

UUID: 1617B36B-4EFB-445E-95BC-E63B129AAAE7
TCGA-A1-AØSF-Ø1A-PR Redacted

1CD-0-3 Carcinoma, infiltrating duct, NOS 8500/3 Site: Breast, NOS C50.9 lw 10/21/11

# **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, salpingooophorectomy:
- Ovary: No significant pathologic abnormality.
- Fallopian tube: Benign paratubal cyst.
- G. Right ovary and fallopian tube, salpingooophorectomy:
- 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**

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

### **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: Cassette C7: Lower outer quadrant. 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.

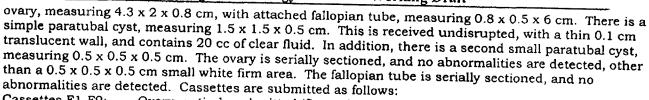
Part E is additionally labeled "

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

Working Draft



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  $3.5 \times 3 \times 1.6 \times$ 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  $5 \times 1.3 \times 0.4$  cm, with a white-tan, soft nodule, measuring  $0.3 \times 0.3 \times 0.3$  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  $1 \times 0.3 \times 0.1$  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. Ine specimen is entirely submitted in cassettes J1 through J3.

'Pathology Resident

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Right Breast, Fine Needle Aspiration: Benign scar tissue, see comment.

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Specimen(s) Received: Cervical/Endocervical, Thin Prep Imaged  Cervical / Endocervical, Thin Prep Imaged  NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY. Reactive cellular changes.  SPECIMEN ADEQUACY: Satisfactory for evaluation. Transformation zone components are present.  Specimen Class: Specimen(s) Received: Right foot foreign body Final Diagnosis  Foot, right, excision: Fragment of hyperkeratotic squamous epithelium.  Specimen Class: Status: Signed Out Signed Out: Specimen(s) Received: Cytology, GYN, Site Not Specified, Thin Prep Final Diagnosis  Specimen(s) Received: Cytology, GYN, Site Not Specified, Thin Prep Final Diagnosis	Status: Signed Out Accessioned Signed Out: Indocervical, Thin Prep Imaged  Thin Prep Imaged  NTRAEPITHELIAL LESION OR MALIGNANCY. Itular changes.  DUACY: If or evaluation. Ition zone components are present.  Status: Signed Out Accessioned: Signed Out: If oreign body  Tagment of hyperkeratotic squamous epithelium.  Status: Signed Out Accessioned Signed Out:  Status: Signed Out Accessioned Signed Out:	Left Breast, Fine Needle Aspirat	tion: <b>Adenocarcinom</b>	a, morphologically consist	tent
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Signed Out:  Specimen(s) Received: Cervical/Endocervical, Thin Prep Imaged  Cervical / Endocervical, Thin Prep Imaged  NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY. Reactive cellular changes.  SPECIMEN ADEQUACY: Satisfactory for evaluation. Transformation zone components are present.  Specimen Class: Status: Signed Out Signed Out: Specimen(s) Received: Right foot foreign body Final Diagnosis Foot, right, excision: Fragment of hyperkeratotic squamous epithelium.  Specimen Class: Status: Signed Out Accessioned Signed Out: Specimen(s) Received: Cytology, GYN, Site Not Specified, Thin Prep Final Diagnosis	Signed Out: Indocervical, Thin Prep Imaged  WTRAEPITHELIAL LESION OR MALIGNANCY. Italiar changes.  PUACY: For evaluation. Ition zone components are present.  Signed Out: Signed Out:  Signed Out:  Signed Out:  Foreign body  Fagment of hyperkeratotic squamous epithelium.  Status: Signed Out  Accessioned Signed Out:  GYN, Site Not Specified, Thin Prep	Spesimon Class	Statue: Signed Out	Aggerianad	
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Signed Out:  Specimen(s) Received: Right foot foreign body  Final Diagnosis  Foot, right, excision: Fragment of hyperkeratotic squamous epithelium.  Specimen Class: Status: Signed Out Accessioned Signed Out:  Specimen(s) Received: Cytology, GYN, Site Not Specified, Thin Prep  Final Diagnosis	Signed Out: foreign body  ragment of hyperkeratotic squamous epithelium.  : Status: Signed Out Accessioned Signed Out: GYN, Site Not Specified, Thin Prep	•			
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Signed Out: Specimen(s) Received: Cytology, GYN, Site Not Specified, Thin Prep Final Diagnosis	Signed Out: GYN, Site Not Specified, Thin Prep	Foot, right, excision: Fragment	t of hyperkeratotic squ	amous epithelium.	
Signed Out: Specimen(s) Received: Cytology, GYN, Site Not Specified, Thin Prep Final Diagnosis	Signed Out: GYN, Site Not Specified, Thin Prep				
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Cytology, GYN, Site Not Specified, Thin Prep		Cytology, GYN, Site Not Specifi	ea, inin Prep		

