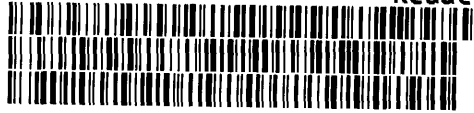


UUID: EE644ADF-639E-450A-92E6-2A6F18AD561F  
TCGA-EW-A424-01A-PR

Redacted



Name: XXXX  
Gender: F  
MRN: XXXX  
Location: XXX  
Physician: XXX

Case #:  
Collected:  
Received:  
Reported:  
Copy To:

### Pathologic Interpretation:

#### A. RIGHT BREAST TOTAL MASTECTOMY:

INVASIVE LOBULAR CARCINOMA, moderately differentiated, Nottingham grade 2 (3+2+2=7), 5.5 cm in greatest dimension.

Margins are negative for carcinoma, closest margin is posterior (3.5 cm).

Negative for lymphovascular invasion.

Lobular carcinoma in situ is present.

Skin and nipple with no significant pathologic changes.

See Surgical Pathology Cancer Case Summary.

ICD-O-3

Carcinoma, infiltrating  
lobular, NOS

8520/3

#### B. RIGHT BREAST AXILLA SENTINEL NODE #1:

Negative for carcinoma in one lymph node examined (0/1).

Keratin immunostains will follow.

Site: breast, NOS

7-24-12  
RD

C50.9

Surgical Pathology Cancer Case Summary:

#### INVASIVE CARCINOMA OF THE BREAST:

Specimen: Total breast (including nipple and skin)

Procedure: Total mastectomy (including nipple and skin)

Lymph Node Sampling: Sentinel lymph node(s)

Specimen Integrity: Single intact specimen (margins can be evaluated)

Specimen Size:

Greatest dimension: 25 cm

Additional dimensions: 15.5 x 5.6 cm

Specimen Laterality: Right

Tumor Site: Invasive Carcinoma: Central

Tumor Size: Size of Largest Invasive Carcinoma:

Greatest dimension of largest focus of invasion: 5.5 cm

Additional dimensions: 3.5 x 3.0 cm

Tumor Focality: Single focus of invasive carcinoma

Macroscopic and Microscopic Extent of Tumor:

Skin: Invasive carcinoma does not invade into the dermis or epidermis

Nipple: DCIS does not involve the nipple epidermis

Skeletal Muscle: No skeletal muscle present

Ductal Carcinoma In Situ (DCIS): No DCIS is present

Histologic Type of Invasive Carcinoma: Invasive lobular carcinoma

Histologic Grade: Nottingham Histologic Score:

Glandular (Acinar)/Tubular Differentiation: Score 3

Nuclear Pleomorphism: Score 2

Mitotic Count: Score 2

Overall Grade: Grade 2

Margins: Uninvolved by invasive carcinoma

Distance from closest margin: 35 mm, all other margins >5 cm

Treatment Effect: Response to Presurgical (Neoadjuvant) Therapy:

In the breast: No known presurgical therapy

Lymph-Vascular Invasion: Not identified

Lymph Nodes:

Number of sentinel lymph nodes examined: 1

Total number of lymph nodes examined (sentinel and nonsentinel): 1

Number of lymph nodes with macrometastases: 0

Number of lymph nodes with micrometastases: 0

Number of lymph nodes with isolated tumor cells: 0

Method of Evaluation of Sentinel Lymph Nodes: H&E, multiple levels

Pathologic Staging:

Primary Tumor: pT3

Regional Lymph Nodes: pN0

Distant Metastasis: Not applicable

Ancillary Studies:

Estrogen Receptor: Performed on another specimen (xxxx)

Results: POSITIVE (>50%)

Progesterone Receptor: Performed on another specimen (xxxx)

Results: POSITIVE (>50%)

HER2/neu:

Immunoperoxidase Studies: Performed on another specimen

Results: Equivocal (Score 2+)

Chromogenic In Situ Hybridization (CISH) for HER2/neu: Performed on another specimen (xxxx)

Results: Not amplified (HER2 gene copy <4.0 or ratio <1.8)

Comment(s): AJCC Classification (7<sup>th</sup> edition): pT3, N0, Mn/a

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory. These ASRs are clinically useful indicators that do not require FDA approval. These clones are used: ID5=ER, PgR 636=PR, A485=HER2, H-11=EGFR. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by Envision Method. The results are read by a pathologist as positive or negative.

*As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).*

\*\*\*Electronically Signed Out By\*\*\* X

---

### **Clinical History:**

cT3 NX MX infiltrating lobular carcinoma, low-grade, right breast.

Please evaluate sentinel nodes on permanent with IHC. Axillary node dissection will be done today only if no sentinel lymph nodes can be identified and removed.

### **Operation Performed**

Right total mastectomy, Sentinel node biopsy, Possible axillary node dissection

### **Pre Operative Diagnosis:**

Infiltrating lobular carcinoma >5 cm

**Specimen(s) Received/Processing Information:  
Codes:**

**Fee**

**A: RIGHT BREAST MASS (2 SUTURES MEDIAL, 1 SUTURE SUPERIOR) H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, H&E, Initial x 1, E-CADHERIN x 1, Beta Catenin x 1, Vimentin x 1, Cytokerat**

A: IHC, IHC, IHC,  
IHC, IHC, IHC,  
IHC  
B: IHC, IHC

**B: RIGHT BREAST SENTINEL NODE AXILLA # 1, COUNT 5356 H&E, Initial x 1, H&E, Initial x 1, Cytokeratin Cocktail (KER) x 1, Cytokeratin Cocktail (KER) x 1**

**Gross Description:**

- A. Received in formalin labeled "Right breast mass" is a 1050-gram mastectomy specimen (25.0 x 15.5 x 5.6 cm) with a tan-white skin ellipse (25.4 x 10.0 cm) and nipple (1.8 x 1.6 x 0.4 cm) and two sutures indicating medial and one suture indicating superior. There are no visible lesions or scars present. The specimen was previously serially sectioned with black ink added on the posterior aspect. There is a hard tan-white, ill-defined centrally located (5.5 x 3.5 x 3.0 cm), located 3.5 cm from the deep margin and more than 5.0 cm from the remaining margins. The remaining breast stroma is markedly fibrotic with cystic areas filled with a clear fluid measuring up to 0.6 cm in greatest diameter. The stroma to adipose ratio is 50:50. Representative sections are submitted in eleven cassettes as follows:
- |                 |                           |
|-----------------|---------------------------|
| Cassette #1     | Deep margin               |
| Cassette #2     | Upper outer               |
| Cassette #3     | Upper inner               |
| Cassette #4     | Lower outer               |
| Cassette #5     | Lower inner               |
| Cassettes #6-10 | Composite section of mass |
| Cassette #11    | Nipple                    |
- B. Received in formalin labeled "Right breast sentinel node, axilla #1 count 5356" is a segment of adipose tissue (4.0 x 3.7 x 1.3 cm). Sectioning reveals a possible lymph node measuring 1.6 x 1.0 x 0.5 cm. The lymph node is trisected and submitted in toto in two cassettes.

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		
Date Reviewed		