. MAL DIAGNOSIS:

PART 1: SENTINEL LYMPH NODE #1, LEFT AXILLA, BIOPSY-

METASTATIC CARCINOMA INVOLVES ONE LYMPH NODE AND FORMS A SINGLE TUMOR DEPOSIT IN ADJACENT SOFT TISSUE (1.3 CM) (SLIDE 1A).

THE METASTATIC FOCUS IN THE LYMPH NODE IS ALMOST ENTIRELY REPLACING THE LYMPH NODE PARENCHYMA (0.8 CM) WITH EXTRACAPSULAR EXTENSION (0.7 X 0.3 CM).

PART 2: BREAST, LEFT MODIFIED RADICAL MASTECTOMY AND LEFT AXILLARY CONTENTS -

INVASIVE DUCTAL CARCINOMA, TWO FOCI, 3.2 CM AND 1.5 CM (GROSS) AT 6 AND 10 O'CLOCK POSITION RESPECTIVELY, NOTTINGHAM GRADE 1/3 (COMBINED NOTTINGHAM SCORE 5/9; TUBULE FORMATION 2/3. NUCLEAR ATYPIA 2/3, MITOTIC ACTIVITY 1/3) WITH LOBULAR FEATURES (800 comment).

TUMOR INVADES INTO SKELETAL MUSCLE FIBERS.

- DUCTAL CARCINOMA IN-SITU, NUCLEAR GRADE 2, CRIBRIFORM TYPE ASSOCIATED WITH INVASIVE TUMOR AND COMPRISING 1% OF TUMOR MASS
- D. LYMPHOVASCULAR INVASION IS IDENTIFIED.
- MARGINS FREE, LUMOR WITHIN LESS THAN T MIN FROM DEEP MARGINS IN BOTH THE 6 O'CLOCK AND 10 E. D'CLOCK POSITION.
- UNINVOLVED BREAST PARENCHYMA WITH FIBROCYSTIC CHANGES.

SKIN AND NIPPLE, FREE OF TUMOR

- METASTATIC CARCINOMA INVOLVES TWO OF NINE LYMPH NODES (2/9) AND FORMS FIVE TUMOR DEPOSITS IN AXILLARY SOFT TISSUE.
- LARGEST TUMOR SIZE IN THE LYMPH NODE IS 1.0 CM WITH EXTRACAPSULAR EXTENSION (0.9 CM.)

AXILLARY SOFT TISSUE TUMOR DEPOSIT RANGE FROM 0.2 TO 0.6 CM.

PATHOLOGIC STAGE (see comment).

ER /PR - POSITIVE, HER-2/NEU - NEGATIVE (PERFORMED ON BIOPSY).

Cancinoma, infultrating duct, nos 8500/3 Site: brust, Nos 050,9 3/13/11 hr

PART 3: ADDITIONAL LEFT AXILLARY CONTENTS, BIOPSY -

A. METASTATIC CARCINGMA INVOLVING FIBROADIPOSE TISSUE (TUMOR DEPOSIT).

5. TUMOR MEASURES 0.8 X 0.5 CM (MICROSCOPIC)

SYNOPTIC - PRIMARY INVASIVE CARCINOMATUF BREAST

LATERALITY:

Left

PROCEDURE:

Modified radical mastectomy

LOCATION:

Upper outer quadrant Lower outer quadrant Lower inner quadrant

SIZE OF TUMOR:

Maximum dimension invasive component. 3.2 cm

MULTICENTRICITY/MULTIFOCALITY OF INVASIVE FOCI:

Yes

TUMOR AGGREGATE SIZE:

Sum of the sizes of multiple invasive humars: 4.7 cm

TUMOR TYPE (invasive component):

NOTTINGHAM SCORE:

Ductal adenocarcinoma, NOS Nuclear grade, 2

Tubule formation: 2 Mitotic activity score: 1

Total Nottingham score: 5 Nottingham grade (1, 2, 3) 1

ANGIOLYMPHATIC INVASION:

DERMAL LYMPHATIC INVASION:

CALCIFICATION:

Nο No

Yes

TUMOR TYPE, IN SITU: Cribritorm

Percent of tumor occupied by in situ component: 1 %

SURGICAL MARGINS INVOLVED BY INVASIVE COMPONENT-

SURG MARGINS INVOLVED BY IN SITU COMPONENT:

No

PAGET'S DISEASE OF NIPPLE: LYMPH NODES POSITIVE:

LYMPH NODES EXAMINED: METHOD(9) OF LYMPH NODE EXAMINATION:

1 I/C stain

SENTINEL NODE METASTASIS:

Yes

SIZE OF NODAL METASTASES:

Diameter of largest lymph node metastasis: 10 mm

LYMPH NOOE METASTASIS(-ES) WITH EXTRACAPSULAR EXTENSION:

SKIN INVOLVED (ULCERATION):

No NON-NEOPLASTIC BREAST TISSUE: FCD

T STAGE, PATHOLOGIC: pT2

N STAGE, PATHOLOGIC:

M STAGE, PATHOLOGIC:

ESTROGEN RECEPTORS:

DN2 pMX positive

YOU

PROGESTERONE RECEPTORS:

positive

HER2/NEU:

ZEIO OF 1+

riteria Hagnosis Discrepancy primary Tumor Site Discrepancy IPAA Discrepancy rior Malignancy History rior Manguero;
sual/Syrichronous Primary Notations (scircle):
seviewer initials

Date R / DISQUALIFIED lr. r-3/13/1

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