenchyma. No indurated lesions or tumor-like masses are identified. A section is sampled for frozen section diagnosis with the frozen section residue in E1. Additional sections are sampled in E2-E3.

Parts 6, 7, and 8 are received in formalin, labeled with the patient's name.

F. Part 6, labeled "right sentinel node #1", is a 1.0 x 0.8 x 0.6-cm nodular lymph node. The node is sectioned perpendicular to the long axis to be entirely submitted for frozen section diagnosis with the frozen section residue in cassette F1.

G. Part 7, labeled "right breast tissue new margin", is a 77-gram, 19.5 x 9.5 x 2.0-cm fibrofatty portion of breast tissue. The specimen is oriented with a single suture superior and a double suture designating the new margin. The "new margin" will be inked blue with the remainder of the specimen inked black. A portion of breast tissue is sectioned from superior to inferior to have a diffusely glistening fatty cut surface with scant delicate white fibrous tissue. No areas of induration or tumor-like masses are identified. The breast is sampled from superior to inferior, concentrating on the areas of white fibrous tissue. The fibrous tissue makes up <20% of the parenchyma. Representative sections are sampled in G1-G6.

H. Part 8, labeled "right breast", is a 558-gram, 20.0 x 13.5 x 4.5-cm fibrofatty breast.

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RUN DATE: [REDACTED]
RUN TIME: [REDACTED]
RUN USER: [REDACTED]

PAGE 5

SPEC #: [REDACTED] PATIENT: [REDACTED] (Continued)

GROSS DESCRIPTION: (Continued)

The breast is received with an eccentric, medial overlying 8.0 x 4.0-cm "drop-shaped" skin excision. The excision has an overlying, inferior 5.0 x 4.0-cm areola, which extends to the skin edges and a 1.5-cm flat nipple. The remainder of the skin surface demonstrates no areas of scar. There is a suture at the pole of the excision designating superior. The deep margin has a roughened to focally smooth fascial plane. There is scant focal fibroskeletal muscle identified. No axilla is present and the breast is consistent with a simple mastectomy specimen. The breast is serially sectioned from lateral to medial to have a 3.0 x 2.0 x 0.8-cm blood-filled biopsy cavity. The biopsy cavity appears to focally abut the superficial peripheral margin medial toward the skin excision. The biopsy cavity comes within 1.0 cm of the edge of the skin. The surrounding tissue adjacent to the biopsy cavity appears to be predominantly glistening yellow adipose. No indurated lesions or tumor-like masses are identified associated with the biopsy cavity. There are additional adjacent areas of fat necrosis and hemorrhage associated with the biopsy cavity. The biopsy cavity is 3.5 cm from the deep margin. The biopsy cavity is approximately 4.0 cm from superior, 6.0 cm from inferior, is approximately 6 cm from medial and at least 10 cm from lateral. The biopsy cavity is centrally located within the breast between the upper and lower inner quadrants. There is diffuse nodular white fibrous breast tissue extending throughout the specimen. No discrete indurated lesions or tumor-like masses are identified. There are focal areas consistent with fibrocystic change. The fibrous breast tissue has a somewhat gritty, granular appearance adjacent to the biopsy cavity underlying the nipple. The breast is sampled as labeled:

H1	-	sections of nipple
H2	-	areola
H3	-	deep margin nearest biopsy cavity
H4-H6	-	sections of biopsy cavity to nearest superficial peripheral margin
H7, H8	-	sections of biopsy cavity with adjacent granular white fibrous tissue
H9	-	upper outer quadrant
H10	-	lower outer quadrant
H11	-	upper inner quadrant (quadrant most closely associated with biopsy cavity)
H12	-	lower inner quadrant sampled

MICROSCOPIC DESCRIPTION:

H&E sections of specimen B shows a ductal carcinoma in situ in the surrounding breast tissue. P63 and CD10 stains of the residual ductal carcinoma in situ does not show definitive areas of invasion.

INTRAOPERATIVE CONSULTATION:

A. LEFT BREAST TISSUE:

- TUMOR DISSECTED FOR TISSUE BANKING

B. "SENTINEL LYMPH NODE #1":

- NO TUMOR IDENTIFIED
- REPORTED TO

C. "SENTINEL LYMPH NODE #2":

RUN DATE: [REDACTED]
RUN TIME: [REDACTED]
RUN USER: [REDACTED]

PAGE 6

SPEC. #: [REDACTED] PATIENT #: [REDACTED]

(Continued)

INTRAOPERATIVE CONSULTATION: (Continued)

- NO TUMOR IDENTIFIED
- REPORTED TO

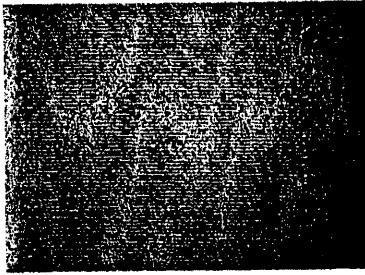
D. "SENTINEL LYMPH NODE #3":

- NO TUMOR IDENTIFIED
- REPORTED TO

E. FROZEN SECTION DIAGNOSIS "RIGHT BREAST TISSUE VERSUS FAT":

- SMALL AMOUNT OF DUCTAL BREAST TISSUE PRESENT.
- REPORTED TO

PHOTO DOCUMENTATION



Signed _____ (signature on file) _____ /08/13

** END OF REPORT **