

UUID:D7E24E6B-797F-4FC9-B0FB-794C4D379091  
TCGA-S3-AA17-01A-PR Redacted



MRN: [REDACTED]  
Patient: [REDACTED]  
Admission Date:  
Ordering Physician:

Sex/DOB: Female [REDACTED]  
Discharge Date:

### Pathology Addendum Report

Collected Date/Time:  
Received Date/Time:

Accession Number: [REDACTED]

#### Addendum Report

Immunohistochemical studies for E-cadherin (Block D2), p63 (Blocks D2-4) and calponin (Blocks D3-4) were performed on formalin fixed, paraffin-embedded tissue with adequate positive and negative control sections. Stains are positive, supporting the above diagnosis.

The performance characteristics of these antibodies were determined by the

They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high-complexity clinical laboratory testing.

(Electronic signature)  
Verified:

*ICD O-3*  
*Carcinoma, infiltrating duct NOS 8500/3*  
*Site CUE @ Breast NOS C50.9*  
*path @ Breast, lower outer quadrant C50.5*  
*02/24/14*

### Surgical Pathology Report

Collected Date/Time:  
Received Date/Time:

Accession Number: [REDACTED]

#### Final Diagnosis

##### A. RIGHT SENTINEL LYMPH NODES, EXCISION:

- ONE OUT OF TWO LYMPH NODES POSITIVE FOR CARCINOMA WITH MICROMETASTASIS; SEE NOTE
- KERATIN STAIN HIGHLIGHTING ONE LYMPH NODE WITH SCATTERED TUMOR CELLS

##### B. RIGHT BREAST, MASTECTOMY:

- INVASIVE DUCTAL CARCINOMA, GRADE 3; SEE SYNOPSIS
- NEGATIVE MARGINS
- RADIAL SCAR, COLLAGENOUS SPERULOSIS AND BIOPSY SITE CHANGES

Printed by:  
Copied to:  
Distribute to:

MRN: [REDACTED]  
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

## Surgical Pathology Report

Collected Date/Time:  
Received Date/Time:

Accession Number: [REDACTED]

- NIPPLE AND SKIN WITHOUT SIGNIFICANT PATHOLOGIC ABNORMALITY

**C. LEFT SENTINEL LYMPH NODE, EXCISION:**

- ONE LYMPH NODE, NEGATIVE FOR CARCINOMA
- NEGATIVE KERATIN STAIN

**D. LEFT BREAST, MASTECTOMY:**

- EXTENSIVE DUCTAL CARCINOMA IN SITU, GRADE 2, WITH CRIBIFORM AND SECONDARY INVOLVEMENT OF PREEXISTING PAPILLOMA AND RADIAL SCAR; MEASURING APPROXIMATELY 2.5 CM
- SKIN AND NIPPLE WITHOUT SIGNIFICANT PATHOLOGIC ABNORMALITY

NOTE: Right sentinel lymph node involved by carcinoma cells are present scattered in a noncontiguous manner of at least half of the perimeter with isolated small clusters (< 0.2mm). Although measurements do not categorically classify these as a micrometastasis, the tumor load could be greater than just isolated tumor cells. According to the AJCC, "if more than 200 individual tumor cells are identified as single dispersed cells or as a nearly confluent elliptical or spherical focus in a single histologic section of a lymph node there is a high probability that more than 1,000 cells are present in the lymph node. In these situations, the node should be classified as containing a micrometastases".

Reference: Cancer Staging Manual. AJCC, 7th edition(2110), New York, p356.

