

TSS:

SPECIMENS:

- A. EXCISION RIGHT BREAST NEEDLE LOCALIZATION
- B. LEFT BREAST AND AXILLARY CONTENTS
- C. ADDITIONAL LEFT AXILLARY TISSUE

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DIAGNOSIS:

- A. BREAST, RIGHT, NEEDLE LOCALIZATION EXCISIONAL BIOPSY:
 - DUCTAL CARCINOMA IN SITU (DCIS), CRIBRIFORM TYPE, NUCLEAR GRADE 2, WITH NECROSIS AND MICROCALCIFICATIONS.
 - DCIS IS PRESENT AT THE MEDIAL MARGIN, IS WITHIN 0.1 CM OF THE POSTERIOR AND SUPERIOR MARGINS, AND IS WITHIN 0.2 CM OF THE ANTERIOR MARGIN.
 - ATYPICAL INTRADUCTAL PAPILLOMAS, 0.1 CM FROM THE MEDIAL MARGIN.
 - COMPLEX SCLEROSING LESION WITH EXTENSIVE LOBULAR CARCINOMA IN SITU (LCIS), INTRADUCTAL PAPILLOMAS, SCLEROSING ADENOSIS, APOCRINE METAPLASIA, AND MICROCALCIFICATIONS.

NOTE: DCIS is present in 3 of 10 slides. On a single slide, DCIS measures 0.8 cm. Immunostains were performed with appropriate positive and negative controls. SMMHC, p63, and calponin are positive, showing no evidence of invasive carcinoma.

- B. BREAST, LEFT, AND AXILLARY CONTENTS, MODIFIED RADICAL MASTECTOMY:
 - INVASIVE LOBULAR CARCINOMA, NOTTINGHAM GRADE 3.
 - 3.3 CM IN SIZE.
 - EXTENSIVELY INVOLVES THE NIPPLE DERMIS.
 - LOBULAR CARCINOMA IN SITU (LCIS), PLEOMORPHIC TYPE, WITH FOCAL NECROSIS.
 - MARGINS, NEGATIVE FOR CARCINOMA.
 - ATYPICAL DUCTAL HYPERPLASIA.
 - METASTATIC CARCINOMA IN 20 OF 24 LYMPH NODES WITH EXTRANODAL EXTENSION, LARGEST METASTASIS IS 2.4 CM (20/24).

- C. ADDITIONAL AXILLARY TISSUE, LEFT, EXCISION:
 - METASTATIC CARCINOMA IN ONE LYMPH NODE AND TUMOR IN FIBROADIPOSE TISSUE (1/1).

NOTE: There is a 0.4 cm focus of invasive carcinoma in the fibroadipose tissue with no definite lymph node adjacent to the focus and no breast parenchyma present. This focus is best interpreted as extranodal extension.

SYNOPTIC REPORT - BREAST

Specimens Involved

Specimens: A: EXCISION RIGHT BREAST NEEDLE LOCALIZATION

Specimen Type: Excision
Needle Localization: Yes - For mass
Laterality: Right
Invasive Tumor: Absent
Multifocality: N/A
WHO CLASSIFICATION
Intraductal proliferative lesions
Ductal carcinoma in situ 8500/2

DCIS present
Margins involved by DCIS: : medial margin

1 CD-0-3

Carcinoma, infiltrating lobular, NOS

8520/3

Site: breast, NOS C50.9

W 8/24/11

UUID:85E91C9F-9F61-4A25-B4D9-18CBC7108F5E
TCGA-E2-A2P5-01A-PR

Redacted



DCIS Type: Cribriform
 DCIS Size (pure DCIS only): 0.8cm
 Nuclear grade: Intermediate
 Necrosis: Present
 Location of CA++: DCIS
 Benign epithelium

ER/PR/HER2 Results

ER: Positive

PR: Positive

Performed on Case:

Pathological staging (pTN): pT is N X
 Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimens Involved

Specimens: A: EXCISION RIGHT BREAST NEEDLE LOCALIZATION

Specimen: Surgical Excision

Block Number: A2

ER: Positive	Allred Score:	8 = Proportion Score 5 + Intensity Score 3
PR: Positive	Allred Score:	8 = Proportion Score 5 + Intensity Score 3

COMMENT:

The Allred score for estrogen and progesterone receptors is calculated by adding the sum of the proportion score (0 = no staining, 1 = <1% of cells staining, 2 = 1 - 10% of cells staining, 3 = 11-30% of cells staining, 4 = 31-60% of cells staining, 5 = >60% of cells staining) to the intensity score (1 = weak intensity of staining, 2 = intermediate intensity of staining, 3 = strong intensity of staining), with a scoring range from 0 to 8.

ER/PR positive is defined as an Allred score of >2 and ER/PR negative is defined as an Allred score of less than or equal to 2.

