

Phone

Fax

Specimen:

Received:

Status:

Spec Type: SURGICAL P

Subm Dr:

OPERATION PERFORMED

DATE:

DOCTOR(S):

TISSUE REMOVED

- A. LT AXILLARY NODE DISSECTION
B. LT PARTIAL MASTECTOMY

1CB-0-3

Carcinoma, infiltrating duct, NOS 8500/3
Site: breast, NOS C50.9 1/27/11 hr

GROSS DESCRIPTION

PART A RECEIVED FRESH LABELED [REDACTED] LEFT AXILLARY NODE DISSECTION, IS YELLOW-RED FATTY TISSUE MEASURING 15 X 12.5 X 4.0 CM. THIS IS EXAMINED FOR LYMPH NODES. THE NODAL TISSUE IS IDENTIFIED PRIMARILY AT ONE END OF THE SPECIMEN, WITH 75% CONSISTING OF BLAND YELLOW FATTY TISSUE. MULTIPLE LYMPH NODES ARE IDENTIFIED AND GROSSLY POSITIVE. SECTIONS ARE SUBMITTED AS FOLLOWS: A1 THROUGH A8--ONE SECTION EACH OF GROSSLY POSITIVE LYMPH NODES WITH A RIBBON CLIP IDENTIFIED IN THE NODE CORRESPONDING TO A2. NOTE THAT MIRROR IMAGE RESEARCH BLOCKS ARE TAKEN ON EACH. A9 AND 10--ONE NODE EACH BISECTED, A11--TWO NODES EACH BISECTED, A12--TWO NODES, A13--ONE NODE BISECTED, A14--ONE NODE BISECTED, A15--ONE NODE BISECTED, A16 THROUGH A19--ONE GROSSLY FAT-REPLACED NODE TOTAL.

PART B RECEIVED FRESH LABELED [REDACTED] LEFT PARTIAL MASTECTOMY LONG STITCH LATERAL SHORT STITCH SUPERIOR, IS AN OVOID PORTION OF YELLOW-PINK FATTY TISSUE MEASURING 11.5 X 7 X 4.7 CM IN GREATEST DIMENSIONS. THE SPECIMEN IS ORIENTED BY TWO SUTURES. A LARGE PALPABLE MASS IS PRESENT MEDIALY. SECTIONING REVEALS THIS PALPABLE MASS TO HAVE A FIRM PINK-TAN GRITTY CUT SURFACE MEASURING 4.0 X 2.8 X 3 CM IN GREATEST DIMENSIONS. THIS LESION EXTENDS TO THE INFERIOR MARGIN AND IS 0.4 CM FROM THE MARGIN GROSSLY. IT IS 0.6 CM FROM THE DEEP MARGIN, 0.8 CM FROM THE SUPERFICIAL MARGIN AND GREATER THAN 1 CM FROM ALL OTHER MARGINS. SECTIONING THE LATERAL ASPECT OF THE SPECIMEN CONSISTS OF BLAND YELLOW FATTY TISSUE. SECTIONS ARE SUBMITTED AS FOLLOWS: B1--PERPENDICULAR MEDIAL MARGIN, B2--TUMOR (MIRROR IMAGE TO PROTOCOL), B3--LESION AND DEEP MARGIN, B4--LESION AND DEEP INFERIOR MARGIN CLOSEST TO TUMOR, B5--INFERIOR SUPERFICIAL MARGIN WITH LESION, B6--LESION AND SUPERFICIAL MARGIN (MIRROR IMAGE TO PROTOCOL), B7--SUPERFICIAL SUPERIOR MARGIN, B8--SUPERIOR DEEP MARGIN. NOTE THAT B2 THROUGH B8 CONSTITUTE ONE FULL CROSS-SECTION OF THE LESION IN ITS GREATEST DIMENSION. B9--PERPENDICULAR LATERAL MARGIN, B10--TISSUE FROM LATERAL ASPECT OF THE SPECIMEN, B11--TUMOR AND SUPERFICIAL MARGIN (MIRROR IMAGE TO PROTOCOL), B12--TUMOR (MIRROR IMAGE TO PROTOCOL).

UUID: B3D6A0F7-5E3C-4921-8399-6458E5222CC5
TCGA-A2-A0YG-01A-PR

Redacted



Chief of Pathology

Phone

Fax

Patient: [REDACTED]

(Continued)

Specimen:

Received:

Status:

Spec Type: SURGICAL P

Subm Dr: [REDACTED]

PATH PROCEDURES

PROCEDURES:

88307/2, A BLK/19, B BLK/12

FINAL DIAGNOSIS

PART A LEFT AXILLA, LYMPH NODE DISSECTION: METASTATIC BREAST CARCINOMA IS IDENTIFIED IN 14 OF 18 NODES EXAMINED AND EXTRANODAL EXTENSION IS MULTIFOCALLY PRESENT. 14/18

PART B LEFT BREAST, PARTIAL MASTECTOMY:

1. POORLY DIFFERENTIATED INTRADUCTAL AND INFILTRATING DUCT CARCINOMA, NUCLEAR GRADE III, HIGH MITOTIC INDEX AND TUBULE FORMATION 2, FOR A TOTAL NOTTINGHAM SCORE OF 8. DCIS OF THE SOLID TYPE COMPRISES APPROXIMATELY 5% OF THE TUMOR.
2. THE GROSS TUMOR HAS A MAXIMUM DIMENSION OF 4 CM.
3. THE INVASIVE TUMOR IS IDENTIFIED 6 MM OR MORE FROM THE INKED MARGINS OF EXCISION.
4. LYMPHOVASCULAR INVASION IS PRESENT.
5. BIOPSY CHANGES ARE PRESENT.

CODE

1

Signed _____

(prelim.)

_____(signature on file)_____

I.D.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials		