

SURGICAL PATHOLOGY REPORT

Patient: Specimen #:
FMP/SSN:
DOB/Age/Sex: (Age: F Race: WHITE Taken:
Location: Received:
Physician(s): Reported:

****AMENDED**** /CB-0-3

Carcinoma, infiltrating lobular, NOS 8524:

SPECIMEN: RIGHT BREAST AND AXILLARY CONTENTS Site: breast, NOS C50.9 1/24/11 *fu*

FINAL DIAGNOSIS:

BREAST AND AXILLARY CONTENTS, RIGHT, MASTECTOMY:

- INFILTRATING LOBULAR CARCINOMA.
FOCAL LOBULAR CARCINOMA IN SITU AND CANCERIZATION OF TERMINAL DUCTS.
- FOCAL DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPE.
- SIZE: 5.2 CM BY GROSS MEASUREMENT.
- MARGINS: DEEP MARGIN POSITIVE FOR TUMOR.
- NEGATIVE FOR LYMPHOVASCULAR INVASION.
- MICROCALCIFICATIONS ASSOCIATED WITH TUMOR.
- FIBROCYSTIC CHANGES TO INCLUDE FIBROSIS, CYST FORMATION, AND APOCRINE METAPLASIA.
- 11 LYMPH NODES ARE NEGATIVE FOR TUMOR.

- AJCC STAGE

COMMENT: THE AMENDMENT REFLECTS A CHANGE IN NUMBER OF LYMPH NODES FROM NINE TO ELEVEN.

COMMENT: AMENDMENT

Case amended to report results of HER2-neu status by fluorescence in situ hybridization.

HER2-NEU: AMPLIFIED (5.0).

Note: The patient's prior core biopsy, was negative for HER2-neu. The tumor in the current case has areas of poorly differentiated carcinoma (so-called pleomorphic lobular carcinoma) not identified in the initial core biopsy; these areas are strongly positive for HER2-neu gene amplification.

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

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UID: 8C440009-E05E-4046-96AB-BAB211C87D02
TCGA-A2-A0C0-01A-PR

Redacted



SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

CLINICAL DIAGNOSIS AND HISTORY:

-year-old white female with two site core biopsy breast cancer.

PRE-OPERATIVE DIAGNOSIS:

Right breast cancer.

POST-OPERATIVE DIAGNOSIS:

Post-Operative Diagnosis: Same as above.

GROSS DESCRIPTION:

RIGHT BREAST AND AXILLARY CONTENTS received fresh and consists of a 362 gram mastectomy, 15.0 x 14.0 x 2.6 cm, with attached axillary tail, 15.0 x 3.0 x 1.0 cm. The skin ellipse measures 10.0 x 3.5 cm. The specimen is inked as follows: Axillary tail=blue dot on inferior portion, mastectomy - blue=superior superficial, green=inferior superficial, black=deep. Sectioning reveals an area of firmness with the superior portion of the specimen measuring 5.2 cm approximately 5.0 mm from the deep margin. Palpation reveals 5.0 cm area of firmness in the superior portion of the breast. The remainder of the cut surface is yellow, lobular, with focal areas of white fibrous tissue and small cystic structures measuring up to 0.2 cm. No additional well-defined lesions or nodules are noted.

Sectioning thorough the attached axillary tail reveals 11 possible lymph nodes ranging in size from 0.3 to 2.0 cm in greatest dimension. Four representative sections are submitted for protocol with mirror image sections in the following cassettes:

- A1: Lymph node 0.7 cm.
- A2: Skin from lateral edge of ellipse.
- A3: Tumor lateral.
- A4: Tumor medial.
- A5: Grossly normal fibrous tissue approximately 5.0 cm from tumor.

Additional representative sections are submitted in cassettes A6 through A20 as follows:

- A6-A12: Tumor from medial to lateral in sequential order.
- A13: Upper inner quadrant.
- A14: Lower inner quadrant.
- A15: Lower outer quadrant.
- A16: Upper outer quadrant.
- A17: Two possible lymph nodes.
- A18: Five possible lymph nodes.
- A19: Three possible lymph nodes.
- A20: Section of nipple. 20CF

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