METHODOLOGY:

Tissue was fixed in 10% neutral buffered formalin for no less than 8 and no longer than 24 hours. Immunohistochemistry was performed using the mouse anti-human ER (ER 1D5, 1:100) and PR (PGR 136, 1:100) provided by () following the manufacturer's instructions. This assay was not modified. Interpretation of the ER/PR immunohistochemical stain is guided by published results in the medical literature, information provided by the reagent manufacturer and by internal review of staining performance.

SYNOPTIC REPORT - BREAST

Specimens Involved

Specimens: B: LEFT BREAST AND AXILLARY CONTENTS

C: ADDITIONAL LEFT AXILLARY TISSUE

Specimen Type: Mastectomy

Needle Localization: No

Laterality: Left

Invasive Tumor: Present

Multifocality: No

WHO CLASSIFICATION

Invasive lobular carcinoma 8520/3

Tumor size: 3.3cm

Tumor Site: Central

Margins: Negative

Distance from closest margin: 0.9cm
 deep

Tubular Score: 3

Nuclear Grade: 3

TSS:

Mitotic Score: 2
Modified Scarff Bloom Richardson Grade: 3
Necrosis: Absent
Lobular neoplasia: LCIS
Lymph nodes: Axillary dissection
Lymph node status: Positive 21 / 25 Extranodal extension

DCIS not present

ER/PR/HER2 Results

ER: Positive

PR: Positive

HER2: Negative by FISH

Performed on Case:

Pathological staging (pTN): pT 2 N 3

Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

GROSS DESCRIPTION:

A. EXCISION RIGHT BREAST NEEDLE LOCALIZATION

Received fresh labeled with the patient's identification and "right breast needle localization" is an oriented (short stitch-superior, long stitch-lateral, double stitch-deep), 35 g, 5.5 x 5.5 x 2.5 cm needle localized lumpectomy with radiographs. Ink code: Anterior-yellow, posterior-black, medial-green, lateral-red, superior-blue, inferior-orange. The specimen is serially sectioned from medial to lateral into 7 slices revealing a 1.7 x 0.7 x 0.4 cm gritty, lobulated white tumor that is closest to the anterior margin at 0.1 cm. A clip is identified in slice 2. No additional lesions are noted. Representatively submitted:

A1-medial margin

A2-slice 2, superior margin

A3-4-slice 2, anterior/posterior margins to tumor

A5-A8-slice 3, full cross-section/tumor

A9-slice 4, additional deep margin to firmer fibrous tissue

A10-lateral margin

B. LEFT BREAST AND AXILLARY CONTENTS

Received fresh labeled with the patient's identification and "left breast and axillary contents" is an oriented 1150 g, 26 x 21 x 4 cm mastectomy with a 15 x 7 cm skin ellipse and 1.5 cm in diameter inverted nipple. There is also 15 x 11 cm attached axillary tissue. Ink code: Posterior-black, anterior superior-blue, anterior inferior-orange. The specimen is serially sectioned into 12 slices from medial to lateral with nipple in slices 5/6 revealing a retroareolar, 3.3 x 3 x 2.7 cm infiltrative, gritty indurated, lobulated tan to white tumor in slices 5 and 6, closest to the anterior margin (areolar skin) at 0.5 cm. No additional lesions are identified. There are 24 possible lymph nodes identified, ranging from 0.2 cm to 2.4 cm in greatest dimension. Representatively submitted:

B1-deep margin closest to tumor, slice 5

B2-B3-entire nipple, slices 5-6

B4-tumor to closest anterior (skin) margin, slice 6

B5-B7-additional tumor, slice 6

B8-UOQ, slice 9

B9-LOQ, slice 8

B10-UIQ, slice 4

B11-LIQ, slice 4

B12-superior skin margin, shave

B13-6 lymph nodes

B14-one trisected lymph node

B15-6 lymph nodes

B16-5 lymph nodes

B17-one bisected lymph node

B18-2 lymph nodes

B19-2 lymph nodes

B20-one lymph node

LH

C. ADDITIONAL LEFT AXILLARY TISSUE

Received in formalin labeled with patient's identification and "additional left axillary tissue" is adipose tissue measuring 3 x 2.5 x 1 cm in aggregate. Representative sections submitted in C1.

TSS:

CLINICAL HISTORY:

1 year-old female with multicentric left breast cancer; FNA-positive lymph nodes and right mass biopsy shows atypia, left mass retroareolar, right atypical ductal hyperplasia at 12:00

PRE-OPERATIVE DIAGNOSIS:

Invasive pleomorphic lobular carcinoma retroareolar, left breast

Gross Dictation:., .

Microscopic/Diagnostic Dictation:., .

Microscopic/Diagnostic Dictation:., .

Final Review:., Pathologist,

Final:., Pathologist

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Nod		/
Case Is (Circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	hw	8/24/11