



Regional Pathology Associates
 2701 Hospital Drive
 Victoria, Texas 77901
 (361) 575-1111

Patient:	DAVIS, Debbie H.	DOB:	07/01/1967	Female 54
Specimen No:	S-05411-21	Surgery:	12/20/2021	
Hospital:	Cuero Community Hospital	Received:	12/21/2021	
Practitioner:	Benavides, V. Antonio	Reported:	12/27/2021	
PID:	851201	Addended Report:	01/03/2022	

Clinical Diagnosis:	Site of Removal:
1. cancer of right breast	1. right breast
2.	2. sentinel node x4

DIAGNOSIS:

SPECIMEN #1: BREAST, RIGHT, MASTECTOMY:

- **INVASIVE MAMMARY CARCINOMA OF NO SPECIAL TYPE (INVASIVE DUCTAL CARCINOMA, NOT OTHERWISE SPECIFIED), NOTTINGHAM GRADE 2, PT2 PN2A**
- **DUCTAL CARCINOMA IN SITU, INTERMEDIATE GRADE, SOLID TYPE, WITH COMEDONECROSIS**
- **THREE OF SEVEN LYMPH NODES POSITIVE FOR MACROMETASTATIC CARCINOMA (3/7) WITH EXTRANODAL EXTENSION**
- **RESECTION MARGINS NEGATIVE FOR MALIGNANCY**

PROCEDURE: MASTECTOMY

SPECIMEN LATERALITY: RIGHT

TUMOR SIZE: 32 MM

HISTOLOGIC TYPE: INVASIVE MAMMARY CARCINOMA OF NO SPECIAL TYPE (INVASIVE DUCTAL CARCINOMA, NOT OTHERWISE SPECIFIED)

HISTOLOGIC GRADE: GRADE 2 (SCORE 7/9)

- **GLANDULAR (ACINAR)/TUBULAR DIFFERENTIATION: 3/3**

- **NUCLEAR PLEOMORPHISM: 2/3**

- **MITOTIC RATE: 1/3**

TUMOR FOCALITY: SINGLE FOCUS OF INVASIVE CARCINOMA

DUCTAL CARCINOMA IN SITU: PRESENT, NEGATIVE FOR EXTENSIVE INTRADUCTAL COMPONENT

- **ESTIMATED SIZE (EXTENT) OF DCIS IS AT LEAST: 13 MM**

- **ARCHITECTURAL PATTERNS: SOLID**

- **NUCLEAR GRADE: G2, INTERMEDIATE**

- **NECROSIS: PRESENT, COMEDONECROSIS**

LOBULAR CARCINOMA IN SITU: NOT IDENTIFIED

TUMOR EXTENSION:

- **SKIN: PRESENT AND UNINVOLVED**

- **NIPPLE: DCIS DOES NOT INVOLVE THE NIPPLE EPIDERMIS**

- **SKELETAL MUSCLE: NOT APPLICABLE**

INVASIVE CARCINOMA MARGINS: UNINVOLVED BY INVASIVE CARCINOMA

- **DISTANCE FROM CLOSEST MARGIN: POSTERIOR MARGIN, 7 MM**

DCIS MARGINS: UNKNOWN EXACT DISTANCE, AT LEAST 7 MM, POSTERIOR MARGIN

REGIONAL LYMPH NODES: INVOLVED BY TUMOR CELLS

- **NUMBER OF LYMPH NODES WITH MACROMETASTASIS: 7**

- **NUMBER OF LYMPH NODES WITH MICROMETASTASIS: 0**

- **NUMBER OF LYMPH NODES WITH ISOLATED TUMOR CELLS: 1**

- **SIZE OF LARGEST METASTATIC DEPOSIT: 16 MM**

- **EXTRANODAL EXTENSION: PRESENT**

- **NUMBER OF LYMPH NODES EXAMINED: 13**

- **NUMBER OF SENTINEL NODES EXAMINED: SIX**

TREATMENT EFFECT: NO KNOWN PRESURGICAL THERAPY



SURGICAL PATHOLOGY CONSULTATION

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LYMPHOVASCULAR INVASION: SUSPICIOUS
DERMAL LYMPHOVASCULAR INVASION: NOT IDENTIFIED
PATHOLOGIC STAGE CLASSIFICATION (PTNM, AJCC 8TH ED):
- PRIMARY TUMOR: PT2
- REGIONAL LYMPH NODES: PN2A
BREAST BIOMARKER TESTING PERFORMED ON PREVIOUS BIOPSY (S-05180-21):
- ER: LOW POSITIVE (1+, 1%)
- PR: POSITIVE (3+, 80%)
- HER-2/NEU: NEGATIVE (FISH)

