

Name:

MRN:

D.O.B.:

Sex:

Location:

(Age:

Path No.:

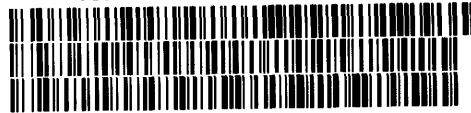
Date Obtained:

Date Received:

Physician:

UUID: 0CD23E1B-3FA3-4A43-AE6E-C8E7B51252F8
TCGA-3C-AAAU-01A-PR

Redacted



SURGICAL PATHOLOGY

****See Addendum/Procedure****

SPECIMEN:

A: Lymph node, left axilla sentinel, biopsy

B: Breast, left, modified radical mastectomy

*ICDO-3
Carcinoma, infiltrating lobular 8520/3
Site ^{CLF} (L) Breast NOS C50.9
path (L) Breast, lower outer quadrant C50.5
7/6/13/14*

DIAGNOSIS(ES):

A. Lymph node, left axilla sentinel, biopsy:

Metastatic carcinoma, following carcinoma of breast.

B. Breast, left, modified radical mastectomy:

1. Carcinoma, invasive lobular, poorly differentiated, multifocal, with extensive lymphatic permeation and extension into nipple.
2. Lobular neoplasia, multifocal.
3. Fibrocystic disease, proliferative, with atypia.
4. Metastatic carcinoma in 3 of 12 axillary lymph nodes.

Date Dictated:

CLINICAL INFORMATION: None.

GROSS DESCRIPTION:

The specimen is received in two parts.

Part A is received unfixed in a container labeled with the patient's name and "sentinel node #1". It consists of one piece of well circumscribed gritty tan tissue with attached fat measuring 1.2x1.0x0.6cm. It is bisected and a portion of it is submitted as AFS. The rest is submitted in one cassette labeled A1.

Part B is received unfixed in a container labeled with the patient's name and "left breast mastectomy tissue" consists of a left radical modified mastectomy specimen measuring 21x17x3 cm. The skin measures 9.5x5x0.1 cm and has a circumareolar scar which measures 4 cm in length. The nipple is mobile and everted. A firm area is palpable underneath the scar. The deep (fascial) margin is inked black, the remaining margins are inked yellow. The axillary tissue measures 9x5x1.2 cm. Several lymph nodes are palpable within it. One lymph node has been previously bisected by the surgeon. The lymph nodes range in size from 2.5 to 0.5 cm. They are dissected, proceeding from the axilla towards the breast. The specimen is serially sectioned at closely spaced intervals. Beneath the previously described scar is an ill-defined white, firm area which measures approximately 3.8x3.1x3 cm; it abuts the skin and is 3 cm from the deep margin. A second ill-defined white, firm area is present in the outer, lower quadrant approximately 1 cm from the central lesion; it measures approximately 2.5x2.3x1.8 cm and is located 0.5 cm from the deep margin and 1 cm from the superficial margin. At its center is a 1 cm firm area with a gelatinous appearance. The rest of the specimen is composed of 40% breast tissue, and 60% yellow fatty tissue. Representative sections are submitted in 40

cassettes labeled B1-B40.

Legend:

B1-B3=nipple

B4-B13=white, firm area under scar with superficial/skin margin

B14-B15=deep margin under white, firm area below scar

B16-B17=white, firm area under scar with superficial margin

B18-B20=outer, lower quadrant white, firm area with superficial margin

B21-B25=outer, lower quadrant white, firm area with deep margin

B26=section from center of outer, lower quadrant white, firm area with small gelatinous area

B27=deep margin under white, firm area below scar (additional)

B28=inner, upper quadrant with deep margin

B29=inner, upper quadrant with superficial margin

B30=inner, lower quadrant with superficial margin

B31=inner, lower quadrant with deep margin

B32=outer, upper quadrant with deep margin

B33=outer, upper quadrant with superficial margin

B34=one LN from distal part of axillary tail bisected (level 3)

B35=three other LNs from distal part of axillary tail (level 3)

