Clinical Diagnosis & History:

y/o female with 4.5 cm right breast mass biopsy positive for intraductal carcinoma.

Specimens Submitted:

1: SP: Sentinel node #1, level 1, right axilla (fs)

2: SP: Right breast and level 1, plus low level 2 axillary contents 3: SP: Level 2 right axillary nodes

## DIAGNOSIS:

- SENTINEL NODE #1, LEVEL I, RIGHT AXILLA, BIOPSY:
  - ONE BENIGN LYMPH NODE (0/1).
- ADDITIONAL HEE STAINED SECTIONS AND IMMUNOHISTOCHEMICAL STAINS FOR CYTOKERATINS (AE1: AE3) SHOW NO EVIDENCE OF METASTATIC TUMOR.
- BREAST, RIGHT LEVEL I AND LOW LEVEL II AXILLA CONTENTS, MODIFIED RADICAL MASTECTOMY:
- INVASIVE DUCTAL CARCINOMA, NOS TYPE, HISTOLOGIC GRADE III/III (SLIGHT OR NO TUBULE FORMATION), NUCLEAR GRADE II/III (MODERATE VARIATION IN SIZE AND SHAPE), MEASURING 5.0 CM IN LARGEST DIMENSION GROSSLY, SEE NOTE.
- THE INVASIVE CARCINOMA IS LOCATED IN THE UPPER OUTER QUADRANT AND LOWER OUTER QUADRANT.
  - NO INVOLVEMENT OF THE NIPPLE BY CARCINOMA IS IDENTIFIED.
  - NO DEFINITE EVIDENCE OF VASCULAR INVASION OF CARCINOMA IS NOTED.
  - THERE IS PERINEURAL INVASION OF CARCINOMA.
- NO INVOLVEMENT OF THE SURGICAL MARGINS BY INVASIVE CARCINOMA IS IDENTIFIED.
  - NO SKIN INVOLVEMENT BY CARCINOMA IS IDENTIFIED.
- THE NON-NEOPLASTIC BREAST TISSUE SHOWS BIOPSY SITE CHANGES, FIBROCYSTIC CHANGES WITH FLORID DUCTAL HYPERPLASIA AND FIBROADENOMA (1.6 CM)
  - ONE BENIGN INTRAPARENCHYMAL LYMPH NODE (0/1).
- THE LYMPH NODE STATUS IS AS FOLLOWS (EXPRESSED AS THE NUMBER OF POSITIVE LYMPH NODES IN RELATION TO THE TOTAL NUMBER OF LYMPH NODES
- RECEPTOR IMMUNOHISTOCHEMISTRY DEMONSTRATES THE FOLLOWING STAINING PATTERNS FOR THE INVASIVE CARCINOMA: ESTROGEN RECEPTOR (ER) POSITIVE, 95% NUCLEAR STAINING WITH STRONG INTENSITY; PROGESTERONE RECEPTOR (PR) POSITIVE, 50% NUCLEAR STAINING WITH MODERATE TO STRONG INTENSITY; AND HER2/NEU

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100-0-3

Carcinoma, infiltrating duct. Nos 8500/3 Site: breat, Nos C50.9 hu 10/22/11

UUID:A1F0FEB5-6FEF-4FF7-AA1E-8EAAE551138B TCGA-AO-A0JC-01A-PR Re

Criteria	Yes	Ng.
Diagnosis Discrepancy		1
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		+7/
Prior Maignancy History		
Dual/Synchronous Primary Noted		
Case is (circle): CIALIFIED / Reviewer Initials Date Reviewed	DISQUALIFIED	
Keviewer milians	2/11	T

(HERCEPTEST) NEGATIVE, STAINING INTENSITY OF 0. CONTROLS ARE SATISFACTORY.

NOTE: THE RESULTS OF OTHER IMMUNOHISTOCHEMISTRY STAINS SUPPORT THE ABOVE DIAGNOSIS. SPECIFICALLY, THE TUMOR CELLS ARE POSITIVE FOR CYTOKERATIN 7, BRST-2, AND E-CADHERIN. WHEREAS THE TUMOR CELLS ARE NEGATIVE FOR CK20, SMA, HHF35, SYNAPTOPHYSIN AND CHROMOGRANIN.