(Electronic signature)  
Verified:

### Synoptic Report

**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: 29.0 cm

Additional dimensions: 21.0 x 8.0 cm

**SPECIMEN LATERALITY:**

Right

**TUMOR SITE: INVASIVE CARCINOMA:**

Lower outer quadrant (7:00-9:00)

**TUMOR SIZE: SIZE OF LARGEST INVASIVE CARCINOMA:**

Greatest dimension of largest focus of invasion over 0.1 cm: 4.0 cm

Additional dimensions: 3.0 x 3.0 cm

**TUMOR FOCALITY:**

Single focus of invasive carcinoma

MRN: [REDACTED]  
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

## Surgical Pathology Report

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Received Date/Time:

### 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

### LOBULAR CARCINOMA IN SITU (LCIS):

Not identified

### HISTOLOGIC TYPE OF INVASIVE CARCINOMA:

Invasive ductal carcinoma (no special type or not otherwise specified)

### GLANDULAR (ACINAR)/TUBULAR DIFFERENTIATION:

Score 3: <10% of tumor area forming glandular/tubular structures

### NUCLEAR PLEOMORPHISM:

Score 3: Vesicular nuclei, often with prominent nucleoli, exhibiting marked variation in size and shape, occasionally with very large and bizarre forms

### MITOTIC COUNT:

Score 3

Number of mitoses per 10 high-power fields: 25

Diameter of microscope field: 0.55 mm

### OVERALL GRADE:

Grade 3: scores of 8 or 9

### MARGINS:

Margins uninvolved by invasive carcinoma

Distance from anterior margin: 10.0 mm

Distance from posterior margin: 40.0 mm

### LYMPH-VASCULAR INVASION:

Not identified

### DERMAL LYMPH-VASCULAR INVASION:

Not identified

### LYMPH NODES:

Number of sentinel lymph nodes examined: 2

Number of lymph nodes with macrometastases (>0.2 cm): 0

Number of lymph nodes with micrometastases (>0.2 mm to 0.2 cm and/or >200 cells): 1

### METHOD OF EVALUATION OF SENTINAL LYMPH NODES:

H&E, multiple levels

Immunohistochemistry

### PRIMARY TUMOR (INVASIVE CARCINOMA (pT):

pT2: Tumor >20 mm but less than or equal to 50 mm in greatest dimension

### REGIONAL LYMPH NODES (pN):

pN1mi: Micrometastases (greater than 0.2 mm and/or more than 200 cells, but none greater than 2.0 mm).

### DISTANT METASTASIS (M):

Not applicable

### ESTROGEN RECEPTOR:

Performed on another specimen

Immunoreactive tumor cells present (greater than or equal to 1%)

Quantitation: 100%

MRN: [REDACTED]  
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

## Surgical Pathology Report

Collected Date/Time:  
Received Date/Time:

Accession Number: [REDACTED]

### PROGESTERONE RECEPTOR:

Performed on another specimen  
Immunoreactive tumor cells present (greater than or equal to 1%)  
Quantitation: 70%

### HER2/NEU IMMUNOPEROXIDASE STUDIES:

Performed on another specimen  
Equivocal (Score 2+)

### FLUORESCENCE IN SITU HYBRIDIZATION (FISH) FOR HER2/NEU:

Performed on another specimen  
Not amplified (HER2 gene copy <4.0 or ratio <1.8)

### 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

### SPECIMEN SIZE:

Greatest dimension: 19.0 cm  
Additional dimensions: 13.0 x 8.0 cm

### SPECIMEN LATERALITY:

Left

### TUMOR SITE:

Lower inner quadrant ((6:00-8:00))

### SIZE (EXTENT) OF DCIS:

Estimated size (extent) of DCIS: at least 2.5 cm  
Number of blocks with DCIS: 6  
Number of blocks examined: 10

### HISTOLOGIC TYPE:

Ductal carcinoma in situ. Classified as Tis (DCIS) or Tis (Paget).