B36=one LN (the one previously cut by surgeon) in middle part of axillary tail (level 2)

B37-B38=one large LN from middle part of axillary tail (level 2)

B39-B40=LNs from proximal part of axillary tail (level 1)

INTRAOPERATIVE CONSULTATION:

AFS: metastatic carcinoma in lymph node

Performed by: Resident:

Interpreted by: Attending:

MICROSCOPIC DESCRIPTION:

- I. TYPE OF SPECIMEN: Left modified radical mastectomy
- II. LOCATION OF THE TUMOR: Lower outer quadrant
- II. LOCATION OF THE TUMOR: Central
- III. TYPE OF NEOPLASM: Carcinoma, invasive lobular - pleomorphic, nuclear grade 3
Lobular neoplasia, type B (pleomorphic) widespread
- IV. GROSS/MICRO FINAL INVASIVE TUMOR SIZE INTERPRETATION: 1.2 cm in greatest dimension, at least
- V. BORDERS OF INVASIVE NEOPLASM: Ill-defined
- VI. VASCULAR SPACE INVASION: Present in lymphatics
- VII. CALCIFICATION: Present in benign areas
- VIII. NIPPLE: Stroma involved by cancer
Lymphatics involved by cancer
Ducts involved by cancer
- IX. SKIN: Uninvolved by cancer
- X. ADJACENT BREAST TISSUE: Cystic disease, proliferative with atypia

[REDACTED] XI. SURGICAL MARGIN: No carcinoma is identified on surgical margins

XII. AXILLARY LYMPH NODES: TOTAL: 13
LEVEL I: 4
LEVEL II: 2
LEVEL III: 6
SENTINEL NODE: 1

XIII. POSITIVE LYMPH NODES: TOTAL: 4 of 13
LEVEL I: 2 of 4
LEVEL II: 1 of 2
LEVEL III: 0 of 6
SENTINEL NODE: 1 of 1

DEGREE OF INVOLVEMENT: Extensive replacement

EXTRANODAL EXTENSION: Absent

XIV. PECTORAL MUSCLE: No pectoral muscle identified

ADDITIONAL COMMENTS: Invasive carcinoma appears to arise multifocally. A definite second focus is identified in the lower outer quadrant (B26). Below the nipple, the fibrous scar tissue contains multiple separate foci of invasive lobular carcinoma. Extensive lymphatic permeation is noted.

This report has been reviewed electronically and signed on

Interpreted by: Attending: [REDACTED]

Case Resident:

The diagnosis was rendered by the attending pathologist.

Receptor Expression Analysis

Date Ordered:

Status: Signed Out

INTERPRETATION

Test Performed on: Left breast

Specimen part: B

Slide#: B26

Results:

More than 50% of the invasive carcinoma cell nuclei stain with an immunohistochemical stain utilizing an anti-estrogen receptor antibody.

Therefore, this tumor is considered strongly positive for estrogen receptor expression.

More than 50% of the invasive carcinoma cell nuclei stain with an immunohistochemical stain utilizing an anti-progesterone receptor antibody.

Therefore, this tumor is considered strongly positive for progesterone receptor expression.

Her-2/neu expression has been evaluated using the HercepTest. HercepTest score : 0.

No Her-2/neu overexpression is identified in the invasive carcinoma cells.

This procedure/addenda has been electronically reviewed and signed on

Interpreted by: Attending:

Addendum

Date Ordered:

Status: Signed Out

ADDENDUM

Molecular Analysis has been ordered on this case, the blocks and slides have been retrieved from the archival files, the slides and pathology report were re-reviewed for tumor cellularity by the pathologist, and the appropriate block was selected for testing.

This procedure/addenda has been electronically reviewed and signed on

Interpreted by: Attending:

Note: Immunochemistry testing performed at _____ was developed and its performance characteristics determined by the _____
These tests were interpreted in conjunction with external positive and internal negative controls, unless
FDA. This test is used for clinical purposes only. It should not be regarded as investigational or for research.

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	CMK	Date Reviewed: 12/10/13