Patient: FMP/SSN:

DOB/Age/Sex: Location: Physician(s):

UUID:CA88491F-5572-480D-8E3D-D536E3CE5069 TCGA-A2-A4RX-01A-PR Redacted 

Specimen #:

Taken: Received: Reported:

#### SPECIMEN:

A: right axillary sent. node #1 and #2

B: right axillary sent. node #3 C: rt breast

### FINAL DIAGNOSIS:

- A. LYMPH NODES, RIGHT AXILLARY SENTINEL NODES #1 AND #2, EXCISION:
  - TWO LYMPH NODES, NEGATIVE FOR MALIGNANCY ON ROUTINE AND IMMUNOHISTOCHEMICAL STAINS.
- B. LYMPH NODE, RIGHT AXILLARY SENTINEL NODE #3, EXCISION:
  - ONE LYMPH NODE, NEGATIVE FOR MALIGNANCY ON ROUTINE AND IMMUNOHISTOCHEMICAL STAINS.
- C. BREAST, RIGHT, SIMPLE MASTECTOMY: Predominant, per 135
  - MIXED EPITHELIAL/MESENCHYMAL METAPLASTIC CARCINOMA (CARCINOSARCOMA).
  - HISTOLOGIC GRADE: 3, POORLY DIFFERENTIATED.
  - TUMOR SIZE: 2.5 CM.
  - MARGINS: NEGATIVE.
  - LYMPH NODES: SEE PARTS "A" AND "B".
  - PATHOLOGIC STAGE: pT2(m) N0(sn).
  - HORMONE STATUS: (Performed on specimen
    - ESTROGEN RECEPTOR: POSITIVE.
    - PROGESTERONE RECEPTOR: POSITIVE.
    - HER 2 NEU: NEGATIVE.

100-0-3

cercinoma, metaplestre, nos 8575/3 ). Sitazbreest, Nos c50.9

Comment: Three distinct masses were identified in the mastectomy specimen, all located in the lower outer quadrant. The two larger masses (#1 and #2) are histologically similar, showing a poorly differentiated epithelial component as well as a mesenchymal component displaying marked pleomorphism and fascicles of spindled cells. Staining of these biphasic areas show strong pancytokeratin positivity in the epithelial component while the spindled areas are negative. The histologic and immunohistochemical pattern is consistent with metaplastic carcinoma with a malignant sarcomatous component (carcinosarcoma). While mass #1 and #2 are morphologically similar, they are not grossly or histologically contiguous. The third mass (#3) is a different histologic type (adenoid cystic carcinoma). It is also grossly separate from masses #1 and #2. per the AJCC Cancer Staging Manual, the grade and stage of multiple tumors of different histologic grade and/or type is based on the largest tumor

Per TSS, surcomatous component £9%.

Page 1

Continued on Next Page

Patient:

Specimen #:

### FINAL DIAGNOSIS (continued):

(mass #1), as reflected above. Mass #3 is weakly ER positive (<5% of tumor nuclei staining), PR negative, and Her-2 neu negative (1+ staining). This case received intradepartmental peer review.

#### References:

Edge SB, Byrd DR, Carducci MA, Compton CC, eds. AJCC Cancer Staging Manual. 7th ed. New York, NY: Springer; 2009.

\*\*\*\*\* Start synoptic report format \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

- Specimen: Total breast.
- Procedure: Simple mastectomy.
- Specimen laterality: Right.
- Tumor Site: Lower outer quadrant.
- Histologic type:
  - \* Mass #1: Mixed epithelial/mesenchymal metaplastic carcinoma (carcinosarcoma).
  - \* Mass #2: Mixed epithelial/mesenchymal metaplastic carcinoma (carcinosarcoma).
  - \* Mass #3: Adenoid cystic carcinoma.
- Tumor size (dominant mass): 2.5 cm (measured grossly).
- Histologic grade (dominant mass):
  - Glandular differentiation: 3.
  - Nuclear pleomorphism: 3.
  - Mitotic count: 2.
  - Overall grade: grade 3; score 8 of 9.
- Tumor focality: Multifocal.\*Number of foci: 3.

  - \*Sizes of individual foci:
    - Tumor  $\#1: 2.5 \times 2.0 \times 1.8 \text{ cm}$  (measured grossly).
    - Tumor  $#2: 2.0 \times 2.0 \times 1.8$  cm (measured grossly).
    - Tumor #3: 1.1 x 0.8 cm (measured microscopically).
- Ductal carcinoma in situ (DCIS): DCIS is present; high nuclear grade with central necrosis.
- Lobular carcinoma in situ: Not identified.
- Specimen integrity: Single intact specimen.
- Specimen size (greatest dimension): 21.0 cm.
- Margins:
  - Margins uninvolved by invasive carcinoma.
    - Distance from closest (deep) margin: 1.2 cm (Slide C3, Mass #1).
  - Margins uninvolved by DCIS.
    - Distance from closest (deep) margin: 1.2 cm (Slide C5).
- Macroscopic and microscopic extent of tumor:

Continued on Next Page

Patient:

Specimen #:

# CLINICAL DIAGNOSIS AND HISTORY:

F diagnosed with right breast IDC, stage 2 ER/PR weakly positive Her2 1+, that presents for preoperative evaluation prior to planned right mastectomy with SLNB.