LYMPH NODES, LEVEL II, LEFT AXILLA, DISSECTION: FIVE BENIGN LYMPH NODES (0/5).

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.

\*\*\* Report Electronically Signed Out \*\*\*

Special Studies:

Result

AB1:AB3 IMM RECUT NEG CONT ER-C PR-C CMA (HHF35) SMA HER2-C CK7 CK20 BR2 (GCDFP) CHR SYN SYN E-CADHERIN IMM RECUT NEG CONT NEG-HER2

Special Stain

Comment

2

Gross Description:

M.D.



1). The specimen is received fresh for frozen section consultation, labeled "Sentinel node number one, level I, right axilla" and consists of two pink tan fatty lymph nodes measuring  $1 \times 1 \times 0.7$  and  $0.5 \times 0.5 \times 0.4$  cm. The largest lymph node is bisected, and the small lymph node is inked in blue. Entirely submitted for frozen section.

Summary of sections:
FSC -- frozen section control

M.D.

\*\* Continued on next page \*\*

2). The specimen is received fresh labeled, "Right breast and level I and low level II axillary contents" and consists of a breast with attached axillary tail. The breast measures  $28.5 \times 26 \times 4.0$  cm with overlying skin ellipse measuring 2.5 x 1.1 cm. Situated centrally on the skin surface is an everted nipple measuring 1.2  $\times$  1.1  $\times$  0.4 cm and areola measuring 4  $\times$  4 cm. The skin is grossly fixed and involved by a mass lesion measuring  $5.0 \times 10^{-5}$ 4.5 x 3.7cm situated in the upper and lower outer quadrants between 8 o' clock to 10 o' clock . A suture demarcates the axillary tail which measures  $8 \times 7 \times 1$  cm. No tags are present. The posterior surface of the breast is inked black and the specimen is serially sectioned to reveal the mass is abutting the posterior margin. The remaining breast tissue shows fibrofatty cut surface. The axillary tissue is dissected to reveal multiple lymph nodes, ranging in size from 0.3 cm to 1.5 cm. Representative sections are submitted, including all identified lymph nodes. Additionally the container has an irregular skin ellipse and subcutaneous tissue measuring 9.5  $\times$  8.5  $\times$ 1.5 cm with overlying skin measuring 8.5 x 6 cm which is grossly unremarkable. Serial sectioning reveals unremarkable fatty cut surface. N - nipple NB - nipple base S - skin scar

S - skin scar
D - deep margin
T - tumor
UIQ - upper inner quadrant
LIQ - lower inner quadrant
UOQ - upper outer quadrant
LOQ - lower outer quadrant
LN - single lymph nodes
BLN - bisected lymph nodes

M.D.

3). The specimen is received in formalin and is labeled "Level II right axillary nodes". It consists of fragments of fibroadipose tissue measuring 5.5 x 3.5 x 1.5cm without orientation. Multiple lymph nodes are identified, submitted.

Summary of sections:

LNS - whole lymph nodes

Summary of Sections: Part 1: SP: Sentinel node #1, level 1, right axilla (fs)

Block Sect. Site PCs
1 PSC 1

Part 2: SP: Right breast and level 1, plus low level 2 axillary contents

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Part 3: SP: Level 2 right axillary nodes

Block Sect. Site PCs lns

Procedures/Addenda:

Addendum

Date Ordered:

Status: Signed Out By:

Date Complete Date Reported.

MD.

Addendum Diagnosis

2) BREAST, RIGHT LEVEL I AND LOW LEVEL II AXILLA CONTENTS; MODIFIED RADICAL MASTECTOMY:

- THE ORIGINAL DIAGNOSIS ON THIS CASE REMAINS UNCHANGED. THIS ADDENDUM SERVES TO CLARIFY THAT, ON REPRESENTATIVE SECTIONS, THE INVASIVE CARCINOMA APPROACHES THE EPIDERMIS OF THE BREAST SKIN, BUT DOES NOT DIRECTLY INVOLVE



Intraoperative Consultation: The diagnoses given in this section pertain only to the tissue sample examined at the time of the intraoperative consultation.

FROZEN SECTION DIAGNOSIS: NEGATIVE LYMPH NODE. PERMANENT DIAGNOSIS: SAME

·D

\*\* End of Report \*\*