

Name: [REDACTED]  
DOB: [REDACTED] (Age: [REDACTED])  
Gender: F  
MRN: [REDACTED]  
Location: [REDACTED]  
Physician: [REDACTED]

Case #: [REDACTED]  
Collected: [REDACTED]  
Received: [REDACTED]  
Reported: [REDACTED]  
Copy To: [REDACTED]

**Pathologic Interpretation:**

- A. SENTINEL NODE NO.1 AXILLA CONTENT
- No malignancy seen in one lymph node (0/1).
  - Immunohistochemistry for keratin to follow.

ICD-O-3  
Carcinoma, infiltrating lobular, NOS 8520/3  
Site: breast, NOS C50.9 2/8/11 fur

- B. RIGHT BREAST (SHORT STITCH SUPERIOR LONG STITCH LATERAL):
- Invasive lobular carcinoma, intermediate nuclear grade, with formation of two dominant tumoral masses, 4.0 cm and 1.0 cm.
  - The tumor invades the dermal skin.
  - Lymphovascular spaces invasion is identified.
  - Specimen margin is negative for tumor.
  - Metastatic carcinoma to two of eight lymph nodes (2/8)

- C. SENTINEL NODE NO. 2 AXILLA COUNT
- No malignancy seen in one lymph node (0/1).
  - Immunohistochemistry for keratin to follow.

**Tumor Summary:**

**Specimen:**

- Total breast

**Procedure:**

- Total mastectomy

**Lymph Node Sampling:**

- Sentinel lymph node
- Axillary dissection

**Specimen Integrity:**

- Single intact specimen

**Specimen Size:**

- Greatest dimension: 21 cm
- \* Additional dimension: 16 x 4 cm.

**Laterality:**

- Right

**Tumor Site:**

- Lower outer quadrant
- Upper inner quadrant
- Lower inner quadrant

**Tumor Size:**

- Greatest dimension of largest focus of invasion over 0.1 cm: 4 cm.
- Additional dimensions: 1 x 1 cm.

**Tumor Focality:**

- Multiple focus of invasive carcinoma.

**Macroscopic and Microscopic Extent of tumor:**

- Skin: Satellite skin foci of invasive carcinoma are present

**Lobular Carcinoma IN Situ (LCIS):**

- Present

**Histologic Type:**

- Invasive lobular carcinoma

**Histologic Grade:**

- Overall Grade: Grade 2

**Margins:**

- Margins uninvolved by invasive carcinoma.

**Lymph-Vascular Invasion:**

- Present

**Dermal Lymph-Vascular Invasion:**

UUID:D4194F52-3E15-4105-9A1A-1326CF128BF8  
TCGA-EW-A1IW-01A-PR

Redacted



- Not identified.

**Lymph Nodes:**

- Number of sentinel lymph nodes examined: 2
- Total number of lymph nodes examined (sentinel and Nonsentinel): 10
- Number of lymph nodes with macrometastases (>0.2 cm): 2

**Extranodal Extension:**

- Not identified

**Method of Evaluation of Sentinel Lymph Nodes:**

- Hematoxylin and eosin (H&E, one level)
- Immunohistochemistry.

**Ancillary Studies:**

**Estrogen Receptor:**

- Performed on another specimen:

Results: Immunoreactive tumor cells present (≥1%).

**Progesterone Receptor:**

- Performed on another specimen:

Results: Immunoreactive tumor cells present (≥1%).

**HER2/neu**

- Performed on another specimen:

Results: Equivocal (Score 2+)

**CISH for HER2/Neu:**

- Performed on another specimen:

Results: Not amplified (HER2 gene copy <4.0 or ratio <1.8)

**TNM Descriptors:**

- m (multiple foci of invasive carcinoma)

**Primary Tumor (Invasive Carcinoma) (pT).**

- pT4b

**Regional Lymph Nodes (pN):**

- pN1a

**Distant Metastasis (M):**

- Not applicable

**Pathologic Staging (pTNM): mpT3, N1a, M-not applicable**

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory. These ASRs are clinically useful indicators that do not require FFPE removal. These clones are ID5-ER, PgR 636-PR, A483-HER2, H-11-EGFR. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by pathologist as positive or negative. The results are read by a

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\*\*\*Electronically Signed Out By\*\*\*

**Procedures/Addenda**

**Addendum**

**Date Ordered:**

**Status:** Signed Out

**Date Complete:**

**Date Reported:**

**Addendum Diagnosis**

**A. SENTINEL NODE # 1 AXILLA CONTENT**

- Immunohistochemistry for keratin stain is negative for metastatic carcinoma to the lymph node.

**C. SENTINEL NODE # 2 AXILLA COUNT**

- Immunohistochemistry for keratin stain is negative for metastatic carcinoma to the lymph node.

**Intraoperative Consultation**

- A. Sentinel node # 1 axilla content      @      frozen section: Touch prep: Negative for metastatic carcinoma.
- C. Sentinel node # 2 Axilla count      and Touch prep: Negative for metastatic carcinoma.

