

Specimen:

Received:

Status:

Req#:

Spec Type: SURGICAL P

Subm Dr:

## PREOPERATIVE DIAGNOSIS

LEFT BREAST CANCER INVASIVE

## OPERATION PERFORMED

DATE:

DOCTOR(S):

PROCEDURE: MASTECTOMY MODIFIED RADICAL

100-0-3

Carcinoma, infiltrating duct, NOS 8500/3

Site: breast, NOS C50.9 1/27/11

## TISSUE REMOVED

- A. LEFT MODIFIED RADICAL MASTECTOMY  
B. LT DEEP MARGIN BENEATH TUMOR

UUID:90F13DE2-7C8F-4FA2-89BF-D68EEC37D514  
TCGA-A2-A0VJ-01A-PR

Redacted



## GROSS DESCRIPTION

PART A RECEIVED LABELED [REDACTED], LEFT MODIFIED RADICAL MASTECTOMY STITCH AT 12 O'CLOCK, IS A LEFT MODIFIED RADICAL MASTECTOMY WITH A SKIN ELLIPSE MEASURING 20 X 8.5 CM WITH A GROSSLY UNREMARKABLE NIPPLE. THE SPECIMEN ITSELF MEASURES 26.5 X 14 X 3.5 CM. THE AXILLARY CONTENTS ARE DISSECTED OFF THE SPECIMEN AND THIS AREA IS MARKED WITH RED INK DENOTING THAT THIS IS NOT A TRUE MARGIN. THE AXILLARY TAIL IS EXAMINED FOR LYMPH NODES. IN THE LOWER AXILLARY TAIL THERE IS A 3.7-CM IN GREATEST DIMENSION GROSSLY POSITIVE LYMPH NODE. ADDITIONAL NODES ARE ALSO IDENTIFIED. TWO ADDITIONAL GROSSLY POSITIVE NODES ARE SUBMITTED, ONE SECTION EACH, IN A1 AND A2 WITH MIRROR IMAGES PER PROTOCOL. A3 IS A GROSSLY UNREMARKABLE LYMPH NODE WITH MIRROR IMAGE IN PROTOCOL. A4--ONE SECTION OF A GROSSLY POSITIVE LYMPH NODE WITH MIRROR IMAGE PROTOCOL, A5--LARGEST LYMPH NODE, A6--TWO NODES, EACH BISECTED, A7--TWO NODES, EACH BISECTED, A8--NINE NODES. EIGHTEEN LYMPH NODES ARE IDENTIFIED IN ALL. THE SUPERFICIAL ASPECT OF THE BREAST IS THEN MARKED WITH BLUE INK, THE DEEP WITH BLACK INK. LATERAL TO THE NIPPLE THERE IS A PINK-TAN FIRM GRITTY MASS MEASURING 7 X 3 X 4.5 CM. THIS GROSSLY EXTENDS TO WITHIN 0.2 CM OF THE DEEP MARGIN. CENTRALLY IN THE BREAST THE TISSUE IS TAN AND FIBROUS. THE PERIMETER OF THE SPECIMEN IS FATTY WITH FINE FIBROUS BANDS. SECTIONS OF THE BREAST ARE SUBMITTED AS FOLLOWS: A9--NIPPLE AND SKIN (MIRROR IMAGE TO PROTOCOL), A10--SECTION OF TUMOR TO INCLUDE DEEP MARGIN (MIRROR IMAGE TO PROTOCOL), A11 THROUGH A16--A FULL CROSS SECTION FROM SUPERIOR TO INFERIOR OF THE LESION TO INCLUDE THE DEEP MARGIN IN A11, 12, 14, AND 16 WITH A13 AND A15 REPRESENTING THE SUPERFICIAL SECTIONS TO A12 AND A14, RESPECTIVELY, A17--TUMOR AND DEEP MARGIN, A18--THE MOST LATERAL ASPECT OF THE LESION, A19--THE MEDIAL ASPECT OF THE LESION (4.5 CM FROM PREVIOUS SECTION), A20--LOWER OUTER QUADRANT, A21--UPPER OUTER QUADRANT, A22--UPPER INNER QUADRANT 5 CM FROM TUMOR, A23--LOWER INNER QUADRANT 5 CM FROM TUMOR, A22 AND A23--MIRROR IMAGES TO PROTOCOL TISSUE.

PART B RECEIVED LABELED [REDACTED] DEEP MARGIN BENEATH TUMOR STITCH NEW MARGIN, IS AN IRREGULAR PORTION OF RED-TAN MUSCULAR TISSUE WITH CAUTERY ARTIFACT ON THE SIDE WITH THE SUTURE DENOTING THE NEW MARGIN. THIS MEASURES 2.7 X 2.5 X 0.4 CM IN GREATEST DIMENSIONS. THE

Chief of Pathology

Phone

Fax (

Patient: [REDACTED]

(Continued)

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GROSS DESCRIPTION

(Continued)

SIDE DESIGNATED AS THE NEW MARGIN IS MARKED WITH BLUE INK WITH A PERIMETER OF BLACK INK. THE SPECIMEN IS SECTIONED AND ENTIRELY SUBMITTED LABELED R1 THROUGH 3.

PATH PROCEDURES

PROCEDURES:

88307, 88309, A BLK/23, B BLK/3

FINAL DIAGNOSIS

PART A LEFT MODIFIED RADICAL MASTECTOMY: IN SITU AND POORLY DIFFERENTIATED INFILTRATING DUCT CARCINOMA, NUCLEAR GRADE 3 OF 3 WITH A HIGH MITOTIC INDEX. GROSSLY THE TUMOR SPANNED A DISTANCE OF 70 MM. LYMPHATIC SPACE INVASION IS PRESENT. A HIGH-GRADE IN SITU COMPONENT OF THE COMEDOCARCINOMA TYPE IS PRESENT. 70 TO 80% OF THE TUMOR IS INVASIVE. INVASIVE CARCINOMA IS LOCATED IN THE LYMPHATIC SPACES AT THE DEEP MARGIN AND WITHIN THE STROMA OF THE BREAST 1.1 MM FROM THE DEEP MARGIN. TUMOR IS PRESENT IN A LYMPHATIC SPACE IN A SECTION FROM THE LOWER OUTER QUADRANT OF THE BREAST AWAY FROM THE GROSSLY IDENTIFIABLE PRIMARY LESION. METASTATIC CARCINOMA IS PRESENT IN 5 OF 18 AXILLARY LYMPH NODES.

PART B DEEP MARGIN BENEATH TUMOR, REEXCISION: SKELETAL MUSCLE WITH NO TUMOR IDENTIFIED.

CODE

1

Signed

, M.D.

(prelim.)

(signature on file)

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual, Synchronous Tumors Noted		<input checked="" type="checkbox"/>
Case is (circled):	QUALIFIED	UNQUALIFIED
Reviewer Initials	DATE REVIEWED	