

# Surgical Pathology Report

\* Final Report \*

Result type: Surgical Pathology Report  
Result date: [REDACTED]  
Result status: Signed  
Result title: Surgical Pathology Report  
Performed by: [REDACTED]  
Verified by: [REDACTED]  
Encounter info: [REDACTED]

ICD-O-3  
Carcinoma, infiltrating duct 8500/3  
Site C67.3  
path B Breast NOS C50.9  
B Breast, upper inner quadrant C50.2  
W7/15/13

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### Clinical History

Right breast IDC at 12:00 position on prior core, ER+, PR+, HER2-  
FNA of right axillary node was positive

### Specimen

- #1 Right breast, stitch is lateral  
#2 Right axillary contents

UUID:A81EB5E0-305E-4657-94AD-0922CD1D79C6  
TCGA-AC-A6NO-01A-PR Redacted



### Gross Examination

#1 Received fresh labeled right breast, stitch is lateral, is a 1108 gram, 21.5 x 20.0 x 6.5 cm simple mastectomy specimen, oriented as stated above. There is a overlying 16.5 x 11.6 cm ellipse of brown skin with a normal appearing nipple and areola. There is no scarring or retraction on the skin surface.

The deep margin is inked black and sectioning demonstrates a 17.5 x 12.0 cm ill-defined area of firm, gritty pink tan fibroglandular tissue, spanning all four quadrants. The gritty tissue is 0.6 cm from the nearest overlying deep margin, (upper inner quadrant). Within the gritty, nodular parenchyma there is a well circumscribed 4.0 x 3.5 x 3.5 cm white tan, indurated mass. This mass is located subareolar, is 1.8 cm deep to the skin, 2.5 cm from the deep margin and at least 6 cm from all remaining margins. There are also four additional smaller well circumscribed white tan, indurated masses, all within the upper inner quadrant. They range from 1.0-1.6 cm in greatest dimension. The closest to the largest subareolar mass is 3.0 cm away (superior and medial). One of the smaller nodules in the upper inner quadrant is focally hemorrhagic (approximately 12:00-1:00 location).

The remainder of the tissue is composed of soft, lobulated adipose tissue intermixed with scant, delicate bands of fibrous tissue (80% and 20% respectively). There are no apparent lymph nodes at the lateral pole and no additional obvious masses are grossly seen. Fourteen sections are submitted in thirteen: "A-M". Block summary: "A", nipple and skin; "B", deep margin at closest approach to gritty nodular tissue (upper inner quadrant), perpendicular; "C", deep margin at closest approach to subareolar mass, perpendicular; "D", subareolar mass; "E-H", four smaller masses in upper inner quadrant (one section per mass), focally hemorrhagic mass at 12:00-1:00 in "E"; "I", most medial aspect of gritty nodular tissue; "J", most lateral aspect of gritty nodular

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tissue; "K", gritty, nodular tissue from lower inner quadrant; "L", gritty tissue from upper outer quadrant; "M", gritty tissue from lower outer quadrant.

#2 Received fresh, placed in [REDACTED] labeled right axillary contents, is a 9.0 x 7.0 x up to 2.5 cm aggregate of multiple irregular fragments of tan yellow fibroadipose tissue. After fixation, multiple lymph node candidates are identified up to 2.0 cm in greatest dimension. Within the largest candidate there is a focal firm, 0.8 cm area of discoloration. The candidates are submitted as thirty-three sections in fifteen: "A-O". Block summary: "A", representative cross section of abnormally firm lymph node candidate; "B", one candidate trisected; "C-E", one candidate each cassette, each bisected; "F", multiple individual candidates; "G", one candidate bisected; "H", one candidate trisected; "I-L", one candidate, each cassette, each bisected; "M-O", lymph node candidate, sectioned. [REDACTED]

## Microscopic Examination

#1,2 Microscopic examination performed. [REDACTED]

## Comment

The breast is extensively involved by DCIS, over an area that spans all four quadrants and involves most of the breast. Scattered throughout the DCIS are four discrete foci of invasive ductal carcinoma, all with identical histology.

## Signature Line

Signed by: [REDACTED]  
ELECTRONIC SIGNATURE

## Final Diagnosis

#1 BREAST, RIGHT SIMPLE MASTECTOMY:  
MULTIFOCAL INVASIVE DUCTAL CARCINOMA, INTERMEDIATE GRADE.  
THERE ARE FOUR FOCI OF INVASIVE TUMOR, ALL WITH IDENTICAL HISTOLOGY.  
TUBULE FORMATION: MODERATE (SCORE 2).  
NUCLEAR PLEOMORPHISM: MODERATE (SCORE 2).  
MITOTIC COUNT: MODERATE (SCORE 2).  
TOTAL NOTTINGHAM SCORE: 6 OF 9 (GRADE III).  
LOCATION IN BREAST: LARGEST MASS IS AT 12:00-1:00 POSITION, THE FOUR SMALLER MASSES ARE ALL IN THE UPPER INNER QUADRANT.  
TUMOR SIZE: 4.0 CM, 1.6 CM, 1.5 CM, 1.0 CM, 1.0 CM. (SEE COMMENT)  
PERCENT OF INTRADUCTAL CARCINOMA (DCIS): APPROXIMATELY 90%, RANGING FROM INTERMEDIATE TO HIGH NUCLEAR GRADE WITH NECROSIS.  
STATUS OF BREAST TISSUE AWAY FROM LESION: FIBROCYSTIC CHANGES.  
LOCAL LYMPHATIC SPACE STATUS: NEGATIVE.  
DERMAL LYMPHATIC SPACE STATUS: NEGATIVE.  
SKIN AND NIPPLE SURFACE: NEGATIVE.  
SURGICAL MARGIN STATUS: NEGATIVE (AT LEAST 0.9 CM).  
STATUS OF MICROCALCIFICATIONS: PRESENT IN DCIS.

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ESTROGEN RECEPTOR ASSAY: POSITIVE ON PRIOR CORE (2+, 95%).  
PROGESTERONE RECEPTOR ASSAY: POSITIVE ON PRIOR CORE (3+, 95%).  
HERCEPTTEST (HER-2/NEU) STATUS: NEGATIVE ON PRIOR CORE (SCORE 1+).

#2 LYMPH NODES, RIGHT AXILLA, DISSECTION:  
POSITIVE FOR METASTATIC CARCINOMA (2/16).  
SIZE OF LARGEST METASTASIS: 0.8 CM, NO EXTRACAPSULAR EXTENSION.

PATHOLOGIC STAGE (TNM CLASSIFICATION): pT2 pN1a.

Ordering Provider

Ordering Physician: [REDACTED]

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(End of Report)

Criteria	7/3/13	Yes	No
Diagnosis Discrepancy			
Primary Tumor Site Discrepancy			
HPAA Discrepancy			
Prior Malignancy History			
Dual/Synchronous Primary Noted			
Case is (check):			
QUALIFIED			
DISQUALIFIED			
Reviewed (initials):			