**Clinical History:**

Lobular carcinoma

**Operation Performed**

Right breast total mastectomy; Possible axillary node dissection; Sentinel node biopsy

**Pre Operative Diagnosis:**

Breast cancer

**Specimen(s) Received:**

- A: Sentinel node # 1 axilla content ;
- B: Right breast (short stitch superior long stitch lateral)
- C: Sentinel node # 2 Axilla count

**Gross Description:**

- A. Received fresh is an ovoid pale tan tissue fragment, 1 x 1 x 0.2 cm. Bisected and submitted in toto in one cassette for frozen section.
- B. Received is a right mastectomy specimen with axillary tail, 21 x 16 x 4 cm. The specimen is oriented with short suture-superior margin and long suture-lateral margin. At the anterior aspect, there is a segment of skin 10 x 5.5 x 0.5 cm with areola and nipple. The nipple is depressed. There is an ill defined tumor mass, 4 x 3 x 1 cm, located at both lower inferior quadrants (outer and inner). There is a metallic clip. At the upper inner quadrant, there is a second tumor mass, 1 x 1 x 0.5 cm present, close to the anterior margin. The rest of the breast presents few breast stroma and abundant yellow adipose tissue. Representative portion of tissue was taken for the :      Ten possible lymph nodes are grossly identified and present at the axillary tail. Representative sections are submitted in nineteen cassettes as follows:
- 1      Nipple
  - 2      Deep margin
  - 3&4      Tumor, lower outer quadrant
  - 5&6      Tumor, lower inner quadrant
  - 7      Middle line tumor
  - 8      Second mass, upper inner quadrant close to anterior margin
  - 9      Upper outer quadrant
  - 10&11      One entire lymph node, per block
  - 12-19      One lymph node bisected, per block
- C. Received is an ovoid pale tan tissue fragment, 1.2 x 1 x 0.5 cm. Bisected and submitted in toto in one cassette for frozen section.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 8/8/11	

Name: [REDACTED]  
DOB: [REDACTED]  
Gender: F  
MRN: [REDACTED]  
Location: [REDACTED]  
Physician: [REDACTED]

Case #:  
Collected:  
Received:  
Reported:  
Copy To:

[REDACTED]

**Pathologic Interpretation:**

**AMMENDMENT TO PATHOLOGIC TUMOR STAGING AND RESULTS OF HER2 BY CISH (**

- A. SENTINEL NODE NO.1 AXILLA CONTENT  
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- Specimen margin is negative for tumor.  
- Metastatic carcinoma to two of eight lymph nodes (2/8)
- C. SENTINEL NODE NO. 2 AXILLA COUNT 605 FS:  
- No malignancy seen in one lymph node (0/1).  
- Immunohistochemistry for keratin to follow.

**Tumor Summary:**

**Specimen:**

- Total breast

**Procedure:**

- Total mastectomy

**Lymph Node Sampling:**

- Sentinel lymph node
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**Lobular Carcinoma IN Situ (LCIS):**

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**Histologic Grade:**

- Overall Grade: Grade 2

**Margins:**

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ICD-O3  
carcinoma, infiltrating  
lobular, NOS 8520/3  
site: breast, NOS C50.9  
5/31/12  
RD

**Lymph-Vascular Invasion:**

- Present

**Dermal Lymph-Vascular Invasion:**

- Not identified.

**Lymph Nodes:**

- Number of sentinel lymph nodes examined: 2
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Results: Equivocal (Score 2+)

**CISH for HER2/Neu:**

- Performed on another specimen:

Results: Amplified (HER2 gene copy <4.0 or ratio <1.8)  
(amended).

**TNM Descriptors:**

- m (multiple foci of invasive carcinoma)

**Primary Tumor (invasive Carcinoma) (pT).**

- pT4b

**Regional Lymph Nodes (pN):**

- pN1a

**Distant Metastasis (M):**

- Not applicable

**Pathologic Staging (pTNM):** mpT4b, N1a, M-not applicable (amended)

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\*\*\*Electronically Signed Out By\*\*\*

**Amendments**

**Amended:**

**Reason:** Revise/Update Tumor Staging

Case is amended to revise Pathologic Tumor Staging and update results of Her2 by CISH.

**Previous Signout Date:**

**Procedures/Addenda**

**Addendum**

**Date Ordered:**

**Status:** Signed Out

**Date Complete:**

**Date Reported:**

### Addendum Diagnosis

**A. SENTINEL NODE # 1 AXILLA CONTENT**

- Immunohistochemistry for keratin stain is negative for metastatic carcinoma to the lymph node.

**C. SENTINEL NODE # 2 AXILLA COUNT**

- Immunohistochemistry for keratin stain is negative for metastatic carcinoma to the lymph node.

### Intraoperative Consultation

**A. Sentinel node # 1 axilla content**

2 frozen section: Touch prep: Negative for metastatic carcinoma.

**C. Sentinel node # 2 Axilla count**

and Touch prep: Negative for metastatic carcinoma.

### Clinical History:

Lobular carcinoma

### Operation Performed

Right breast total mastectomy; Possible axillary node dissection; Sentinel node biopsy

### Pre Operative Diagnosis:

Breast cancer

### Specimen(s) Received:

A: Sentinel node # 1 axilla content

B: Right breast (short suture superior long suture lateral)

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Prior Malignancy History		
Local/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials:	Date Reviewed:	