100-0-3
Carcinoma, infiltrating ductal, NOS 8500/3'
Poth Site: brust, lower outer guadrent 050.5
COCF Site: brust, NOS 050.9
JUSIN

UUID: A514658A-FB29-4AA0-9451-2A960B3720C1 TCGA-E2-A1LS-01A-PR Re

Redacted

SPECIMENS:

- A. SUBAREOLAR TISSUE RIGHT BREAST
- B. SENTINEL LYMPH NODE #1 RIGHT AXILLA
- C. SENTINEL LYMPH NODE #2 RIGHT AXILLA
- D. SENTINEL LYMPH NODE #3 RIGHT AXILLA
- E. SENTINEL LYMPH NODE #4 RIGHT AXILLA
- F. RIGHT BREAST
- G. LEFT BREAST SKIN

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- G. LEFT BREAST SKIN



A. SUBAREOLAR TISSUE RIGHT BREAST

Received fresh labeled with the patient's identification and 'subareolar tissue right breast' is an oriented 5 x 4 x 0.5cm oriented fragment of fibrofatty tissue. Suture at final margin (nipple). Final margin is inked green; remainder of specimen is inked black. The specimen is serially sectioned and representatively submitted in FSA1-FSA2. Representatively submitted in A3-A4.

B. SENTINEL LYMPH NODE #1 RIGHT AXILLA

Received fresh labeled with the patient's identification and 'sentinel lymph node #1 right axilla' are two tan-pink lymph nodes $1 \times 0.8 \times 0.5$ cm and $0.6 \times 0.5 \times 0.5$ cm. The specimens are sectioned and two touch preps are taken.

B1: one lymph node

B2: one lymph node

C. SENTINEL LYMPH NODE #2 RIGHT AXILLA

Received fresh labeled with the patient's identification and 'sentinel lymph node #2 right axilla' is a tanpink lymph node 1.2 x 1 x 0.5cm. The specimen is sectioned and a touch prep is taken. Toto C1.

D. SENTINEL LYMPH NODE #3 RIGHT AXILLA

Received fresh labeled with the patient's identification and 'sentinel lymph node #3 right axilla' is a tanpink lymph node $0.7 \times 0.5 \times 0.5$ cm. The specimen is sectioned and a touch prep is taken. Toto D1.

E. SENTINEL LYMPH NODE #4 RIGHT AXILLA

Received fresh labeled with the patient's identification and 'sentinel lymph node #4 right axilla' is a tanpink lymph node $1.8 \times 0.5 \times 0.3$ cm. The specimen is sectioned and a touch prep is taken. Toto E1.

F. RIGHT BREAST

Received fresh labeled with the patient's identification and "left breast" is a 222g, 18.5 x 16 x 2.3cm oriented (stitch in axilla) simple mastectomy with attached 4.3 x 2cm tan-pink skin ellipse. The skin surface is grossly unremarkable. Ink code: anterior-superior: blue, anterior-inferior: orange, areolagreen, posterior-black. The specimen is serially sectioned from lateral to medial into 15 slices, revealing a 2 x 1.8 x 1.6cm tan-pink, firm, well-circumscribed mass, 0.2cm from the deep margin and 2.4cm from the skin surface in the LOQ-LC of slices 6-7. A 0.3 x 0.2 x 0.2cm firm, nodular area is identified, 3.2cm from the deep margin and 1.2cm from the anterior-inferior margin of the LC of slices 10-11. The small nodule is 2.2cm inferior to the areolar stitch. A portion of the specimen is submitted for tissue procurement. Representatively submitted:

F1: LOQ slice 5 F2-F3: UOQ slice 6

F4: LOQ with skin slice 6

F5-F6: mass with deep margin LOQ slice 6

F7: UOQ slice 7

F8-F9: mass with deep margin LOQ slice 7

F10: UOQ slice 8 F11: LOQ slice 8 F12: UOQ slice 9 F13: nodule LC slice 10 F14-F15: subareolar UC slice 10 F16: subareolar stitch UIQ slice 11

F17: nodule LIQ slice 11

G. LEFT BREAST SKIN

Received in formalin labeled with the patient's identification and 'left breast skin' are two unoriented tanpink fragments of unremarkable skin 3.2 x 1.8 x 0.4cm and 6.5 x 3 x 0.5cm. The specimens are serially sectioned and representatively submitted in G1.

