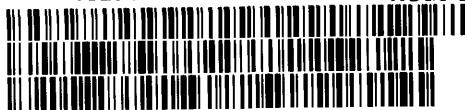


Redacted

RUN DATE:  
RUN TIME:  
RUN USER:



PAGE 1

Inquiry

PATIENT:

ACCT #:

LOC:

U #:

REG DR:

AGE/SX:

ROOM:

REG:

DOB:

BED:

DIS:

STATUS:

TLOC:

SPEC #:

COLL:

TIME IN FORMALIN: 4:43 hrs.

CLINICAL INFORMATION:

Pre-Op Diagnosis:

Remarks:

- Specimen(s): A. Right breast lumpectomy      C. Sentinel lymph node #2  
                  B. Sentinel lymph node #1      D. Sentinel lymph node #3

ICD-O-3

MICROSCOPIC DIAGNOSIS

Carcinoma, ductal infiltrating NOS  
8500/3  
Site R Breast NOS C50.9  
JW 4/2/13

- A. RIGHT BREAST LUMPECTOMY:  
- INVASIVE DUCTAL CARCINOMA  
- SEE COMMENT FOR DETAILS
- B. SENTINEL LYMPH NODE #1:  
- ONE BENIGN LYMPH NODE
- C. SENTINEL LYMPH NODE #2:  
- ONE BENIGN LYMPH NODE
- D. SENTINEL LYMPH NODE #3:  
- THREE BENIGN LYMPH NODES

COMMENT(S)

PROTOCOL FOR EXAMINATION OF SPECIMENS WITH INVASIVE CARCINOMA OF THE BREAST  
BASED ON AJCC/UICC TNM, 7TH EDITION

The following classification should be adjusted based on additional clinical information.

SPECIMEN:

Partial breast

PROCEDURE:

Excision without wire-guided localization

LYMPH NODE SAMPLING:

Sentinel lymph nodes

SPECIMEN INTEGRITY:

Single intact specimen

SPECIMEN SIZE:

Greatest dimensions: 10.5 x 9.5 x 4.5 cm

SPECIMEN LATERALITY:

Right

TUMOR SIZE:

Greatest dimension: 2.4 cm

TUMOR FOCALITY:

Single focus of invasive carcinoma

EXTENT OF TUMOR:

Skin: invasive carcinoma does not invade into dermis or epidermis

DUCTAL CARCINOMA IN SITU:

Muscle: no skeletal muscle present

DCIS is present

\*\* CONTINUED ON NEXT PAGE \*\*

RUN DATE:  
RUN TIME:  
RUN USER

## Specimen Inquiry

PAGE 2

SPEC #:

PATIENT: [REDACTED]

(Continued)

COMMENT(S)

(Continued)

LOBULAR CARCINOMA IN SITU:

Extensive intraductal component negative

Present

HISTOLOGIC TYPE:

Invasive ductal carcinoma

HISTOLOGIC GRADE:

Tubular differentiation score: 3

Nuclear pleomorphism score: 3

Mitotic count score: 2

Overall grade: 3

MARGINS:

Margins uninvolved by invasive carcinoma

Distance from closest margin: 1.3 cm, superior

Margins uninvolved by ductal carcinoma

Distance from closest margin: 1.3 cm, superior

LYMPH NODES:

Number of sentinel lymph nodes examined: 5

Total number of lymph nodes examined: 5

Number of lymph nodes with macrometastases: 0

Number of lymph nodes with micrometastases: 0

Number of lymph nodes with isolated tumor cells: 0

PATHOLOGIC STAGING:

Primary tumor: pT2

Regional lymph nodes: pN0 (i-)

