

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
stPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle): <u>QUALIFIED</u> <u>DISQUALIFIED</u>		
Reviewer Initials: <u>RB</u> Date Reviewed: <u>10/21/11</u>		

OK/lu

UUID:6104F94F-BABF-4435-A839-E1FEA6EFFDF3
TCGA-A1-A050-01A-PR Redacted



ICD-0-3

Carcinoma, infiltrating duct, NOS 8500/3

Site: breast, NOS C50.9 lw 10/21/11

Final Pathologic Diagnosis:

A. Right axillary sentinel lymph node, excision: Metastatic carcinoma involving one lymph node(1/1).

B. Breast, right, mastectomy: Invasive ductal carcinoma, 4.8 cm, SBR grade 3 and high-grade intraductal carcinoma; see comment.

C. Lymph nodes, axillary, excision: Seven lymph nodes negative for tumor,(0/7).

D. Lymph nodes, axillary, excision: One lymphnode, no tumor seen (0/1).

E. Lymph nodes, axillary, excision: No lymph node seen, no tumor,(0/0).

Note: Breast Tumor Synoptic Comment

- Laterality: Right.
- Invasive tumor type: Invasive ductal carcinoma.
- Invasive tumor size: 4.8 cm maximum diameter.
- Invasive tumor grade (modified Bloom-Richardson):
 - Nuclear grade: 3, 3 points.
 - Mitotic count: 10-20 mitotic figures/10 HPF, 2 points.
 - Tubule/papilla formation: Definite tubule formation is apparent in <10%, 3 points.
 - Total points and overall grade = 8 points = grade 3.
- Lymphatic-vascular invasion: Not present.
- Resection margins for invasive tumor:
 - Deep margin: Negative (tumor is 1.5 cm away, on slide B4).
 - Medial margin: Negative (>3 cm).
 - Lateral margin: Negative (>3 cm).

- Anterior/superior margin: Negative (tumor is 1 cm away, on slide B6).
- Anterior/inferior margin: Negative (tumor is 3 cm away, on slide B7).
- Ductal carcinoma in situ (DCIS) type: Solid.
- Ductal carcinoma in situ size:
 - DCIS present as scattered microscopic foci up to 0.1 cm in diameter, involving one of twelve total slides.
- Ductal carcinoma in situ nuclear grade: High grade.
- Necrosis in DCIS: A small amount of necrosis is seen.
- Microcalcifications: None.
- Resection margins for ductal carcinoma in situ:
 - Deep margin: Negative (tumor is >1 cm away, on slide B5).
 - Medial margin: Negative (tumor is >3 cm away).
 - Lateral margin: Negative (tumor is >3 cm away).
 - Anterior/superior margin: Negative (tumor is >1 cm away, on slide B6)
 - Anterior/inferior margin: Negative (tumor is >1 cm away, on slide B7).
- Lymph node status: Sentinel lymph node positive for carcinoma, metastasis 0.4cm diameter, no capsular penetration.
 - Number of positive lymph nodes: 1.
 - Total number sampled: 9.
- Diameter of largest metastasis: 1.6 cm.
- Extranodal extension: None.
- AJCC/UICC stage: pT2N1MX.
- Nontumorous breast tissue: Unremarkable.
- Nipple: Uninvolved.
- Skin/dermis: Uninvolved.
- Additional comments: Preliminary results were discussed with medical oncology team on . PR , ER not requested.

This report was amended due to a typographical error. The diagnoses have not been altered.

Intraoperative Consult Diagnosis

FS1 (A) Sentinel lymph node #1, right axilla, biopsy: Metastatic adenocarcinoma. (Frozen section and cytologic preparation.) (Dr.

Clinical History

The patient is a -year-old woman with right breast cancer. Right breast tumor. The patient now undergoes right mastectomy and right axillary lymph node dissections.

Gross Description

The specimen is received fresh in five parts, each labeled with the patient's name and medical record number.

Part A is additionally labeled

consists of a single soft, oval, pink lymph node, measuring 2.1 x 1.1 x 1 cm. The surgeon marks the hot spot with a stitch. This stitched area is subsequently inked black. The node is bisected. Touch preparations and scrape preparations are made. The remaining tissue is submitted for frozen section diagnosis as FS1, with the frozen section remnant submitted in cassette A1.

