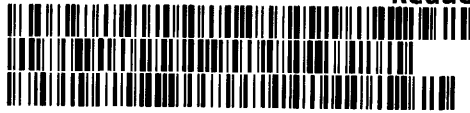


Metastatic Lymph Node

UUID: 57341F00-74F5-4015-B6D4-78DED33F35A7
TCGA-E2-A15E-06A-PR Redacted



TSS:

SPECIMENS:

- A. SENTINEL LN #1 LEFT AXILLA
- B. LEFT BREAST MASS
- C. LEFT AXILLARY CONTENTS LEVELS 1,2

ICD - 0 - 3
carcinoma, infiltrating duct, NOS
8500/3

SPECIMEN(S):

- A. SENTINEL LN #1 LEFT AXILLA
- B. LEFT BREAST MASS
- C. LEFT AXILLARY CONTENTS LEVELS 1,2

Site: lymph node, axillary c 77.3

GROSS DESCRIPTION:

- A. SENTINEL LN #1 LEFT AXILLA

Received fresh is a tan pink firm grossly positive lymph node 1.3 x 0.8 x 0.5cm. Toto A1.

- B. LEFT BREAST MASS

Received fresh labeled with the patient's identification and "left breast needle localization" is an oriented 27g, 5.5 x 5 x 3cm needle localized lumpectomy with radiograph. Ink code: anterior-yellow, posterior-black, superior-blue, inferior-orange, medial-green, lateral-red. Specimen is serially sectioned from medial to lateral into 7 slices revealing a 2 x 1.5 x 1.5cm tan pink ill defined mass, closest to anterior margin at 0.4 cm in slices 2-6. A portion of the specimen is submitted for tissue procurement. Representatively submitted:

B1: medial margin slice 1

B2: mass slice 2

B3-B5: slice 3

B6-B9: slice 4

B10-B12: slice 5

B13: mass slice 6

B14-B16: lateral margin slice 7

- C. LEFT AXILLARY CONTENTS LEVELS 1, 2

Received fresh are multiple tan pink soft tissue fragments aggregating to 5 x 4 x 2cm. Dissection reveals 12 lymph nodes ranging from 0.1 x 0.1 x 0.1cm to 1.3 x 1 x 1cm.

C1: 4 lymph nodes

C2: 4 lymph nodes

C3: 3 lymph nodes

C4: 1 lymph node

C5-C11: axillary tissue

lw
3/5/14

DIAGNOSIS:

- A. SENTINEL LYMPH NODE 1, LEFT AXILLA, BIOPSY:
 - METASTATIC CARCINOMA (1.3 CM IN SIZE) TO ONE LYMPH NODE WITH NO EXTRANODAL EXTENSION (1/1).
- B. BREAST, LEFT, NEEDLE LOCALIZATION WIDE LOCAL EXCISION:
 - INVASIVE DUCTAL CARCINOMA, SBR GRADE 3.
 - TUMOR MEASURES 1.1 CM
 - TUMOR IS 0.3 CM FROM THE ANTERIOR MARGIN.
 - DUCTAL CARCINOMA IN SITU (DCIS), SOLID TYPE, NUCLEAR GRADE 3, WITH NECROSIS, MINOR COMPONENT.
 - LOBULAR CARCINOMA IN SITU (LCIS), INVOLVING A RADIAL SCAR.
 - RADIAL SCAR WITH USUAL DUCTAL HYPERPLASIA AND MICROCALCIFICATIONS.
- C. AXILLARY CONTENTS, LEFT, LEVELS 1 AND 2, DISSECTION:
 - EIGHT LYMPH NODES, NO TUMOR SEEN (0/8).

SYNOPTIC REPORT - BREAST

Specimen Type: Excision

Needle Localization: Yes

Laterality: Left

Invasive Tumor: Present

Multifocality: No

WHO CLASSIFICATION

Invasive ductal carcinoma, NOS 8500/3

Tumor size: 1.1cm

Tumor Site: 9:00
 Margins: Negative
 Tubular Score: 3
 Nuclear Grade: 3
 Mitotic Score: 3
 Modified Scarff Bloom Richardson Grade: 3
 Necrosis: Absent
 Vascular/Lymphatic Invasion: Present
 Lobular neoplasia: LCIS
 Lymph nodes: Sentinel lymph node and axillary dissection
 Lymph node status: Positive 1 / 9

DCIS present
 Margins uninvolved by DCIS
 DCIS Quantity: Estimate 2%
 DCIS Type: Solid
 DCIS Location: Associated with invasive tumor
 Nuclear grade: High
 Necrosis: Present
 Location of CA++: Benign epithelium

ER/PR/HER2 Results
 ER: Positive
 PR: Positive
 HER2: Positive by FISH

Pathological staging (pTN): pT 1c N 1

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimen: Surgical Excision
 Block Number: A1 (lymph node with metastasis)

ER: Positive Allred Score: 8 = Proportion Score 5 + Intensity Score 3
 PR: Positive Allred Score: 8 = Proportion Score 5 + Intensity Score 3

COMMENT:

The Allred score for estrogen and progesterone receptors is calculated by adding the sum of the proportion score (0 = no staining, 1 = <1% of cells staining, 2 = 1 - 10% of cells staining, 3 = 11-30% of cells staining, 4 = 31-60% of cells staining, 5 = >60% of cells staining) to the intensity score (1 = weak intensity of staining, 2 = intermediate intensity of staining, 3 = strong intensity of staining), with a scoring range from 0 to 8.

ER/PR positive is defined as an Allred score of >2 and ER/PR negative is defined as an Allred score of less than or equal to 2.

METHODOLOGY:

Tissue was fixed in 10% neutral buffered formalin for no less than 8 and no longer than 24 hours. Immunohistochemistry was performed using the mouse anti-human ER (ER 1D5, 1:100) and PR (PGR 136, 1:100) provided by following the manufacturer's instructions. This assay was not modified. Interpretation of the ER/PR immunohistochemical stain is guided by published results in the medical literature, information provided by the reagent manufacturer and by internal review of staining performance.

CLINICAL HISTORY:

year-old female with invasive ductal carcinoma of left breast

PRE-OPERATIVE DIAGNOSIS:

Invasive ductal carcinoma

INTRAOPERATIVE CONSULTATION:

TPA: SLN #1- Positive for metastatic carcinoma. Diagnosis called to Dr. at by Dr.

Gross Dictation:

Microscopic/Diagnostic Dictation: Pathologist,
 Final Review: Pathologist,
 Final: Pathologist,

Metastatic Axillary lymph node.

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		

aw 3/5/14

MET

11/2/10