DIAGNOSIS:

- A. BREAST, RIGHT, SUBAREOLAR, EXCISION:
 - INTRADUCTAL PAPILLOMA (0.3-CM), NO TUMOR SEEN.
- B. LYMPH NODES, SENTINEL #1, RIGHT AXILLA, EXCISION:
 - TWO LYMPH NODES, NEGATIVE FOR METASTASES (0/2).
- C. LYMPH NODE, SENTINEL #2, RIGHT AXILLA, EXCISION:
 - ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).
- D. LYMPH NODE, SENTINEL #3, RIGHT AXILLA, EXCISION:
 - ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).
- E. LYMPH NODE, SENTINEL #4, RIGHT AXILLA, EXCISION:
 - ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).
- F. BREAST, RIGHT, MASTECTOMY:
 - INVASIVE DUCTAL CARCINOMA, SBR GRADE 3, MEASURING 1.8 CM
- INTERMEDIATE NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, SOLID TYPE WITH LOBULAR **EXTENSION**
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
- LOBULAR CARCINOMA IN SITU
- BIOPSY SITE CHANGES WITH FIBROSIS
- TWO RADIAL SCARS
- SEE SYNOPTIC REPORT AND SEE NOTE.
- G. SKIN, LEFT BREAST, EXCISION:
 - SKIN AND SUBCUTANEOUS SOFT TISSUE, NO TUMOR SEEN.

NOTE: In addition to the tumor mass, 2 radial scars and one area of usual ductal hyperplasia without atypia are seen in the lower inner, upper inner and lower central, respectively.

SYNOPTIC REPORT - BREAST

Specimen Type:

Mastectomy

Needle Localization: No

Laterality: Right

Invasive Tumor: Present

Multifocality: No

WHO CLASSIFICATION

Invasive ductal carcinoma, NOS 8500/3

Tumor size: 1.8cm

Tumor Site: Lower outer quadrant

Margins: Negative

Distance from closest margin: 0.2cm

deep

3 Tubular Score: 3 **Nuclear Grade:** Mitotic Score: 3

Modified Scarff Bloom Richardson Grade: 3

Absent Necrosis:

Vascular/Lymphatic Invasion: None identified

Lobular neoplasia: LCIS Lymph nodes: Sentinel lymph node Lymph node status: Negative 0 / 5

DCIS present

Margins uninvolved by DCIS

DCIS Quantity: Estimate 10%

DCIS Type: Solid

DCIS Location: Associated with invasive tumor

Nuclear grade: Intermediate

Necrosis: Absent

ER/PR/HER2 Results

ER: Pending PR: Pending

HER2: Negative by IHC Performed on Case:

Pathological staging (pTN): pT 1c N 0

Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

CLINICAL HISTORY:

Patient with breast cancer at inferior mammary crease; 2nd area of enhancement in lower breast by MRI (low suspicion).

PRE-OPERATIVE DIAGNOSIS:

Right breast cancer

INTRAOPERATIVE CONSULTATION:

FSA1-FSA2: Subareolar tissue right breast- Normal breast tissue. No tumor seen. Diagnosis called to Dr. at by Dr..

TPB1-TPB2-TPC-TPD-TPE: SLN #1-2-3-4 right axilla: Negative for tumor. Diagnosis called to Dr. at by Dr..

F. Right breast- Gross examination: 2cm mass, 0.2cm from deep margin. Fibrotic area at subareolar region. No definite mass. Diagnosis called to Dr. at by Dr..

ADDENDUM:

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimen: Surgical Excision Block Number: F9

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ER: Negative Allred Score: 0 = Proportion Score 0 + Intensity Score 0 PR: Negative Allred Score: 0 = Proportion Score 0 + Intensity Score 0

COMMENT:

The Allred score for estrogen and progesterone receptors is calculated by adding the sum of the proportion score (0 = no staining, 1 = <1% of cells staining, 2 = 1 - 10% of cells staining, 3 = 11-30% of cells staining, 4 = 31-60% of cells staining, 5 = >60% of cells staining) to the intensity score (1 = weak intensity of staining, 2 = intermediate intensity of staining, 3 = strong intensity of staining), with a scoring range from 0 to 8.

ER/PR positive is defined as an Allred score of >2 and ER/PR negative is defined as an Allred score of less than or equal to 2.

METHODOLOGY:

Tissue was fixed in 10% neutral buffered formalin for no less than 8 and no longer than 24 hours. Immunohistochemistry was performed using the mouse anti-human ER (ER 1D5, 1:100) and PR (PGR 136, 1:100) provided by following the manufacturer s instructions. This assay was not modified. Interpretation of the ER/PR immunohistochemical stain is guided by published results in the medical literature, information provided by the reagent manufacturer and by internal review of staining performance.

Gross Dictation:,

Microscopic/Diagnostic Dictation:

Final Review: Pathologist,

Final: Pathologist,

TSS:

Addendum: Pathologist, Addendum Final: Pathologist,

Criteria			Yes	No ,
Diagnosis Discrepan	су			
Primary Tumor Site Discrepancy				
HIPAA Discrepancy				
Prior Malignancy History				
Dual/Synchronous Primary Noted				
Case is (circle):	1 GUALLERO	/ שישפעו	VINED/	
Reviewer Initials	Date Ro	/jev/ed:		
	7	7, 7		
				7