### PRE-OPERATIVE DIAGNOSIS:

#### POST-OPERATIVE DIAGNOSIS:

Operative Findings: Post-operative Diagnosis:

### GROSS DESCRIPTION:

A: The specimen is received in formalin, labeled with the patient's name lesignated "Right Axillary Sentinel Node 1 and #2 Right Axillary Sentinel Node" and consists of a 2.5 x 2.0 x 0.8 cm irregular portion of yellow-tan soft tissue. Sectioning reveals two pink-tan lymph nodes measuring 1.5 x 1.5 x 0.8 cm and 2.0 x 1.0 x 0.4 cm. Each lymph node is trisected to reveal a pink-tan cut surface that is otherwise unremarkable. The lymph nodes are entirely submitted as follows A1: first described lymph node

A1: first described lymph node
A2: second described lymph node

- B. The specimen is received in formalin, labeled with the patient's name designated "Right Axillary Sentinel Node #3" and consists of a pink-gray lymph node measuring 2.0 x 1.5 x 0.6 cm. The lymph node is trisected to reveal an unremarkable cut surface. The specimen is entirely submitted in two cassettes.
- C. The specimen is received in formalin, labeled with the patient's name designated "Right Breast" and consists of a right mastectomy oriented with a short stitch superior and long stitch lateral. The specimen measures 21.0 cm from medial to lateral, 21.0 cm from superior to inferior and 4.0 cm anterior to posterior. The darkly pigmented superficial skin ellipse measures 6.2 x 4.5 cm and displays a centrally located everted nipple measuring 1.0 cm in diameter. No discharge is noted. No scars are noted. The specimen is inked as follows:

deep margin = black superior surface of the lower outer quadrant = blue Upon sectioning the cut surface is composed predominantly of yellow-tan lobulated adipose tissue admixed with approximately 20% dense pink-white fibrous tissue which is predominantly located in the central breast. Two discrete masses are identified in the lower outer quadrant. Mass #1

Page 4 Continued on Next Page FOR OFFICIAL USE ONLY - PERSONAL DATA - PRIVACY ACT OF 1974

Patient: Specimen #: FINAL DIAGNOSIS (continued): - Skin involvement: Not involved by carcinoma. - Nipple involvement: Not involved by carcinoma. - Skeletal muscle involvement: Muscle is not present. - Treatment effect: - In the breast: No known presurgical therapy. - In the lymph nodes: No known presurgical therapy. - Lymphyascular invasion: Not identified. - Necrosis: Present within DCIS. - Microcalcifications: Identified within invasive and in situ carcinoma. - Lymph Nodes: - Lymph nodes sampling: Sentinel lymph nodes. - Number of sentinel nodes: 3 - Total number of lymph nodes: 3 - Lymph nodes with macrometastasis (>0.2cm): 0. - Lymph nodes with micrometastasis (>0.2mm to 0.2cm): 0. - Lymph nodes with isolated tumor cells (<=0.2 mm): 0. - Size of largest deposit: Not applicable. - Extranodal extension: Not applicable. - Additional findings: - Intraductal papilloma. - Biopsy site changes. - Ancillary studies: (Performed on - Estrogen receptor: Positive (1-5% tumor nuclei staining). - Staining intensity: Weak. - Progesterone receptor: Positive (5% tumor nuclei staining). - Staining intensity: Intermediate. - Her-2 New by IHC: Negative (score 1+). - Her-2 Neu by FISH: Not performed. - Pathologic staging: Primary tumor: pT2(m) - Regional lymph nodes: pN0(sn) - Distant metastasis: Not applicable. Report Electronically Signed Out \*\*

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Patient:

Specimen #:

#### GROSS DESCRIPTION (continued):

measures 2.5 x 2.0 x 1.8 cm. The cut surface is pink-tan and gritty. The mass is located 1.4 cm from the deep margin and 1.0 cm from the superficial margin. Mass #2, also located within the lower outer quadrant, measures 2.0 x 2.0 x 1.8 cm. The mass is also well defined, pink-tan and gritty. Mass #2 is located 3.0 cm from the deep margin and approximately 1.0 cm from the superficial surface. Mass #2 is located anterior and medial to mass #1. The two masses are adjacent and yet appear discrete. The remainder of the lower outer and mid outer breast shows a 5.0 x 3.0 x 2.5 cm area of dense pink-white fibrous tissue which is focally indurated (mass #3). On sectioning, the cut surface is pink-white and otherwise unremarkable with no discrete lesions identified. No additional lesions are identified. No lymph nodes are identified.

Representative sections are submitted in twenty-two cassettes as follows:

C1: skin and nipple

C2-C4: mass #1 with deep margin

C5: mass #1 with superficial margin

C6, C7&C8: additional mass #1

C9&C10: intervening tissue between mass #1 and mass #2

C11: mass #2 with superficial margin

C12: mass #2

C13: mass #2 with superficial margin

C14: mass #2

C15, C16&C17: indurated fibrous tissue mid outer breast (mass #3)

C18: upper outer quadrant

C19: lower outer quadrant

C20: lower inner quadrant

C21: upper inner quadrant

C22: central breast

(some saved, three images taken labeled with mass #1 and mass #2) Mirrored images of mass #1 and mass #2 are submitted in paraffin and OCT per protocol.

Time/Date of Specimen removal: unknown

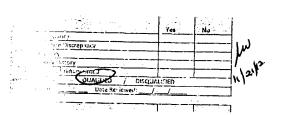
Time/Date in Pathology:

Time/Date in formalin:

Total time prior to fixation: unknown

Time/Date out of formalin:

Total fixation time: 28 hr 45 min



Page 5

End of Report