	changes.	
SPECIMEN ADEQUACY		
Satisfactory for ex		
Transformation zo	one components are pres	ent.
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jpecimen Class:	Status: Signed Out	Accessioned Signed Out:
Specimen(s) Received: Cervical/Endocerv Inal Diagnosis	rical, Thin Prep	
Cervical/Endocervical, Thin P	rep	<del></del>
NEGATIVE FOR INTRAE	EPITHELIAL LESION OR I	MALIGNANCY.
SPECIMEN ADEQUACY		
Satisfactory for ev		
Transformation ze	one components are pres	ent.
Specimen Class:	Status: Signed Out	Accessioned
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Specimen(s) Received: Vaginal/Cervical/I Final Diagnosis	Endocervical, Direct	
Specimen(s) Received: Vaginal/Cervical/I Final Diagnosis Vaginal/Cervical/Endocervica	Endocervical, Direct	Signed Out:
Specimen(s) Received: Vaginal/Cervical/I Final Diagnosis Vaginal/Cervical/Endocervica	Endocervical, Direct al, Direct WITHIN NORMAL LIMITS	Signed Out:
pecimen(s) Received: Vaginal/Cervical/I inal Diagnosis /aginal/Cervical/Endocervica CELLULAR CHANGES V Endocervical cells	Endocervical, Direct al, Direct WITHIN NORMAL LIMITS. s present.	Signed Out:
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Specimen(s) Received: Vaginal/Cervical/Inal Diagnosis Vaginal/Cervical/Endocervical CELLULAR CHANGES V Endocervical cells SPECIMEN ADEQUACY	Endocervical, Direct  al, Direct WITHIN NORMAL LIMITS s present.	Signed Out:
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Specimen(s) Received: Vaginal/Cervical/I Final Diagnosis Vaginal/Cervical/Endocervical CELLULAR CHANGES V Endocervical cells SPECIMEN ADEQUACY Satisfactory for ev	Endocervical, Direct al, Direct WITHIN NORMAL LIMITS s present.  : valuation but limited by o	Signed Out:  Obscuring white blood cells  Accessioned: Signed Out:
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Specimen(s) Received: Vaginal/Cervical/I Final Diagnosis Vaginal/Cervical/Endocervical CELLULAR CHANGES V Endocervical cells SPECIMEN ADEQUACY Satisfactory for ev  Specimen Class: Specimen(s) Received: Skin, biopsy, left of Final Diagnosis	Endocervical, Direct al, Direct WITHIN NORMAL LIMITS s present.  : valuation but limited by o	Signed Out:  Obscuring white blood cells  Accessioned: Signed Out:

Surgical Pathology - Working Draft

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Working Draft

CELLULAR CHANGES WITHIN NORMAL LIMITS. Inflammation.

## SPECIMEN ADEQUACY:

Satisfactory for evaluation. Endocervical cells present.

