

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 - Noted		<input checked="" type="checkbox"/>
Case is (circle): <u>QUALIFIED</u> / DISQUALIFIED		
Reviewer Initials: <u>RB</u> Date Reviewed: <u>10/21/11</u>		

UUID:16178368-4EFB-445E-95BC-E63B129AAAE7  
TCGA-A1-A0SF-01A-PR Redacted



ICD-0-3

Carcinoma, infiltrating duct, NOS 8500/3  
Site: breast, NOS C50.9 lw 10/21/11

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### Final Pathologic Diagnosis:

A. Sentinel lymph node #1, left axilla, biopsy: No carcinoma identified in one lymph node (0/1).

B. Sentinel lymph node #2, left axilla, biopsy: No carcinoma identified in one lymph node (0/1).

**C. Left breast, mastectomy:**

1. Infiltrating ductal carcinoma, SBR grade 2, 2.4 cm; see comment.
2. Intermediate to high grade ductal carcinoma in-situ, cribriform and comedo types.
3. Non-proliferative fibrocystic changes.
4. Duct ectasia.

**D. Right breast, mastectomy:**

1. Atypical lobular hyperplasia.
2. Non-proliferative fibrocystic changes.
3. Duct ectasia.
4. Microcalcifications associated with benign ducts and stroma.
5. No carcinoma identified.

**E. Soft tissue, right breast, excision:** Fibroadipose tissue with skeletal muscle; no breast parenchyma or carcinoma identified.

**F. Left ovary and fallopian tube, salpingoophorectomy:**

- Ovary: No significant pathologic abnormality.
- Fallopian tube: Benign paratubal cyst.

**G. Right ovary and fallopian tube, salpingoophorectomy:**

- Ovary: No significant pathologic abnormality.
- Fallopian tube: Benign paratubal cyst.

**H. Omentum, biopsy: Benign fibrous nodule.****I. Soft tissue, left upper peritoneum, biopsy: Benign fibroadipose tissue.****J. Omentum, omentectomy: No significant pathologic abnormality.****Note: Breast Tumor Synoptic Comment**

- Laterality: Left.
- Invasive tumor type: Infiltrating ductal.
- Invasive tumor size: 2.4 cm maximum diameter.
- Invasive tumor grade (modified Bloom-Richardson):
  - Nuclear grade: 3, 3 points.
  - Mitotic count: 7 mitotic figures/10 HPF, 1 point.
  - Tubule/papilla formation: >10% but <75%, 2 points.
  - Total points and SBR grade = 6 points, grade 2.
- Lymphatic-vascular invasion: None identified.
- Perineural invasion: None identified.
- Invasive tumor necrosis: None identified.
- Mononuclear cell reaction: None/minimal.
- Resection margins for invasive tumor: Widely clear.
  - Deep margin: Widely clear; closest distance of tumor 2 cm.
  - Medial margin: Widely clear; closest distance of tumor > 6 cm.
  - Lateral margin: Widely clear; closest distance of tumor 2.8 cm.
  - Anterior/superior margin: Widely clear; closest distance of tumor 5.5 cm.
  - Anterior/inferior margin: Widely clear; closest distance of tumor >6 cm.
- Ductal carcinoma in situ (DCIS) type: Cribriform and comedo.
- Ductal carcinoma in situ size: ~2.0 cm in maximum diameter.
- Ductal carcinoma in situ nuclear grade: Intermediate to high grade.
- Necrosis in ductal carcinoma in situ: Present.
- Microcalcifications: Not identified.

- Resection margins for ductal carcinoma in situ: Widely clear (see above for invasive tumor).
- Lobular carcinoma in situ (LCIS): Not identified.
- Number of lobules involved: N/A.
- Nuclear type/size: N/A.
- Resection margins for pleomorphic lobular carcinoma in situ: N/A.
- Lymph node status: Negative.
  - Number of positive lymph nodes: 0.
  - Total number sampled: 2.
- AJCC/UICC stage: pT2N0Mx.
- Nontumorous breast tissue: Non-proliferative fibrocystic change; duct ectasia.
- Nipple: Unremarkable.
- Skin/dermis: Unremarkable.

Pagetoid spread of carcinoma is seen in benign ducts adjacent to the tumor. No such spread is seen away from the tumor.