Distant metastasis: not applicable

## GROSS DESCRIPTION:

A. Received fresh for tissue banking and gross evaluation labeled with the patient's name and designated "right breast lumpectomy" is a 162 gram, 10.5 x 9.5 x 4.5 cm fibrofatty breast tissue biopsy. The biopsy has an overlying 8.5 x 2.0 cm black-brown skin ellipse. The ellipse is oriented as anterior. There is a short suture superior and a long suture lateral. The margins will be inked per orientation as labeled: blue superior, black inferior, yellow lateral, red medial and green deep or posterior. The biopsy is serially sectioned from lateral to medial to have a 2.4 x 1.8 x 1.5 cm tumor mass. The mass is centrally located within the specimen and is 1.3 cm from the nearest superior margin, is 1.5 cm from inferior, is at least 2.5 cm from deep as well as superficial and is more than 3 cm from medial or lateral. The tumor has adjacent minor hemorrhage and fat necrosis consistent with a previous biopsy. A section of tumor is sampled for tissue banking. There is diffuse dense white fibrous tissue surrounding the tumor mass. The white fibrous tissue has focal fibrocystic changes, and the white fibrous tissue makes up approximately 50% of the biopsy parenchyma. Representative sections are sampled from across the specimen to include tumor to the nearest margins as labeled:

- A1 - nearest perpendicular sections of lateral margin sampled
- A2-A3 - sections showing lateral dense white fibrous tissue with fibrocystic change
- A4 - section of tumor with adjacent petechial hemorrhage
- A5 - nearest deep margin
- A6 - nearest superficial skin margin
- A7 - tumor to nearest inferior margin
- A8-A9 - tumor to nearest superior margin
- A10 - tumor with adjacent fat necrosis and petechial biopsy hemorrhage
- A11 - near full cross section of tumor sampled
- A12 - perpendicular sections of medial margin sampled

\*\* CONTINUED ON NEXT PAGE \*\*

RUN DATE:  
RUN TIME:  
RUN USER

## Specimen Inquiry

PAGE 3

SPEC #:

PATIENT: [REDACTED]

(Continued)

## GROSS DESCRIPTION: (Continued)

B. Labeled "sentinel lymph node #1" is a nodular, fatty 2.4 x 2.0 x 1.8 cm lymph node. There is scant yellow adipose on the surface of the node. The node is serially sectioned perpendicular to the long axis to be entirely submitted per sentinel lymph node protocol in cassettes B1-B4.

C. Labeled "sentinel lymph node #2" is a nodular, fatty 2.0 x 1.7 x 1.4 cm lymph node. The fat is trimmed from the node, and the node is 1.2 x 0.7 x 0.6 cm. The node is sectioned perpendicular to the long axis to be entirely submitted per sentinel lymph node protocol in cassettes C1-C2.

D. Labeled "sentinel lymph node #3" is a 3.5 x 3.0 x 1.5 cm aggregate of yellow adipose. The adipose is sectioned to have three nodular lymph nodes. The nodes are 0.3 cm, 0.7 x 0.5 x 0.2 cm and 0.8 x 0.7 x 0.4 cm. The larger nodes are sectioned perpendicular to the long axis, and the nodes are entirely submitted for sentinel lymph node protocol separately from smallest to largest in cassettes D1-D3.

## INTRAOPERATIVE CONSULTATION:

## A. INTRAOPERATIVE CONSULTATION, RIGHT BREAST LUMPECTOMY:

- GROSS TUMOR PRESENT, ADEQUATE FOR TISSUE BANKING WITH NEOPLASTIC TISSUE PROVIDED TO TISSUE BANK COORDINATOR
- SURGICAL MARGINS NEGATIVE WITH CLOSEST MARGIN SUPERIOR MEASURING 1.5 CM
- RESULTS GIVEN TO DR.

## PHOTO DOCUMENTATION [REDACTED]

Image .

Signed \_\_\_\_\_ (signature on file) \_\_\_\_\_

\*\* END OF REPORT \*\*

Criteria	lw 3/15/13	Yes	No
Diagnosis Discrepancy			✓
Primary Tumor Site Discrepancy			✓
HIPAA Discrepancy			✓
Prior Malignancy History			✓
Dual/Synchronous Primary Noted	NCIS		
Case is (check):	QUALIFIED / DISQUALIFIED		
Reviewer Initials:		Date Reviewed:	3/16/13