Carcinoma, infiltrating ductal, NOS 8500/3 Site: breast, NOS C50,9 1/24/11 W

FOR OFFICIAL USE ONLY - PERSONAL DATA - PRIVACY ACT OF 1974

UUID:726B60CA-181C-440D-82FA-A4C978C4D484 TCGA-A2-A04Q-01A-PR 00 M | 100 M | Redacted 

#### PATHOLOGY REPORT

Patient:

FMP/SSN:

DOB/Age/Sex:

Location:

Physician(s):

Specimen #:

F Race: WHITE Taken:

> Received: Reported:

#### \*\*AMENDED\*\*

#### SPECIMEN:

A: SENTINAL B: RIGHT BREAST TISSUE C: NON SENTINAL LYMPH

D: SENTINAL LYMPH NODE

# 

- A. LYMPH NODE, SENTINEL NUMBER ONE, BIOPSY:
  - ONE LYMPH NODE NEGATIVE FOR TUMOR BY H&E AND IMMUNOHISTOCHEMISTRY.
- B. BREAST, RIGHT, SIMPLE MASTECTOMY:
  - INFILTRATING DUCTAL CARCINOMA, POORLY-DIFFERENTIATED BY COMBINED HISTIOLOGIC CRITERIA.
  - TUMOR SIZE 1.8 CM.
  - ASSOCIATED DUCTAL CARCINOMA IN SITU, NUCLEAR GRADE III WITH NECROSIS AND PROMINENT LYMPHOID INFILTRATE COMPRISING 10-15% OF TUMOR.
  - ESTROGEN RECEPTOR: NEGATIVE IN INFILTRATING AND IN SITU CARCINOMA. PROGESTERONE RECEPTOR: NEGATIVE IN INFILTRATING AND IN SITU CARCINOMA.
  - HER2 NEU BY IMMUNOHISTOCHEMISTRY: 2+ (WEAKLY POSITIVE).
  - HER2 NEU BY FISH: NOT AMPLIFIED (1.4).
  - MARGINS NEGATIVE FOR TUMOR.
  - NO RESIDUAL PAGET'S DISEASE OR LACTIFEROUS DUCT INVOLVEMENT.
  - MICROCALCIFICATIONS IN NEOPLASTIC BREAST TISSUE.
  - UNINVOLVED BREAST TISSUE SHOWS FIBROCYSTIC CHANGES AND SCLEROSING
- C. LYMPH NODE, NON SENTINEL, BIOPSY:
  - ONE BENIGN LYMPH NODE.
- D. LYMPH NODE, SENTINEL NUMBER TWO, BIOPSY:
  - ONE LYMPH NODE NEGATIVE FOR TUMOR BY H&E AND IMMUNOHISTOCHEMISTRY.

COMMENT: The above results were reported in

Lon

Estrogen and progesterone receptors were evaluated by immunohistochemical

Page 1

Continued on Next Page

#### SURGICAL PATHOLOGY REPORT

Patient:

Specimen #:

## FINAL DIAGNOSIS (continued):

methods. A positive test is defined as easily discernable nuclear staining in more than 5% of the tumor cells.

The specimen was evaluated for HER-2/Neu (c-erbB2) overexpression by immunohistochemical methods (DAKO Hercep Test). Staining is interpreted on a scale of 0 to 3+ with positivity defined as 2+ or greater. Specimens with a weakly positive (2+) Hercep Test are further evaluated by fluorescence in situ hybridization (PathVysion FISH assay) to detect presence or absence of Her-2/neu gene amplification.

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

CLINICAL DIAGNOSIS AND HISTORY:
{None Given}

## GROSS DESCRIPTION:

A. SENTINEL Received in formalin, labeled with the patient's name, and designated "SENTINEL LYMPH NODE NUMBER ONE" is a specimen consisting of a 2.0 x 1.4 x 1.0 cm lymph node. A small portion was submitted for the CBCP protocol. 1C1NS.

B. RIGHT BREAST TISSUE Received fresh, labeled with the patient's name, and designated "RIGHT BREAST TISSUE" is a specimen consisting of a 245.0 gram simple mastectomy, 18.0 cm x 13.5 cm x 3.0 cm in dimension. There is a 15.0 cm x 4.0 cm ellipse of nipple-bearing skin. The deep margin is inked in black. On sectioning, a 1.8 cm tumor is identified in the mid-center portion of the breast. The tumor abuts, but does not grossly involve the deep margin. The remaining tissue is extensively fibrosis with admixed fat. Sections of tumor, grossly normal fibrous breast tissue, and skin harvested for the CBCP protocol; mirror images for Histology are as follows:

Slide Key: B1: Tumor(CBCP); B2: Fibrous tissue, 1.0 cm medial to tumor (CBCP); B3: Fibrous tissue, 2.0 cm medial to tumor(CBCP); B4: Fibrous tissue, 5.0 cm medial to tumor(CBCP); B5: Skin, near medial tip (CBCP);

## SURGICAL PATHOLOGY REPORT

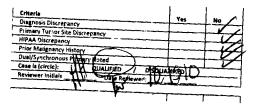
Patient:

Specimen #:

## GROSS DESCRIPTION (continued):

B6: Nipple; B7: Tumor and deep margin; B8-B10: Representative tumor; B11: Medial upper quadrant; B12: Medial lower quadrant; B13: Lateral lower quadrant; B14: Lateral upper quadrant. 14CFSS.

- C. NON SENTINEL LYMPH Received fresh, labeled with the patient's name, and designated "NON-SENTINEL LYMPH NODE" is a specimen consisting of a 1.5 cm x 0.8 cm x 0.5 cm tan lymph node with a scant amount of attached yellow, lobular adipose tissue. 1CF
- D. SENTINEL LYMPH NODE Received fresh, labeled with the patient's name, and designated "SENTINEL LYMPH NODE NUMBER TWO" is a specimen consisting of a 1.4 cm  $\times$  0.8 cm  $\times$  0.4 cm yellow, white soft tissue fragment with two staples and an unoriented suture. CA.



Page 3

End of Report