PATIENT HISTORY:

Not provided. LMP: Not provided. PRE-OP DIAGNOSIS: Right breast cancer.

POST-OP DIAGNOSIS: Same.

PROCEDURE: Right breast segmental mastectomy, right axillary sentinel node biopsy.

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

Antibody/Antigen

Result

AE1/AE3 (1B)

negative

Utilizing formalin-fixed (8-96 hour range), paraffin embedded tissue, immunohistology is performed with the following selected antibodies and designated antibody clone(s), directed against the following antigenic target(s), with adequate positive and negative internal and external controls. Antibodies are optimized appropriate for fixation times.

ANTIBODY

CLONE

TARGET ANTIGEN

VENDOR

AE1/AE3

AE1/AE3

carcinomas

The following statement applies to all immunohistochemistry, insitu hybridization (ISH & FISH), molecular anatomic pathology, and

The testing was developed and its performance characteristics determined by the $\mathfrak t$ required by the CLIA '88 regulations. The testing has not been cleared or approved for the specific use by the U.S. Food and Drug Administration, but the FDA has determined such approval is not necessary for clinical use.

This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") as qualified to perform highcomplexity clinical testing. Pursuant to the requirements of CLIA, ASR's used in this laboratory have been established and verified for accuracy and precision. Additional information about this type of test is available upon request.

CASE SYNOPSIS:

SYNOPTIC - PRIMARY INVASIVE CARCINOMA OF BREAST

LATERALITY:

Right

PROCEDURE: LOCATION:

Segmental

Not specified

SIZE OF TUMOR:

Maximum dimension invasive component: 1.4 cm

MULTICENTRICITY/MULTIFOCALITY OF INVASIVE FOCI:

TUMOR TYPE (invasive component):

Metaplastic carcinoma

NOTTINGHAM SCORE:

Nuclear grade: 3

Tubule formation: 3

Mitotic activity score: 3 Total Nottingham score: 9

Nottingham grade (1, 2, 3): 3

ANGIOLYMPHATIC INVASION: DERMAL LYMPHATIC INVASION:

Nο

CALCIFICATION:

No

TUMOR TYPE, IN SITU:

Yes, benign zones

Cribriform

Solid

DCIS admixed and outside of invasive carcinoma component

Percent of tumor occupied by in situ component: 5 %

SURGICAL MARGINS INVOLVED BY INVASIVE COMPONENT:

No

Distance of invasive tumor to closest margin: 2.0 mm

SURG MARGINS INVOLVED BY IN SITU COMPONENT:

No

Distance of in situ disease to closest margin: 4.0 mm

LYMPH NODES POSITIVE:

0

LYMPH NODES EXAMINED: METHOD(S) OF LYMPH NODE EXAMINATION:

SKIN INVOLVED (ULCERATION):

SENTINEL NODE METASTASIS:

NATION:

H/E stain, Keratin stain Circinoma, metaplastic, NUS 8575/3

NO

Site breast, NUS C50.9

Miolistii

Redacted

T STAGE, PATHOLOGIC: N STAGE, PATHOLOGIC: pN0(i-) M STAGE, PATHOLOGIC: pMX **ESTROGEN RECEPTORS:** negative PROGESTERONE RECEPTORS: negative HER2/NEU: zero or 1+

Diagnosis Discrepancy Primary Tumor Site Discrepancy HIPAA Discrepancy Prior Malignancy Histor Final/Synchronous Prinia

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PATIENT HISTORY:

Not provided. LMP: Not provided.* PRE-OP DIAGNOSIS: Right breast cancer.

POST-OP DIAGNOSIS: Same.

PROCEDURE: Right breast segmental mastectomy, right axillary sentinel node biopsy.

FINAL DIAGNOSIS:

PART 1: LYMPH NODES, RIGHT AXILLARY, SENTINEL #1, BIOPSY -THREE (3) LYMPH NODES NEGATIVE FOR METASTATIC CARCINOMA (0/3).

PART 2: BREAST, RIGHT, SEGMENTAL MASTECTOMY --

- A. INFILTRATING DUCTAL CARCINOMA, METAPLASTIC TYPE.
- B. NEOPLASM MEASURES 1.4 CM ON SLIDE.
- C. NOTTINGHAM SCORE: 9/9, GRADE 3.
- D. MARGINS OF RESECTION FREE OF NEOPLASM, CLOSEST POSTERIOR AT 0.2 CM.
- E. NO LYMPHOVASCULAR INVASION IDENTIFIED.
- F. ER NEGATIVE, PR NEGATIVE, HER-2/neu NEGATIVE (SCORE: 1+) PER PREVIOUS REPORT. G. PATHOLOGIC STAGE: pT1c pN0 pMX.
- H. DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPES, NUCLEAR GRADE 3 WITH COMEDO
- DUCTAL CARCINOMA IN SITU IS ADMIXED AND ADJACENT TO INVASIVE COMPONENT. I,
- J. MARGINS OF RESECTION FREE OF DUCTAL CARCINOMA IN SITU, CLOSEST POSTERIOR AT 0.4 CM.
- MÖNCKEBERG'S CALCIFIC MEDIAL SCLEROSIS OF ARTERY.



COMMENT:

One of the lymph nodes is confirmed negative by Immunohistochemical staining (1B). The positive basal-like immunohistochemical markers performed on the previous biopsy combined with the presence of matrix production and squamous differentiation in the current specimen support metaplastic subtype of infiltrating ductal carcinoma.

