

Specimen:

Received:

Status: SOUT

Spec Type: SURGICAL P

Subm Dr:

[REDACTED]
PREOPERATIVE DIAGNOSIS

BREAST CANCER IN SITU/NIPPLE DISCHARGE/LT BREAST MACROMASTIA

[REDACTED]
OPERATION PERFORMED

DATE:

DOCTOR(S):

PROCEDURE: BIOPSY/EXCISION SENTINEL NODE DEEP AXILLARY

[REDACTED]
TISSUE REMOVED

- A. LT BREAST TISSUE
- B. RT SIMPLE MASTECTOMY
- C. RT AXILLA SENTINEL NODE #1

1CD-0-3

Carcinoma, infiltrating duct, nos 8500/3

site: breast, upper outer quadrant C50.4

Path CQCF site: breast, nos C50.9 1/27/11 JWR

[REDACTED]
GROSS DESCRIPTION

PART A RECEIVED FRESH LABELED [REDACTED] LEFT BREAST TISSUE, IS A LEFT BREAST TISSUE, IS A 643.5 GRAMS OF FIBROFATTY BREAST TISSUE AND SKIN SUBMITTED IN 2 PIECES, ONE IS A PORTION OF SKIN WITH AREOLAR TYPE TISSUE AT ONE END AND THE SECOND IS SKIN AND UNDERLYING FIBROFATTY TISSUE REMOVED IN A BREAST REDUCTION PATTERN. SECTIONING REVEALS BLAND YELLOW FATTY TISSUE WITH FINE FIBROUS BANDS AND NO AREAS OF MYELOFIBROSIS OR MASS IS IDENTIFIED. REPRESENTATIVE TISSUE IS SUBMITTED AS FOLLOWS:
A1--SKIN TISSUE SUPERIOR, A2--MEDIAL ARM, A3 THROUGH A5--LATERAL ARM FROM SUPERIOR TO INFERIOR.

PART B RECEIVED FRESH LABELED [REDACTED] RIGHT SIMPLE MASTECTOMY STITCH 12 O'CLOCK, IS A SIMPLE MASTECTOMY SPECIMEN MEASURING 21 X 21.5 X 6.6 CM. THE NIPPLE IS UNREMARKABLE. WITHIN A 21.2 X 12.5 CM SKIN ELLIPSE, A SUTURE DENOTES 12 O'CLOCK. THE SUPERFICIAL ASPECT IS MARKED WITH BLUE INK, THE DEEP MARGIN WITH BLACK INK. A WELL-HEALED SCAR IS NOTED ON THE LATERAL ASPECT OF THE BREAST SKIN MEASURING 5.0 CM IN LENGTH. SECTIONING REVEALS BLAND YELLOW FATTY TISSUE WITH FINE FIBROUS BANDS IN THE MIDPORTION. BLUE DYE IS NOTED. THERE IS AN AREA OF GRAY FIBROSIS WITH TAN-BROWN DISCOLORATION SUGGESTIVE OF A PREVIOUS BIOPSY SITE IN THE UPPER OUTER QUADRANTS. THERE IS A FIRM NODULE IN THE 9 O'CLOCK LATERAL ASPECT OF THE SPECIMEN WITH FOCAL BLUE DYE SUGGESTIVE OF A LYMPH NODE. THIS IS 1.1 CM FROM THE DEEP MARGIN. SECTION IS SUBMITTED IN B2 (MIRROR IMAGE TO PROTOCOL). THE AREA BETWEEN THIS BIOPSY SITE IS 5 CM FROM THE DEEP MARGIN. BIOPSY CLIPS ARE NOT OTHERWISE IDENTIFIED WITHIN THE SPECIMEN. SECTIONS ARE SUBMITTED AS FOLLOWS: B1--NIPPLE AND SKIN SCAR, B2--POSSIBLE LYMPH NODE AT 9 O'CLOCK AREA, B3--DEEP MARGIN TO B2, B4--DEEP MARGIN TO PREVIOUS BIOPSY SITE, B5 THROUGH B12--SECTIONS OF THIS PREVIOUS BIOPSY SITE WITH B7 AND B12 THE FARDEST FROM EACH OTHER AT 2 CM SPA, B13--NODULARITY IMMEDIATELY DEEP TO B12, UPPER OUTER QUADRANT, B14--UPPER OUTER QUADRANT IMMEDIATELY ADJACENT TO B13, B15--LOWER OUTER QUADRANT IMMEDIATELY INFERIOR TO B2, B16--RANDOM LOWER OUTER QUADRANT 6 CM FROM PREVIOUS BIOPSY SITE, B17--NODULARITY 6 O'CLOCK AREA 9 CM FROM PREVIOUS BIOPSY SITE (MIRROR IMAGE TO PROTOCOL), B18--LOWER INNER