Atypical lobular hyperplasia is present in the contralateral (right) breast.

An immunohistochemical test for estrogen and progesterone receptors as well as for HER2 was performed on block C3.

The test for estrogen receptors is positive. There is moderate nuclear staining in >95% of tumor cells. Internal positive control is positive.

The test for progesterone receptors is positive. There is moderate to strong nuclear staining in 90% of tumor cells. Internal positive control is positive.

Result of HER2/neu test: This carcinoma is negative for HER2/neu oncoprotein over-expression.

An immunohistochemical assay was performed using the CB11 monoclonal antibody to HER2/neu oncoprotein. The staining intensity of this carcinoma was 1 on a scale of 0-3 (HER2 test interpreted by Dr.

Carcinomas with staining intensity scores of 0 or 1 are considered *negative* for over-expression of HER2/neu oncoprotein.

Those with a staining intensity score of 2 are considered *borderline*. We and others have observed that many carcinomas with staining intensity scores of 2 do not show gene amplification. All carcinomas with staining intensity scores of 2 are therefore submitted for FISH testing. The results of the FISH test are issued directly from the molecular cytogenetics laboratory.

Carcinomas with staining intensity scores of 3 are considered *positive* for over-expression of HER2/neu oncoprotein. Tumors in this category show an excellent correlation between the results of immunohistochemical and FISH testing, and almost always show gene amplification.

#### **Intraoperative Consult Diagnosis**

FS1 (A) Sentinel lymph node #1, left axilla, biopsy: No carcinoma.

FS2 (B) Sentinel lymph node #2, left axilla, biopsy: No carcinoma.

FS3 (G) Right adnexa, salpingo-oophorectomy: Paratubal cyst with hemorrhage.

FS4 (H) Omentum, biopsy: Dense fibrous connective tissue, no carcinoma.

FS5 (I) Left upper quadrant, peritoneum, biopsy: No carcinoma.

F. Left adnexa, salpingo-oophorectomy: Paratubal cyst (gross diagnosis only).

#### **Clinical History**

The patient is a      -year-old woman with left breast cancer. She undergoes bilateral mastectomies.

### Gross Description

The specimen is received in ten parts, each labeled with the patient's name and unit number. Parts A through I are received fresh, and Part J is received in formalin.

Part A, additionally labeled "1"      consists of one pink, unoriented, fibroadipose tissue fragment measuring 1.5 x 0.8 x 0.8 cm. The entire specimen is frozen for frozen section diagnosis 1, and subsequently submitted in cassette A1.

Part B, additionally labeled      consists of one pink-red, unoriented, fibroadipose tissue fragment measuring 1.3 x 0.8 x 0.7 cm. The entire specimen is frozen for frozen section diagnosis 2, and subsequently submitted in cassette B1.

Part C is additionally labeled "      It consists of a mastectomy specimen, measuring 15.8 cm from superior to inferior, 15.6 cm from medial to lateral, and 8.2 cm from anterior to posterior. The specimen weighs 442.5 gm. In the lateral aspect of the specimen is a spiculated, firm, tan mass, measuring 2.4 x 1.2 x 1.2 cm. This mass is 2.0 cm from the deep margin, 5.5 cm from the superior margin, >6 cm from the inferior margin, 2.8 cm from the lateral margin, and >6 cm from the medial margin. In the anterior-inferior portion of the breast, there are dilated ducts, filled with cheesy material. This area is 0.2 cm from the deep margin. The remainder of the breast parenchyma is unremarkable. Two pieces of tumor are banked, one for tissue banking and one for the epithelial cell study. Representative sections are submitted as follows:

Cassette C1:	Nipple.
Cassettes C2-C3:	Spiculated mass.
Cassette C4:	Deep margin beneath tumor.
Cassette C5:	Lateral margin.
Cassette C6:	Lower outer quadrant.
Cassette C7:	Lower inner quadrant.
Cassette C8:	Medial margin.
Cassette C9:	Upper inner quadrant.
Cassette C10:	Anterior-inferior area with duct ectasia.