Part B, additionally labeled

consists of a single mastectomy specimen. The breast tissue weighs 827 gm and measures 20.5 cm from medial to lateral, 20.7 cm from superior to inferior, and 5.7 cm from anterior to posterior. Anteriorly, the specimen exhibits a skin ellipse measuring 19.9 x 9.2 cm. The breast areola is 4.5 x 3.9 cm and the nipple is 1.1 x 1.1 x 0.7 cm. The specimen is inked for microscopic evaluation: anterior superior surface in blue, the anterior inferior surface in green, the posterior surface in black. On the posterior surface, a large, 12 cm incision is noted, representing the site from which the tumor sample was banked. The specimen is serially sectioned from medial to lateral to reveal a chalky white tumor with irregular borders. The

tumor measures 3.5 x 3.2 x 4.8 cm (medial to lateral) and exhibits punctate hemorrhages. The specimen is sliced into twenty-one slices. The tumor is located between slices 6 and 11. Furthermore, in slice 9, there is a cystic mass measuring 1.5 x 1.5 x 1 cm. It is filled with clear serosanguinous fluid. The tumor margins are as follows: tumor is 1.2 cm from the posterior (black) margin, 0.8 cm from the closest skin margin, 2.3 cm from the closest green margin, and 1.5 cm from the closest blue margin. The remainder of the fatty breast parenchyma is unremarkable. Representative sections are submitted as follows:

Cassettes B1-B3: Nipple.
Cassette B4: Tumor with posterior margin.
Cassette B5: Tumor with skin margin.
Cassette B6: Tumor with blue margin.
Cassette B7: Tumor with green margin.
Cassette B8: Cystic mass.
Cassette B9: Lateral inferior, representative section.
Cassette B10: Lateral superior, representative section.
Cassette B11: Medial superior, representative section.
Cassette B12: Medial inferior, representative section.

Part C, additionally labeled consists of an unoriented irregularly shaped piece of fatty tissue measuring 5.5 x 5 x 4 cm. It is yellow to tan. Within the tissue, seven firm nodes are palpated, as well as two large matted nodes. All nodes are submitted as follows:

Cassettes C1-C2: Large matted lymph node mass 1.
Cassettes C3-C4: Large matted lymph node mass 2.
Cassette C5: Lymph nodes, three pieces.
Cassette C6: Lymph nodes, two pieces.
Cassette C7: Lymph node, one piece.
Cassette C8: Lymph nodes, two pieces (bivalved).

Part D, additionally labeled consists of a single piece of unoriented, irregularly shaped, fatty tissue measuring 3.5 x 2 x 1.5 cm. The specimen exhibits a single ovoid nodule measuring 1 x 0.8 x 0.3 cm. The nodule is firm; this is entirely submitted in cassette D1.

Part E, additionally labeled consists of a single piece of unoriented, irregularly shaped fatty tissue measuring 5 x 5 x 2 cm. The specimen is yellow to tan and palpation of the specimen reveals fourteen firm nodes ranging from 0.3 to 1.5 cm in diameter. The nodes are entirely submitted as follows:

Cassette E1: Lymph nodes, two pieces.
Cassette E2: Lymph nodes, two pieces.
Cassette E3: Lymph nodes, three pieces.
Cassette E4: Lymph nodes, two pieces (bivalved).
Cassette E5: Lymph nodes, three pieces.
Cassette E6: Lymph nodes, three pieces.
Cassette E7: Lymph nodes, two pieces (bivalved).
Cassette E8: Lymph node, one piece.

Pathology Resident

Signed: /Pathologist

Fee Codes:

Amendments

Amended:

Reason: Typographical Error
Typographical Error in synoptic comment

Previous Signout Date:

Other Specimens

Specimen Class:

Status: Signed Out

Accessioned:

Signed Out:

Specimen(s) Received: immunohistostaining & interpretation only

Final Diagnosis

Immunostaining and interpretation for ER, PR, and HER2/neu on

B4:

Breast, right, mastectomy: Invasive ductal carcinoma negative for ER and PR, and indeterminate for HER2 protein overexpression; see comment.