

Surgical Pathology Report

Name: [REDACTED]
DOB: [REDACTED]
Gender: F
MRN: [REDACTED]
Location: [REDACTED]
Physician: [REDACTED]

Case #: [REDACTED]
Collected:
Received:
Reported:
Copy To:

Pathologic Interpretation:

A. Sentinel node #1 () right FS:

- Metastatic carcinoma into one lymph node (1/1)

ICD-O-3

Carcinoma, infiltrating ductal, nos 8500/3

B. Sentinel node #2 () FS:

- Metastatic carcinoma into three out of four lymph nodes (3/4)

Site: breast, nos C50.9

3/2/11 hr

C. Sentinel node #3 () FS:

- One benign lymph node (0/1)

D. Right breast lumpectomy, long - lateral, short - superior:

- In situ and invasive carcinoma

- The entire tumor mass measures 2.3 cm in greatest dimensions

- The invasive component represents the majority of the tumor mass and is of Nottingham grade of 3 +3 +3=9/9

- Foci of vascular invasion are noted

- The in-situ component is of ductal type, high nuclear grade with central necrosis and calcifications (comedocarcinoma)

- All margins of resection appear free of invasive and intraductal carcinoma

- The closest margins of resection are the medial and anterior at 4 mm from the tumor

- The non-neoplastic breast tissue shows fibroproliferative disease, radial scar, atypical ductal hyperplasia and changes consistent with previous biopsy site

D. Right axillary content:

- Metastatic carcinoma into six out of twenty-three lymph nodes (6/23)

E. Level 3 (right) permanent:

- Metastatic carcinoma into one out of three lymph nodes (1/3)

UUID:AE0C51EF-017E-4F53-968C-804110F9A7E6
TCGA-EW-A1P1-01A-PR

Redacted



Tumor Summary:

Specimen Type Lumpectomy

Lymph Node Sampling: Axillary dissection

Specimen Size (for excisions less than total mastectomy): 6 cm in greatest dimensions

Laterality: Right

Tumor Site: Not specified

Size of Invasive Component: 2.3 cm in greatest dimensions

Histologic Type: Ductal

Histologic Grade (any grading system may be used; mitotic count is also required independent of the grading system): 3 +3 +3=9/9

Total Nottingham Score: 9/9

Margins: Free

Pathologic Staging (pTNM)
pT 2, N3, MX

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NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory. These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5=ER, PgR 636=PR, A485=HER2, H-11=EGFR. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by Envision Method. The results are read by a pathologist as positive or negative.

As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

Electronically Signed Out By

Intraoperative Consultation

- A. Sentinel node #1 () right FS: Metastatic adenocarcinoma to one lymph node (1/1).
- B. Sentinel node #2 () FS: Metastatic adenocarcinoma to three of four lymph nodes (3/4).
- C. Sentinel node #3 () FS: One lymph node, no tumor seen (0/1).

, MD

Clinical History:

None provided

Operation Performed

Right breast lumpectomy with sentinel node biopsy, possible axillary node dissection; possible left breast reduction

Pre Operative Diagnosis:

Breast cancer

Specimen(s) Received:

- A: Sentinel node #1 () right FS
- B: Sentinel node #2 () FS
- C: Sentinel node #3 () FS
- D: Right breast lumpectomy, long - lateral, short - superior
- E: Right axillary content
- F: Level 3 (right) permanent

Gross Description:

- A. Received fresh is an irregular fragment of fibroadipose tissue, measuring 2.3 x 1.2 x 0.7 cm. One lymph node is ill-defined. The lymph node is submitted in toto in one cassette for frozen section.
- B. Received fresh is an irregular fragment of fibroadipose tissue, measuring 3.2 x 1.7 x 0.9 cm. Four lymph nodes are grossly identified. The lymph nodes are submitted in toto as follows:
 - 1 One lymph node for frozen
 - 2 Lymph node for frozen section.
- C. Received fresh is an irregular fragment of fibroadipose tissue, measuring 1.9 x 1.1 x 0.7 cm. One lymph node is grossly identified. The lymph node is submitted in toto in one cassette for frozen section.
- D. Received in formalin is a lumpectomy specimen measuring 6 cm from medial to lateral, 5.4 cm from superior to inferior and 4.4 cm from anterior to posterior. The specimen has an ellipse of skin in the anterior surface measuring 3.8 x 0.9 cm. The specimen is labelled as follows: long stitch lateral; short stitch superior. The margin is inked as follows: Anterior yellow, posterior black, superior blue, inferior green, medial red, lateral orange. Upon sectioning ill-defined firm white and

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tan mass is identified measuring 2.3 x 2 x 1.5 cm. The mass is 1 cm from the lateral margin up to 1.6 cm from the superior margin, 0.5 cm from the inferior margin, 0.5 cm from the posterior margin, 0.4 cm from the medial margin and 0.4 cm from the anterior margin from the skin. Other areas of the mastectomy specimen show unremarkable fibroadipose tissue. Representative sections are submitted as follows:

- 1 Lateral margin
- 2 Superior margin
- 3 Anterior margin and skin in relation with the tumor
- 4 Medial margin in relation with the tumor
- 5 Posterior margin in relation with the tumor
- 6 Inferior margin in relation with the tumor
- 7-8 Other areas of the mass

E. Received in formalin are multiple irregular fragments of fibroadipose tissue measuring 9 x 7.5 x 2.2 cm in aggregate. Five→ possible lymph nodes are identified. The lymph nodes are submitted in toto→ as follows:

- 1-2 One lymph node bisected per cassette
- 3-4 Lymph node bisected per cassette
- 5-6 Three lymph nodes bisected per cassette
- 7-8 Four lymph nodes per cassette

F. Received in formalin are four irregular fragments of soft tan brown and yellow tissue measuring 1 x 0.5 x 0.4 cm in aggregate. Submitted in toto in one cassette.

Criteria	Yes	No
Diagnosis Discrepancy	/	/
Primary Tumor Site Discrepancy	/	/
(IPAA Disc. epancy)	/	/
Prior Malignancy History	/	/
Dual/Synchronous Primary noted	/	/
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED <input type="checkbox"/> DISQUALIFIED		
Reviewer Initials: <i>mv</i>		
Date Reviewed: <i>3/12/11</i>		