

100-0-3 Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 1/27/11

Name: [REDACTED] Age/Sex: F Location: [REDACTED]
Acct#: [REDACTED] Unit#: [REDACTED] Status: DIS IN Room/Bed: [REDACTED]
Reg: [REDACTED] Disch: [REDACTED] Att Dr: [REDACTED]

This report contains corrections, additions or deletions.
Any previous versions are stored internally and are available if necessary.

Specimen: [REDACTED] Received: [REDACTED] Status: [REDACTED] Req#: [REDACTED]
Spec Type: SURGICAL P Subm Dr: [REDACTED]

PREOPERATIVE DIAGNOSIS

LEFT BREAST CANCER INVASIVE, BREAST ASYMMETRY

OPERATION PERFORMED

DATE: [REDACTED]

DOCTOR(S): [REDACTED]

PROCEDURE: LEFT SIMPLE MASTECTOMY, SENTINEL NODE BX, REDUCTION MAMMOPLASTY

PROCEDURE (CONT): BREAST RECONSTRUCTIN WITH TISSUE EXPANDER

TISSUE EXAMINED

- A. LEFT BREAST MASTECTOMY
- B. LT BREAST 1ST SENTINEL NODE
- C. LT BREAST 2ND SENTINEL NODE
- D. LT BREAST 3RD SENTINEL NODE
- E. LEFT BREAST TISSUE
- F. RIGHT BREAST TISSUE

UID:BC75790C-FBC7-4897-B228-762245C48740
TCGA-A2-A05U-01A-PR

Redacted



GROSS DESCRIPTION

PART A RECEIVED FRESH LABELED [REDACTED] LEFT BREAST MASTECTOMY STITCH AT SUPERIOR MEDIAL BORDER, IS A LEFT SIMPLE MASTECTOMY SPECIMEN AS ORIENTED BY A SUTURE MEASURING 21 X 20 X 4.5 CM. A SKIN ELLIPSE MEASURES 11.2 X 6.5 CM, WITH A GROSSLY UNREMARKABLE NIPPLE. THE SUPERFICIAL ASPECT IS MARKED IN BLUE INK, THE DEEP ASPECT IN BLACK INK. IN THE MIDPORTION, THERE IS A 0.9 X 0.7 X 0.9-CM LESION 2.5 CM FROM THE DEEP MARGIN. A PORTION OF THIS IS SUBMITTED PER PROTOCOL, THE MIRROR IMAGE IS SUBMITTED IN A1, AND THE CORRESPONDING DEEP MARGIN IN A2. A SECOND LARGER LESION IS FOUND LATERAL TO THIS MEASURING 2.2 X 1.6 X 1.5 CM. THIS IS 2 CM FROM THE DEEP MARGIN. THIS DEEP MARGIN IS SUBMITTED IN A3. THESE TWO AREAS ARE 1.5 CM APART. MEDIAL TO ALL OF THESE IS A SMALL SUPERFICIAL LESION, 0.5 CM IN GREATEST DIMENSION, 2.5 CM FROM THE FIRST DESCRIBED LESION. THIS LESION IS SUBMITTED IN A6. A5 REPRESENTS A SECOND SECTION OF THE LARGEST MOST LATERAL LESION. THE SMALLEST LESION IS 4 CM FROM THE DEEP MARGIN, WHICH IS SUBMITTED IN A7. THE REMAINING BREAST TISSUE CONSISTS OF BLAND YELLOW FATTY TISSUE WITH FINE FIBROUS BANDS. ADDITIONAL SECTIONS OF THE BREAST TISSUE ARE SUBMITTED AS FOLLOWS: A8--UPPER OUTER QUADRANT, A9--UPPER INNER QUADRANT, A10--LOWER INNER QUADRANT, A11--LOWER OUTER QUADRANT, A12--NIPPLE. THE LARGEST LESION IS SUPERIOR TO THE NIPPLE, AND

Patient: [REDACTED]

(Continued)

Specimen:

Received:

Status:

Req#: [REDACTED]

Spec Type: SURGICAL P

Subm Dr: [REDACTED]

GROSS DESCRIPTION

(Continued)

THESE LESIONS PROGRESS THEREFORE IN THE UPPER INNER QUADRANT OF THE BREAST.

PART B RECEIVED FRESH LABELED [REDACTED] LEFT BREAST FIRST SENTINEL NODE HOT, IS A PORTION OF YELLOW FATTY TISSUE MEASURING 2.2 X 1.6 X 0.1 CM. SECTIONING REVEALS A 0.7-CM LYMPH NODE. ONE-HALF IS SUBMITTED PER PROTOCOL; THE REMAINDER IS SUBMITTED LABELED B.

PART C RECEIVED FRESH LABELED [REDACTED] LEFT BREAST SECOND SENTINEL NODE HOT, IS YELLOW FATTY TISSUE MEASURING 3.8 X 1.1 X 0.8 CM. EXAMINATION REVEALS A 2.2 CM IN LENGTH GROSSLY UNREMARKABLE LYMPH NODE, A PORTION OF WHICH IS SUBMITTED PER PROTOCOL, AND THE REMAINDER IS SUBMITTED LABELED C.