Part D is additionally labeled      It consists of a mastectomy specimen, measuring 18.2 cm from superior to inferior, 16.2 cm from medial to lateral, and 4.8 cm from anterior to posterior. The specimen weighs 688 gm. A short stitch is designated by the surgeon as superior, and a long stitch is designated by the surgeon as lateral. In the inferior-medial portion of the specimen is a fragment of skin, measuring 7.5 x 4.9 cm. It is white and unremarkable. There is a nipple, measuring 1.3 x 1.5 x 1.6 cm. The specimen is notable for dilated ducts with a viscous, yellow-tan material within them. This material extends into one of the nipple ducts. No masses are noted, nor are any areas suspicious for DCIS appreciated. The anterior-superior portion of the specimen is inked blue, the anterior-inferior portion of the specimen is inked green, and the posterior aspect of the specimen is inked black. Multiple sections of unremarkable breast parenchyma are taken for two studies, including a high-risk study and an epithelial cell study. Representative sections are submitted as follows:

Cassettes D1-D2:	Nipple and surrounding skin.
Cassette D3:	Representative section of anterior-inferior breast with dilated duct.
Cassette D4:	Representative section of lower inner breast with dilated ducts.
Cassette D5:	Representative section of upper inner breast.
Cassette D6:	Representative section of medial breast.
Cassette D7:	Representative section of upper outer breast.
Cassette D8:	Representative section of upper inner breast.
Cassette D9:	Representative section of lateral breast.

Part E is additionally labeled "      "

It consists of a single irregular fragment of soft, yellow tissue, measuring 5.4 x 3.8 x 1.5 cm. A suture has been placed on one aspect of the specimen and is designated the new margin. That aspect of the specimen is inked black, and the specimen is serially sectioned and entirely submitted in cassettes E1 through E5.

Part F is received fresh labeled,

It consists of an

ovary, measuring 4.3 x 2 x 0.8 cm, with attached fallopian tube, measuring 0.8 x 0.5 x 6 cm. There is a simple paratubal cyst, measuring 1.5 x 1.5 x 0.5 cm. This is received undisrupted, with a thin 0.1 cm translucent wall, and contains 20 cc of clear fluid. In addition, there is a second small paratubal cyst, measuring 0.5 x 0.5 x 0.5 cm. The ovary is serially sectioned, and no abnormalities are detected, other than a 0.5 x 0.5 x 0.5 cm small white firm area. The fallopian tube is serially sectioned, and no abnormalities are detected. Cassettes are submitted as follows:

- Cassettes F1-F9: Ovary, entirely submitted (firm, white area in cassette F7).  
 Cassettes F10-F12: Fallopian tube, entirely submitted.  
 Cassette F13: Representative section of the paratubal cyst and smaller, 0.5-cm paratubal cyst.  
 Cassette F14: Representative section of broad ligament.

Part G is additionally labeled It consists of an ovary with attached fallopian tube, weighing 15.9 gm. There is a disrupted hemorrhagic, cystic mass in the broad ligament, measuring 2.3 x 1.6 x 1.5 cm, no capsule is visualized. A representative section of the cystic mass is submitted for frozen section diagnosis as FS3. The ovary and tube do not appear involved by the lesion. The ovary is inked black, it contains a simple corpus luteal cyst measuring 1.5 x 1.6 x 0.8 cm. The ovary measures 3.5 x 3 x 1 cm, and the tube measures 6.5 x 0.8 cm. The ovary and fallopian tube are serially sectioned, and no abnormalities are detected. Cassettes are submitted as follows:

- Cassettes G1-G6: Ovary, entirely submitted.  
 Cassettes G7-G10: Fallopian tube, entirely submitted.  
 Cassettes G11-G12: Lesion in broad ligament, entirely submitted.  
 Cassette G13: Frozen section remnant.

Part H is additionally labeled " It consists of an unoriented piece of yellow, adipose tissue, measuring 5 x 1.3 x 0.4 cm, with a white-tan, soft nodule, measuring 0.3 x 0.3 x 0.3 cm, attached to one end. This is entirely submitted for frozen section diagnosis as FS4, with the frozen section remnant submitted in cassette H1. The remaining omentum is entirely submitted in cassette H2.

Part I is additionally labeled It consists of multiple unoriented fragments of tissue, measuring 1 x 0.3 x 0.1 cm in aggregate. The specimen is entirely submitted for frozen section diagnosis as FS5, with the frozen section remnant submitted in cassette I1.

