

UUID: FFA6F9F3-71C1-4AF9-B9F7-0466550EBC90
TCGA-AC-A80Q-01A-PR

Redacted



Referring Physician:

DOB: Age: Gender: F

Ref#: Hos#: Provider Group:

Date of Service: Date Received:

Case #:

Date Reported:

A copy of this report will be faxed to:

FINAL SURGICAL PATHOLOGY REPORT

Diagnosis:

A. -C.) RIGHT BREAST AND AXILLARY SENTINEL LYMPH NODES, LUMPECTOMY WITH SENTINEL LYMPH NODE BIOPSIES (X2):

- Invasive ductal carcinoma, Nottingham grade 3.
 - Tumor size: 3.8 cm in diameter.
- Ductal carcinoma in situ (DCIS), high nuclear grade, solid type, with comedo necrosis and calcifications.
 - DCIS is present in association with invasive carcinoma, at the periphery of the main tumor mass, does not extend significantly beyond the area of invasion, and comprises less than 10% of tumor volume.
- Lumpectomy margins are free of tumor.
 - Carcinoma is located 0.3 cm from deep margin, and is at least 0.5 cm from all other margins.
- Metastatic carcinoma identified in one of two sentinel lymph nodes (the involved lymph node is sentinel lymph node with count 414).
 - The metastatic focus measures 1.2 cm in diameter; no extranodal extension is identified.
 - Metastatic carcinoma comprises approximately 40% of the involved lymph node volume.

PATHOLOGIC TUMOR STAGING SYNOPSIS:

Type and grade (invasive): Invasive ductal carcinoma, Nottingham grade 3.

Type and grade (In situ): DCIS, nuclear grade 3.

Primary tumor: pT2.

Regional lymph nodes: pN1a.

Distant metastasis: Not applicable.

Stage: IIB.

Lymphovascular invasion: Present.

Margin status: Negative (R0).

ICD-O-3
Carcinoma, infiltrating duct
8500/3
Site @ Breast NOS
C50.9
JAJ 4/2/14

Breast Invasive Tumor Staging Information

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Pathology Report

Patient Name

Case #:

Specimen type:

Specimen procedure:

Lymph node sampling:

Specimen integrity:

Specimen laterality:

Specimen size:

Partial breast.

Lumpectomy.

Sentinel lymph nodes.

Intact specimen.

Right.

6.5 x 5.5 x 4.5 cm.

INVASIVE TUMOR FEATURES:

Invasive tumor size:

Invasive tumor site:

Invasive tumor focality:

Histologic type:

Total Nottingham Grade:

Tubule formation:

Nuclear Pleomorphism:

Mitotic count for Nottingham:

Mitotic count:

Lymphatic invasion:

3.8 cm.

Upper-outer quadrant.

Single focus.

Invasive ductal carcinoma.

3 of 3.

3 of 3.

3 of 3.

3 of 3.

Twenty-four mitoses in ten high power fields.

Present.

MARGIN STATUS FOR INVASIVE COMPONENT:

Distance of tumor from margins:

Closest margin:

Other margins:

Negative (R0).

0.3 cm.

Deep.

All other margins are at least 0.5 cm from tumor.

IN-SITU CARCINOMA (DCIS) FEATURES:

DCIS extent:

Pattern:

Nuclear grade:

Necrosis:

Calcifications:

Comprises less than 10% of tumor volume;

DCIS identified only in area of invasive carcinoma.

Solid.

High grade.

Present.

Present.

Margin status for DCIS component:

Distance of in-situ from nearest margin:

Negative.

At least 0.5 cm.

LOBULAR CARCINOMA IN-SITU (LCIS):

Absent.

Skin:

Nipple:

Skeletal Muscle:

Not applicable.

Not applicable.

Not applicable.

INVASIVE PATHOLOGIC TUMOR STAGING (pTNM)

Primary tumor (pT):

Regional lymph nodes (pN):

pT2.

pN1a.

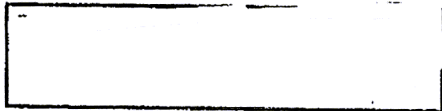
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Case #:



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Distant metastasis (pM):

Not applicable.

RECEPTOR STATUS AND HER2/NEU:

Estrogen receptors:

0% positive cells.

Progesterone receptors:

0% positive cells.

Her2/neu:

1+.

Ki-67 proliferative Index:

70% positive cells.



Signed by

Source of Specimen:

- A. Breast lumpectomy; Right Breast
- B. Sentinel lymph node; Right Breast
- C. Sentinel lymph node; Right Breast

Clinical History/Operative Dx:

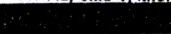
Right breast mass/cancer

Gross Description:

A. Specimen is labeled right breast lumpectomy. Initially received in fresh state for possible tumor bank studies is a 74 gram portion of yellow-tan fibrofatty soft tissue, 4.5 cm anterior-posterior, 5.5 cm superior-inferior, 6.5 cm medial-lateral. Three sets of sutures are present designated as follows: a double long designated inferior, a single long designated medial, a double short designated anterior. The margins are now differentially inked. The specimen is serially sectioned perpendicularly through the medial-lateral long axis to reveal a partially well demarcated dense gray-tan tumor mass, measuring upwards of 3.8 x 2.8 x 2.1 cm. The mass approaches within 0.3 cm of the posterior, 0.6 cm of the medial, 0.6 cm of the superior, 0.6 cm of the anterior, 1.0 cm of the lateral and 1.2 cm of the inferior surgical margins. The cut surfaces surrounding the tumor mass are lobular, admixed yellow-tan without additional discrete nodularity. Representative sections are submitted in a sequential fashion, lateral towards medial.

Cassette summary:

A1-A2) slab 1, lateral margin



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A3) slab 2, posterior anterior margins
A4) slab 2, superior inferior margins
A5) slab 2, bulk of tumor
A6) slab 3, posterior anterior margins, tumor
A7) slab 3, superior inferior margins, tumor
A8) slab 3, bulk of tumor
A9) slab 4, posterior margin
A10) slab 5, posterior anterior margins
A11) slab 5, superior inferior margins
A12) slab 5, bulk of tumor
A13) slab 6, posterior anterior
A14) slab 6, superior inferior margins
A15) slab 6, bulk of tumor
A16-A17) slab 7, medial margin, tumor

SUPERIOR: BLUE
MEDIAL: RED
ANTERIOR: YELLOW
INFERIOR: GREEN
LATERAL: ORANGE
POSTERIOR: BLACK

B. Specimen is labeled sentinel node, right breast. Received in formalin is a rubbery pink and tan lymph node candidate 1.3 x 1.1 x 0.7 cm. The margins are now routinely marked blue. The specimen is serially sectioned demonstrating a rubbery pink and tan cut surface without grossly discrete nodularity. The lymph node is entirely submitted for microscopic evaluation in B1, with a sentinel lymph node protocol performed.

C. Specimen is labeled sentinel node, right breast. Received in formalin is a 3.0 x 2.3 x 2.0 cm portion of fat. Examination reveals a 2.0 x 1.6 x 1.3 cm lymph node. The margins are now marked blue. The specimen is serially sectioned, revealing a predominantly nodular dense gray-tan cut surface with peripheral softened pink and tan appearance. The lymph node is entirely submitted for microscopic evaluation in C1 and C2, with a sentinel lymph node protocol performed.

Microscopic Description:

A. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

B. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

C. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

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END OF REPORT .. (FINAL)

Pathology Report

Patient Name

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary		Noted
Case (circle):	QUALIFIED	DISQUALIFIED
Reviewer:		
Date Reviewed:	11/25/13	