

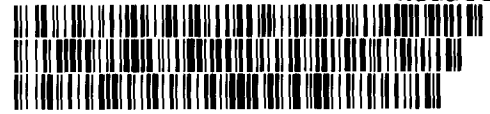
Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials:	M.G.	Date Reviewed: 5/15/17

\*\*\*\*\* MODIFIED REPORT - REVIEW ADDED

**DIAGNOSIS**

UUID: E76B5204-99E5-42D0-AE7E-ED5525796CCB  
TCGA-GM-A3XG-01A-PR

Redacted



- (A) RIGHT AXILLARY SENTINEL LYMPH NODE #1, BIOPSY:  
METASTATIC CARCINOMA IN ONE LYMPH NODE.  
LARGEST FOCUS OF METASTATIC CARCINOMA MEASURES 2.5 MM IN GREATEST DIMENSION.  
FOCAL EXTRANODAL EXTENSION IS PRESENT.  
CYTOKERATIN IMMUNOSTAINING CONFIRMS THE PRESENCE OF METASTATIC CARCINOMA.
- (B) RIGHT AXILLARY SENTINEL LYMPH NODE #2, BIOPSY:  
METASTATIC CARCINOMA IN ONE LYMPH NODE.  
LYMPH NODE METASTASIS MEASURES 5 MM IN GREATEST DIMENSION.  
Extranodal extension is not identified.  
CYTOKERATIN IMMUNOSTAINING CONFIRMS THE PRESENCE OF METASTATIC CARCINOMA.
- (C) RIGHT AXILLARY SENTINEL LYMPH NODE #3, BIOPSY:  
One lymph node, no tumor present.  
Cytokeratin immunostaining is negative for metastatic carcinoma.
- (D) RIGHT BREAST, MASTECTOMY:  
INVASIVE LOBULAR CARCINOMA, LOW NUCLEAR GRADE WITH AREAS OF INTERMEDIATE NUCLEAR GRADE,  
NOTTINGHAM HISTOLOGIC GRADE 2.  
INVASIVE CARCINOMA EXTENDS OVER AN AREA OF APPROXIMATELY 8 CM, PREDOMINATELY IN THE  
SUPERIOR CENTRAL PORTION OF THE BREAST.  
Definitive lymphovascular is not identified.  
INVASIVE CARCINOMA IS PRESENT 3 MM FROM THE SUPERIOR SUPERFICIAL MARGIN (FROZEN SECTION),  
AND AT LEAST 1 CM FROM OTHER MARGINS.  
LOBULAR CARCINOMA IN SITU (CLASSIC TYPE), WITH INVOLVEMENT OF DUCTS INCLUDING NIPPLE DUCTS.  
Fibrocystic changes including ductal hyperplasia without atypia, apocrine metaplasia.  
Intraductal papilloma and columnar cell change.  
One lateral lymph node, no tumor present.
- (E) RIGHT AXILLARY CONTENTS, DISSECTION:  
METASTATIC CARCINOMA IN ONE OF SEVENTEEN LYMPH NODES.  
LARGEST FOCUS OF METASTATIC CARCINOMA MEASURES 3.0 MM IN GREATEST DIMENSION.  
Extranodal extension is not identified.  
Additional four lymph nodes, pending cytokeratin immunostain.
- (F) ADDITIONAL LEVEL II LYMPH NODE, EXCISION:  
One lymph node, no tumor present.
- (G) ADDITIONAL LEVEL I NODE, EXCISION:  
One lymph node, no tumor present.
- (H) LEFT BREAST, MASTECTOMY:  
Atypical lobular hyperplasia with involvement of ducts.  
Fibrocystic changes including sclerosing adenosis, ductal hyperplasia without atypia and apocrine metaplasia.  
Nipple, no tumor present.

ICD-O3  
carcinoma, infiltrating, lobular, NOS  
8520/3  
Site: breast, NOS C50.9  
5-2312  
RD

**COMMENT**

In specimen D, the main focus of invasive carcinoma measures approximately 6 cm in greatest dimension, with multiple surrounding microscopic foci. The entire area involved by invasive carcinoma is approximately 8 cm.

Cytokeratin immunostaining performed on sections E1, E4 and E8 confirms the presence of metastatic carcinoma in one lymph node (section E8).

**GROSS DESCRIPTION**

- (A) SENTINEL LYMPH NODE #1, RIGHT AXILLARY, - One pale-pink lymph node, 1.0 x 0.8 x 0.6 cm.  
The specimen is serially sectioned and entirely submitted for frozen section evaluation.  
\*FS/DX: METASTATIC CARCINOMA (AT LEAST 2.5 MM)
- (B) SENTINEL LYMPH NODE #2, RIGHT AXILLARY, - One pale-gray possible lymph node, 2.0 x 1.4 x 0.4 cm. The lymph node is serially sectioned and entirely submitted in B1 and B2 for frozen section evaluation.  
\*FS/DX: METASTATIC CARCINOMA.

(C) SENTINEL LYMPH NODE #3, RIGHT AXILLARY,

– One pale-pink lymph node, 2.0 x 0.7 x 0.5 cm.

The lymph node is serially sectioned and entirely submitted in C for frozen section evaluation.

\*FS/DX: NEGATIVE FOR CARCINOMA.