Part J is additionally labeled It consists of an aggregate of fatty tissue, measuring 4 x 2 x 0.5 cm. No abnormalities are detected. The specimen is entirely submitted in cassettes J1 through J3.

/Pathology Resident

Signed: -

Fee Codes:

## Other Specimens

Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
Specimen(s) Received: Right Breast, Fine Needle Aspiration		
Final Diagnosis		
Right Breast, Fine Needle Aspiration: <b>Benign scar tissue</b> , see comment.		

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out
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Specimen(s) Received: Vaginal/Cervical/Endocervical, Thin Prep Imaged

Final Diagnosis

Vaginal/Cervical/Endocervical, Thin Prep Imaged

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

Reactive cellular changes.

Atrophic changes

SPECIMEN ADEQUACY:

Satisfactory for evaluation.

Transformation zone components are present.

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: Right Breast, implant capsule

Final Diagnosis

Right breast, implant capsule, capsulectomy: Peri-prosthetic capsule.

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Specimen Class:	Status: Signed Out	Accessioned Signed Out:
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Specimen(s) Received: Cervical/Endocervical, Thin Prep Imaged

Final Diagnosis

Cervical/Endocervical, Thin Prep Imaged

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

Atrophic changes

SPECIMEN ADEQUACY:

Satisfactory for evaluation.

No transformation zone components are identified.

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: Endometrium, biopsy

Final Diagnosis

Endometrium, biopsy: Fragments of benign endocervical tissue and no definitive endometrium, see comment.

**Surgical Pathology -****Working Draft**

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**Specimen Class:****Status:** Signed Out**Accessioned:****Signed Out:****Specimen(s) Received:** Cervical/Endocervical, Thin Prep Imaged**Final Diagnosis**

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Cervical/Endocervical, Thin Prep Imaged

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

Atrophic changes

**SPECIMEN ADEQUACY:**

Satisfactory for evaluation.

Transformation zone components are present.

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**Specimen Class:****Status:** Signed Out**Accessioner:****Signed Out:****Specimen(s) Received:** A: Left breast capsule, B: Right breast capsule**Final Diagnosis**

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A. Breast capsule, left, excision: Dense fibrous tissue with chronic inflammation.

B. Breast capsule, right, excision: Dense fibrous tissue with chronic inflammation.

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**Specimen Class:****Status:** Signed Out**Accessioned:****Signed Out:****Specimen(s) Received:** Cervical/Endocervical, Thin Prep Imaged**Final Diagnosis**

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Cervical/Endocervical, Thin Prep Imaged

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

Atrophic changes

**SPECIMEN ADEQUACY:**

Satisfactory for evaluation.

Transformation zone components are present.

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**Specimen Class:****Status:** N/A**Accessioned:****Signed Out:****Specimen(s) Received:** A: Skin, biopsy, shave, right scalp, B: Skin, biopsy, shave, left scalp, C: Skin, biopsy, punch, left upper arm**Final Diagnosis**

{Final Report Not Signed Out}

{Not Entered}

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**Specimen Class:****Status:** Signed Out**Accessioner:****Signed Out****Specimen(s) Received:** A: Pelvic Washing, B: Diaphragm Washing

Final Diagnosis

A: Pelvic Washing

BENIGN.

Reactive mesothelial cells.

B: Diaphragm Washing

BENIGN.

Reactive mesothelial cells.

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Specimen Class:

Status: Signed Out

Accessioned:

Signed Out:

Specimen(s) Received: Left Breast, Fine Needle Aspiration

Final DiagnosisLeft Breast, Fine Needle Aspiration: **Adenocarcinoma, morphologically consistent with a primary breast carcinoma.**

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Specimen Class:

Status: Signed Out

Accessioned

Signed Out:

Specimen(s) Received: Cervical/Endocervical, Thin Prep Imaged

Final Diagnosis

Cervical/Endocervical, Thin Prep Imaged

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

Reactive cellular changes.

## SPECIMEN ADEQUACY:

Satisfactory for evaluation.

Transformation zone components are present.