SPECIMEN #2: SENTINEL LYMPH NODE, EXCISIONAL BIOPSY:
- FOUR OF SIX LYMPH NODES POSITIVE FOR MACROMETASTATIC CARCINOMA (4/6)
- ONE OF SIX LYMPH NODES POSITIVE FOR ISOLATED TUMOR CELLS (1/6)
- EXTRANODAL EXTENSION PRESENT

GROSS DESCRIPTION:

SPECIMEN #1: Received in formalin labeled with the patient's information and designated "right breast", is a 911 gm right simple mastectomy specimen that is 24 cm from medial to lateral, 19.8 cm from superior to inferior, and 4.5 cm from anterior to posterior. On the anterior surface is a 21.3 x 12.8 cm ellipse of tan skin which exhibits an approximately 7 x 2.5 ill-defined red discolored area on the inferior/medial aspect. Centrally located on the skin ellipse is a 1 cm slightly retracted nipple. The resection margins are inked as follows: superior - blue, inferior - green, posterior - black. The specimen is serially sectioned from medial to lateral and in the upper inner quadrant is a 3.2 x 3.2 x 2.5 cm mass with irregular, lobulated borders. The mass grossly is 0.8 cm from the closest black inked margin and more than 2 cm from the closest blue and green inked margins and skin surface. Cut surfaces of the mass are yellow-tan and indurated and a radiologic marker is identified within the mass (cassette 1F). In the lower outer quadrant, approximately 16 cm lateral to the mass, is a 1.5 x 1.3 x 1 cm irregular nodule (possible lymph node). The nodule grossly abuts the black inked surface and is more than 2 cm from the blue and green ink surface and skin surface. Cut sections of the nodule are homogeneous tan and firm. The remaining parenchyma is compromised of approximately 90% grossly normal adipose tissue dispersed with patchy areas of dense tan fibrous tissue, predominantly in the central area. Within the lateral-most aspect of the breast are six rubbery tan lymph nodes ranging from 0.4-2.5 cm in greatest dimension. Representative sections are submitted in 21 cassettes as follows:

1A - perpendicular sections of nipple; 1B - nipple base, en face; 1C - mass to closest black inked margin; 1D - closest blue and green inked margins to mass; 1E - closest skin to mass and additional hemorrhagic area of skin sampled; 1F-1G - additional mass sampled; 1H-1I - irregular nodule; 1J - shaved medial margin, en face; 1K - lateral margin, en face; 1L - upper outer quadrant; 1M - lower outer quadrant; 1N - lower inner quadrant; 1O - upper inner quadrant; 1P - central area; 1Q-1R - largest lymph node; 1S-1T - two lymph nodes each; 1U - bisected lymph node.

COLD ISCHEMIC TIME: 26 minutes
FORMALIN FIXATION TIME: 1356 on 12/20/2021
TOTAL FIXATION TIME: 48 hours 45 minutes



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2.

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2. sentinel node x4

SPECIMEN #2: Received in formalin labeled with the patient's information and designated "sentinel node", is a 4.4 x 4.3 x 2 cm aggregate of yellow-tan fibroadipose tissue fragment. Cut sections show 6 rubbery tan lymph nodes ranging from 0.5-2.5 cm in greatest dimension. The lymph nodes are entirely submitted in 5 cassettes as follows:
2A-2D - one lymph node each (lymph node in cassette 2C exhibits blue staining); 2E - two lymph nodes.
COLD ISCHEMIC TIME: 0 minutes
FORMALIN FIXATION TIME: 1251 on 12/20/2021
TOTAL FIXATION TIME: 49 hours 45 minutes vh/ak

MICROSCOPIC EXAMINATION:

SPECIMEN #1: Sections show invasive mammary carcinoma infiltrating in linear cords, nests, and occasional tubules. There is a focal micropapillary pattern of infiltration. Occasional signet ring cells are noted.

Immunohistochemistry was performed, and E-cadherin and p120catenin show membranous staining in neoplastic cells.

Three of seven lymph nodes are positive for metastatic carcinoma. The largest focus of metastasis measures 9 mm. Extranodal extension is present.

Scattered foci of intermediate grade DCIS; solid type, with comedonecrosis are noted.

SPECIMEN #2: Sections show **four of six lymph nodes positive for metastatic mammary carcinoma.** The largest focus of metastatic carcinoma measures 16 mm, and extranodal extension is present. **Metastatic signet ring cells are present.**
CS/cs/AL

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NOTE: The technical component of the immunohistochemical tests and/or special stains was completed at either NeoGenomics Houston, 7256 South Sam Houston Parkway West, Suite 300, Houston, TX 77085, or NeoGenomics California, 31 Columbia, Aliso Viejo, CA 92656. The interpretation (professional component) was performed by Regional Pathology Associates at Citizens Medical Center, 2701 Hospital Drive, Victoria, TX 77901. Interpretation is performed using appropriate controls.

This report was electronically signed by Chet Lee Schwab, MD on 1/3/2022 9:09 AM