(D) RIGHT BREAST, STITCH MARKS 12 O'CLOCK – SPECIMEN X-RAY, IMMEDIATE – One skin sparing total mastectomy specimen (19 x 18.5 x 3.5 cm) with an unremarkable areola (4.1 cm) and nipple (1.5 cm) with a stitch to mark 12 o'clock. The specimen is inked and serially sectioned from lateral to medial into thirteen slices with nipple at slice #8. Located at slice #6 to slice #8, there is one pale-gray, firm, ill-defined nodule (4.0 x 2.0 x 2.0 cm), located at approximately 12 o'clock position, 4.0 cm from the nipple, 1.0 cm from the closest superior superficial margin. Adjacent to the nodule there is one firm area at slice #6 and #7, approximately 2-cm in largest dimension, inferior from the nodule. One cyst (3.0 x 1.7 x 1.3 cm) is identified at slice #7 and slice #8 adjacent to the nodule. The specimen is x-rayed after sectioning and multiple radiographic interest areas are identified at slice #1 inferior portion, slice #6 to slice #8, central to inferior portion with a clip at slice #6, central portion. A portion of normal tissue and tumor is submitted for tumor bank.

INK CODE: Blue – superior, orange – inferior, black – deep.

SECTION CODE: D1, D2, slice #6, superior portion, close to the areola, frozen section evaluation; D3, slice #8, the nipple serially sectioned; D4, slice #8, base of nipple; D5, slice #8, fibrous tissue beneath the nipple; D6, slice #1, inferior portion radiograph interest area intramammary lymph node bisected; D7, lateral margin, perpendicular close to the intramammary lymph node; D8, slice #3, central portion, fibrous area; D9, slice #3, superior portion; anterior from D8 with superficial superior margin; D10, slice #3, central portion, fibrous area; D11, slice #3, inferior portion, fibrous area; D12, slice #4, central portion, fibrous tissue; D13, slice #4, central portion, inferior from D12, fibrous tissue; D14, slice #5, central portion, section adjacent to the lesion at slice #6; D15, slice #5, central to inferior portion, fibrous tissue, section adjacent to the lesion at slice #6; D16, slice #6, central portion the nodule area, associated with the clip; D17, slice #6, deep margin close to the nodule; D18, slice #6, central to inferior area, fibrous tissue, associated with nodule; D19, slice #6, central to inferior area with the superficial inferior margin; D20, slice #7, central to superior portion, representative section of the nodule; D21, slice #7, central portion, fibrous tissue, associated with the cyst; D22, slice #7, inferior portion, fibrous area; D23, slice #7, inferior portion with inferior margin; D24, slice #8, central portion, radiograph interest area associated with the nodule; D25, slice #8, superficial superior margin, close to the nodule; D26, slice #8, central portion, fibrous tissue, close to the nipple; D27, slice #8, inferior portion, fibrous tissue; D28, slice #8, inferior portion, with the inferior margin, close to the D27; D29, slice #8, inferior portion, radiograph interest area; D30, slice #9, central portion, section adjacent to the lesion at slice #8; D31, slice #10, central portion, fibrous area; D32, slice #7, superior portion, upper outer quadrant.

\*FS/DX: INVASIVE CARCINOMA, 3 MM FROM INKED MARGIN.

(E) RIGHT AXILLARY CONTENTS - One pink-yellow fibroadipose tissue (9.0 x 5.5 x 3.4 cm) with multiple lymph nodes ranging from 0.4 x 0.3 x 0.3 cm to 2.8 x 1.4 x 0.9 cm. The lymph nodes are entirely submitted.

SECTION CODE: E1-E7, each containing four possible lymph nodes; E8, three possible lymph nodes; E9, E10, each containing one lymph node serially sectioned; E11, E12, one lymph node serially sectioned.

(F) ADDITIONAL LEVEL II NODE, RIGHT AXILLA - One pale-gray fibroadipose tissue (2.2 x 1.3 x 0.4 cm) with two possible lymph nodes, 0.5 x 0.4 x 0.4 cm, 0.6 x 0.3 x 0.2 cm. The lymph nodes are entirely submitted in F.

(G) ADDITIONAL LEVEL I NODE - One pale-gray tissue fragment, 2.2 x 1.2 x 0.6 cm with two possible lymph nodes, 0.5 x 0.4 x 0.4 cm, 0.5 x 0.2 x 0.2 cm. Lymph nodes are entirely submitted in G.

(H) LEFT BREAST, STITCH MARKS 12 O'CLOCK - One skin sparing total mastectomy specimen (21.0 x 15.5 x 3.0 cm) with an unremarkable areolar (4.0 cm) and nipple (1.6 cm) with a short stitch to mark 12 o'clock. The specimen is inked, serially sectioned from medial to lateral into twelve slices with the nipple at slice 6. No nodule identified at the cut surface. A pale-gray ill-defined central fibrous area is identified at slice 5 through slice 10. Multiple cysts ranging from 0.2 to 0.7 cm in largest dimension are identified. The specimen is representatively submitted.

INK CODE: Blue - superior; orange - inferior; black - deep.

SECTION CODE: H1, nipple; H2, base of nipple; H3, fibrous tissue beneath the nipple; H4, slice 8, representative of the cyst; H5, slice 2, upper inner quadrant; H6, slice 5, upper inner quadrant; H7, slice 3, lower inner quadrant; H8, slice 5, lower inner quadrant; H9, slice 7, upper outer quadrant; H10, slice 9, upper outer quadrant; H11, slice 9, lower outer quadrant; H12, slice 11, lower outer quadrant; H13, slice 7, representative section of the central fibrous area.

## CLINICAL HISTORY

Right breast cancer.

## SNOMED CODES

T-04050, M-85203, M-85202, T-C4710, M-85206

"Some tests reported here may have been developed and performance characteristics determined by specifically cleared or approved by the U.S. Food and Drug Administration."

These tests have not been

Start of ADDENDUM

**ADDENDUM**

For HER-2/neu FISH results, please see [\[link\]](#) for accession number

-----END OF REPORT-----