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Patient: [REDACTED]

(Continued)

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GROSS DESCRIPTION

(Continued)

QUADRANT, B19--UPPER INNER QUADRANT. SEPARATELY SUBMITTED WITHIN THE CONTAINER IS A SMALL FRAGMENT OF YELLOW FATTY TISSUE MEASURING 3.5 X 3.0 X 1.2 CM IN GREATEST DIMENSION. THIS IS GROSSLY UNREMARKABLE AND REPRESENTATIVE TISSUE IS SUBMITTED IN B20.

PART C RECEIVED FRESH LABELED [REDACTED] RIGHT AXILLA FIRST SENTINEL NODE HOT AND BLUE, IS YELLOW-TAN FATTY TISSUE MEASURING 3.4 X 2.0 X 1.0 CM. SECTIONING REVEALS A GROSSLY UNREMARKABLE FAT-REPLACED NODAL TISSUE SUBMITTED ENTIRELY LABELED C.

[REDACTED]
PATH PROCEDURES

PROCEDURES:

88305, 88307/2, IMMUNOPEROXIDAS, A BLK/5, B BLK/20, CBX X6

[REDACTED]
FINAL DIAGNOSIS

PART A LEFT BREAST, REDUCTION MAMMOPLASTY:

1. CONSISTENT WITH MACROMASTIA.
2. SCATTERED FOCI OF ATYPICAL LOBULAR HYPERPLASIA.

PART B RIGHT BREAST, SIMPLE MASTECTOMY:

1. MODERATELY DIFFERENTIATED INTRADUCTAL AND INFILTRATING DUCT CARCINOMA. THE INVASIVE COMPONENT SHOWS NUCLEAR GRADE 2, MODERATE MITOTIC INDEX AND TUBULE FORMATION 3 FOR A TOTAL NOTTINGHAM SCORE OF 7. DCIS OF THE CRIBRIFORM AND PAPILLARY TYPES, NUCLEAR GRADE 2 HAS RARE FOCI OF INTRALUMINAL NECROSIS AND COMPRIMES APPROXIMATELY 50% OF THE TUMOR.
2. THE TUMOR IS MULTIFOCAL IN THE UPPER OUTER QUADRANT WITH THE LARGEST INVASIVE FOCUS MEASURING 7 MM IN GREATEST DIMENSION. ADDITIONAL INVASIVE FOCI ARE ALSO PRESENT THAT RANGE FROM 2 TO 3 MM IN GREATEST DIMENSION. DCIS IS IDENTIFIED ON 15 OF 20 BLOCKS EXAMINED HAVING A MAXIMUM CALCULATED DIMENSION OF 6 CM.
3. THE NIPPLE SKIN, RANDOM SECTIONS OF REMAINING QUADRANTS AND MARGINS ARE FREE OF TUMOR.
4. LYMPHOVASCULAR INVASION IS NOT IDENTIFIED.
5. THE BIOPSY SITE IS PRESENT.

PART C RIGHT AXILLA, SENTINEL LYMPH NODE BIOPSY: METASTATIC BREAST CARCINOMA IS IDENTIFIED IN THE SUBCAPSULAR SINUS/CORTEX IN A FOCUS MEASURING 0.17 MM IN GREATEST MICROSCOPIC DIMENSION ON THE CYTOKERATIN STAIN WHICH WERE NOT SEEN ON INITIAL H AND E EXAMINATION. RARE

Chief of Pathology

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(Continued)

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FINAL DIAGNOSIS

(Continued)

ADDITIONAL ISOLATED TUMOR CELLS ARE ALSO PRESENT.

Signed _____ (prelim.)

_____ (signature on file) _____

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HIPAA Discrepancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prior Malignancy History	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dual/Synchronous Primary Noted	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	<input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED	
Reviewer Initials	[Signature]	
Date Reviewed:	10/10/04	