PART D RECEIVED FRESH LABELED [REDACTED] THIRD SENTINEL NODE, IS AN OVOID PORTION OF YELLOW FATTY TISSUE MEASURING 2.5 X 1.2 X 1.0 CM. SECTIONING REVEALS FIRM TISSUE BUT NO GROSS NODAL TISSUE. A PORTION IS SUBMITTED PER PROTOCOL, AND THE REMAINDER IS SUBMITTED LABELED D.

PART E RECEIVED LABELED [REDACTED] SECOND BREAST TISSUE SUPERFICIALLY OVER SUPERIOR MEDIAL ASPECT OVER HARD NODULE STITCH AT NEW MARGIN, IS AN IRREGULAR PORTION OF YELLOW FATTY TISSUE MEASURING 2.9 X 2.0 X 0.5 CM. A SUTURE DENOTES A NEW MARGIN, AND THIS SIDE IS MARKED WITH INK. THIS IS SECTIONED AND SUBMITTED LABELED E.

PART F RECEIVED LABELED [REDACTED] RIGHT BREAST TISSUE, IS 256 GRAMS OF FIBROFATTY BREAST TISSUE AND SKIN. SECTIONING REVEALS BLAND YELLOW FATTY TISSUE WITH FINE FIBROUS BANDS. THERE ARE NO AREAS OF BROAD FIBROSIS OR MASSES IDENTIFIED. REPRESENTATIVE TISSUE IS SUBMITTED LABELED F1 THROUGH 5.

PATHOLOGICAL

PROCEDURES:

88305, 88307/5, IMMUNOPEROXIDAS/3, A1 BLK, A10 BLK, A11 BLK, A12 BLK, A2 BLK, A3 BLK, A4 BLK, A5 BLK, A6 BLK, A7 BLK, A8 BLK, A9 BLK, BBX X6, CBX X6, DBX X6, E1 BLK, F1 BLK, F2 BLK, F3 BLK, F4 BLK, F5 BLK

FINAL DIAGNOSIS

PART A LEFT BREAST, SIMPLE MASTECTOMY:

1. MULTICENTRIC MODERATELY DIFFERENTIATED INTRADUCTAL AND INFILTRATING DUCT CARCINOMAS (3), NUCLEAR GRADE 2 WITH MODERATE MITOTIC INDEX WITH AN INSITU COMPONENT OF 5-10% OF SOLID AND CRIBRIFORM TYPE

Patient: [REDACTED]

(Continued)

Specimen:

Received:

Status:

Req#: [REDACTED]

Spec Type: SURGICAL P

Subm Dr:

FINAL DIAGNOSIS

(Continued)

2. THREE TUMORS MEASURING 2.2, 1.0 AND 1.0 CM ARE PRESENT WITH ONE TUMOR INVOLVING THE SUPERFICIAL MARGIN.

3. DUCTAL CARCINOMA IN SITU IS PRESENT IN THE DEEP DUCTS OF THE NIPPLE SKIN. THE NIPPLE SKIN AND DEEP MARGINS OF EXCISION ARE FREE OF NEOPLASM.

4. FOCI SUSPICIOUS FOR LYMPHATIC INVASION ARE PRESENT.

PART B LEFT BREAST, FIRST SENTINEL NODE, BIOSPY: LYMPH NODE (1) WITH AN ISOLATED FOCUS OF TUMOR CELLS, MEASURING 0.01 MM, IDENTIFIED ON THE CYTOKERATIN STAIN AND ONLY THE FIRST OF THREE STEP-SECTIONS OF THE H&E STAINS.

PART C LEFT BREAST, SECOND SENTINEL NODE, BIOSPY: LYMPH NODE (1), NEGATIVE FOR TUMOR BY ROUTINE AND CYTOKERATIN STAIN.

PART D LEFT BREAST, THIRD SENTINEL NODE, BIOSPY: SMALL LYMPH NODES (5), NEGATIVE FOR TUMOR BY ROUTINE AND CYTOKERATIN STAIN.

PART E LEFT BREAST SUPERFICIAL TISSUE RE-EXCISION: FIBROADIPOSE TISSUE, NEGATIVE FOR TUMOR WITH THE NEW INKED MARGIN FREE OF NEOPLASM.

PART F RIGHT BREAST, REDUCTION MAMMOPLASTY: SKIN, ADIPOSE AND BREAST TISSUE WITH FIBROCYSTIC CHANGE AND A FOCUS OF ATYPICAL LOBULAR HYPERPLASIA.

COLLATIONATION DIAGNOSIS

ONCOTYPE

RESULTS: = 14

CLINICAL EXPERIENCE: PATIENTS WITH A RECURRENCE SCORE OF 14 IN THE CLINICAL VALIDATIONS STUDY HAD AN AVERAGE RATE OF DISTANT RECURRENCE AT 10 YEARS OF 9%(95% CI: 6%-12%).

Signed _____ (signature on file) _____

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 11/10	