Specimen(s) Received: Endometrium, biopsy Final Diagnosis Endometrium, biopsy: Benign dyssynchronous secretory endometrium; no hyperplasia or carcino identified. Specimen Class: Status: Signed Out Accessioned: Signed Out: ( 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 cell: Specimen(s) Received: Cervical/Endocervical, Direct Final Diagnosis Cervical/ Endocervical, Direct CELLULAR CHANGES WITHIN NORMAL LIMITS.  SPECIMEN ADEQUACY: Specimen(s) Received: Cervical/Endocervical, Direct Final Diagnosis Cervical/ Endocervical, Direct CELLULAR CHANGES WITHIN NORMAL LIMITS. SPECIMEN ADEQUACY:
Endometrium, biopsy:  Benign dyssynchronous secretory endometrium; no hyperplasia or carcino identified.  Specimen Class:  Status: Signed Out  Signed Out: (
Benign dyssynchronous secretory endometrium; no hyperplasia or carcino identified. Specimen Class: Status: Signed Out Accessioned:
Specimen Class:  Specimen(s) Received: Cervical Endocervical, Direct Signed Out: ( Specimen(s) Received: Cervical Endocervical, Direct Signed Out: ( Signed
pecimen(s) Received: Cervical Endocervical, Direct Inal 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 Specimen Class: Status: Signed Out Signed Out:  Specimen(s) Received: Cervical/Endocervical, Direct Inal Diagnosis Cervical/Endocervical, Direct CELLULAR CHANGES WITHIN NORMAL LIMITS.
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Cervical/Endocervical, Direct CELLULAR CHANGES WITHIN NORMAL LIMITS. Inflammation. Endocervical cells present.  SPECIMEN ADEQUACY: Satisfactory for evaluation but limited by obscuring white blood cells Specimen Class: Status: Signed Out Signed Out: Specimen(s) Received: Cervical/Endocervical, Direct Final Diagnosis Cervical/Endocervical, Direct CELLULAR CHANGES WITHIN NORMAL LIMITS.
CELLULAR CHANGES WITHIN NORMAL LIMITS.  Inflammation. Endocervical cells present.  SPECIMEN ADEQUACY: Satisfactory for evaluation but limited by obscuring white blood cells. Specimen Class: Status: Signed Out Signed Out: Specimen(s) Received: Cervical/Endocervical, Direct Tinal Diagnosis Cervical/Endocervical, Direct CELLULAR CHANGES WITHIN NORMAL LIMITS.
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Endocervical cells present.  SPECIMEN ADEQUACY: Satisfactory for evaluation but limited by obscuring white blood cells Specimen Class: Status: Signed Out Accessioned Signed Out:  Specimen(s) Received: Cervical/Endocervical, Direct Final Diagnosis Cervical/Endocervical, Direct CELLULAR CHANGES WITHIN NORMAL LIMITS.
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CELLULAR CHANGES WITHIN NORMAL LIMITS.
SPECIMEN ADEQUACY:
Satisfactory for evaluation. Endocervical cells present.
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Specimen Class:	Status: Signed Out	Accessioned:	
pecimen(s) Received: Urine, catheterized	ū	Signed Out:	
inal Diagnosis BENIGN.			
See Below.			
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Specimen Class:	Status: Signed Out	Accessioned	
HighRisk Specimen} pecimen(s) Received: Vaginal/Cervical/Endo	ocervical	Signed Out:	
inal Diagnosis			
CELLULAR CHANGES WITHIN N	ORMAL LIMITS.		
Squamous metaplasia.			
SPECIMEN ADEQUACY:			
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Satisfactory for evaluation	. Endocervical cells p	resent.	
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Satisfactory for evaluation  Specimen Class:	. Endocervical cells p  Status: Signed Out		
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Satisfactory for evaluation  Specimen Class:  Specimen(s) Received: BLADDER WASH Final Diagnosis BENIGN		Accessioned	
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Surgical Pathology -

Working Draft

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