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Specimen Class:

Status: Signed Out

Accessioned:

Signed Out:

Specimen(s) Received: Right foot foreign body

Final Diagnosis

Foot, right, excision: Fragment of hyperkeratotic squamous epithelium.

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Specimen Class:

Status: Signed Out

Accessioned

Signed Out:

Specimen(s) Received: Cytology, GYN, Site Not Specified, Thin Prep

Final Diagnosis

Cytology, GYN, Site Not Specified, Thin Prep



NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.  
Reactive cellular changes.

**SPECIMEN ADEQUACY:**

Satisfactory for evaluation.  
Transformation zone components are present.

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Specimen Class:	Status: Signed Out	Accessioned Signed Out:
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Specimen(s) Received: Cervical/Endocervical, Thin Prep  
Final Diagnosis  
Cervical/Endocervical, Thin Prep

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NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

**SPECIMEN ADEQUACY:**

Satisfactory for evaluation.  
Transformation zone components are present.

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Specimen Class:	Status: Signed Out	Accessioned Signed Out:
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Specimen(s) Received: Vaginal/Cervical/Endocervical, Direct  
Final Diagnosis  
Vaginal/Cervical/Endocervical, Direct  
CELLULAR CHANGES WITHIN NORMAL LIMITS.  
Endocervical cells present.

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**SPECIMEN ADEQUACY:**

Satisfactory for evaluation but limited by obscuring white blood cells.

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Specimen Class:	Status: N/A	Accessioned: Signed Out:
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Specimen(s) Received: Skin, biopsy, left chin  
Final Diagnosis {Final Report Not Signed Out}  
{Not Entered}

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: Cervical, Direct  
Final Diagnosis  
Cervical, Direct

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CELLULAR CHANGES WITHIN NORMAL LIMITS.  
Inflammation.

## SPECIMEN ADEQUACY:

Satisfactory for evaluation. Endocervical cells present.

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: Endometrium, biopsy

Final Diagnosis

Endometrium, biopsy:

Benign dyssynchronous secretory endometrium; no hyperplasia or carcinoma identified.

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out: (
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Specimen(s) Received: Cervical/Endocervical, Direct

Final Diagnosis

Cervical/Endocervical, Direct

CELLULAR CHANGES WITHIN NORMAL LIMITS.

Inflammation.

Endocervical cells present.

## SPECIMEN ADEQUACY:

Satisfactory for evaluation but limited by obscuring white blood cells.

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: Cervical/Endocervical, Direct

Final Diagnosis

Cervical/Endocervical, Direct

CELLULAR CHANGES WITHIN NORMAL LIMITS.

## SPECIMEN ADEQUACY:

Satisfactory for evaluation. Endocervical cells present.

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: Bladder Washing

Final Diagnosis

Bladder Washing

BENIGN.

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: Urine, catheterized

Final Diagnosis

BENIGN.

See Below.

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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{HighRisk Specimen}

Specimen(s) Received: Vaginal/Cervical/Endocervical

Final Diagnosis

CELLULAR CHANGES WITHIN NORMAL LIMITS.

Squamous metaplasia.

## SPECIMEN ADEQUACY:

Satisfactory for evaluation. Endocervical cells present.

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: BLADDER WASH

Final Diagnosis

BENIGN

Conversion

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: BLADDER WASH

Final Diagnosis

BENIGN

Conversion

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: BLADDER WASH

Final Diagnosis

BENIGN

Conversion

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: VAGINAL/CERVICAL/ENDOCERVICAL

Final Diagnosis

BETHESDA: CELLULAR CHANGES WITHIN NORMAL LIMITS

BENIGN

Inflammation

Conversion

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: URINE, CATHETERIZED

Final Diagnosis

BENIGN

Conversion

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: VAGINAL/CERVICAL/ENDOCERVICAL

Final Diagnosis

DESCRIPTIVE DIAGNOSIS

Diagnosis Deferred

Conversion

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: SITE NOT SPECIFIED

Final Diagnosis

DESCRIPTIVE DIAGNOSIS

Diagnosis Deferred

Inflammation

Conversion

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Specimen Class:	Status: Signed Out	Accessioned: Signed Out:
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Specimen(s) Received: VAGINAL/CERVICAL/ENDOCERVICAL

Final Diagnosis

BENIGN

Conversion