### ARCHITECTURAL PATTERNS:

Cribriform  
Papillary

### NUCLEAR GRADE:

Grade II (intermediate)

### NECROSIS:

Not identified

### MARGINS:

Margin(s) uninvolved by DCIS  
\*Distance from posterior margin: 7.0 mm

### LYMPH NODES:

Number of sentinel nodes examined: 1  
Number of lymph nodes with macrometastases (>0.2 cm): 0  
Number of lymph nodes with micrometastases (>0.2 mm to 0.2 cm and/or >200 cells): 0

MRN: [REDACTED]

Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

## Surgical Pathology Report

Collected Date/Time:

Accession Number: [REDACTED]

Received Date/Time:

Number of lymph nodes with isolated tumor cells (less than or equal to 0.2 mm and less than or equal to 200 cells): 0

### METHOD OF EVALUATION OF SENTINEL LYMPH NODES:

H&E, multiple levels

Immunohistochemistry

### PRIMARY TUMOR (Invasive Carcinoma) (pT):

pTis (DCIS): Ductal carcinoma in situ

### REGIONAL LYMPH NODES (pN):

pN0: No regional lymph node metastasis histologically

### DISTANT METASTASIS (M):

Not applicable

### ANCILLARY STUDIES:

Estrogen Receptor (results of special studies performed on this specimen or a prior core needle biopsy)

Immunoreactive tumor cells present

Progesterone Receptor (results of special studies performed on this specimen or a prior core needle biopsy)

Immunoreactive tumor cells present

### MICROCALCIFICATIONS:

\*Present in both DCIS and non-neoplastic tissue

### Source of Specimen

- A Lymph Nodes, Rt. Sentinel
- B Right Breast
- C Lymph Nodes, Sentinel Left
- D LT Breast

### Clinical Information

PRE-OP DIAGNOSIS: Bilateral breast cancer

POST-OP DIAGNOSIS: Same

TYPE OF PROCEDURE: Bilateral mastectomy, Sentinel node biopsy

### Gross Description

Specimen is received in 4 parts:

A. The specimen is labeled "RIGHT SENTINEL NODE" and is received unfixed of a resection diagnosis. (The specimen is in the formalin more than 6 hours and less than 48 hours). It consists of 4 x 3 x 1 cm fragment of fatty tissue which reveals 2.5 x 1.5 x 1 cm and 1 x 0.8 x 0.7 cm lymph nodes. Each lymph nodes bisected and entirely submitted as follows:

FS A1 = smaller lymph node

FS A2-FSA 3 = larger lymph node

Time specimen was removed from the patient:

Time specimen was placed in formalin :

Ischemic time: 20 minutes

MRN: [REDACTED]  
Patient: [REDACTED]

Sex/DOB: Female [REDACTED]

### Surgical Pathology Report

Collected Date/Time:  
Received Date/Time:

Accession Number: [REDACTED]

B. The specimen is labeled "RIGHT BREAST" and is received in formalin. (The specimen is in the formalin more than 6 hours and less than 48 hours). It consist of mastectomy specimen with lymph nodes weighing 1010 grams and measuring 29 x 21 x 8 cm with brown skin ellipse measuring 20 x 9 cm, containing grossly unremarkable 1.3 cm in diameter nipple. The skin is tagged with a black stitch designating 12:00. The posterior margin is composed of smooth fascia which is inked black. The breast is slices in sagittal planes revealing 4 x 3 x 3 cm an ill-defined mass approximately 7:00 to 9:00 position. This mass is 1 cm underneath the skin surface and 4 cm away from the deep fascial margin of resection. On sectioning between 12:00 to 1:00 position focal area of hemorrhage and 0.7 x 0.5 x 0.5 cm ill-defined firm area is noted which is 2 cm away from the deep fascial margin of resection and 7 cm away from the 7:00-9:00 mass.. The remaining portions revealed unremarkable yellow mammary fat with streaks of white-gray mammary parenchyma. Representative sections estimated as follows:

B1 = nipple  
B2-B5 = 7:00-9:00 mass  
B6 = 7:00-9:00 mass closest deep fascial margin of resection  
B7-B9 = 12:00-1:00 hemorrhagic area  
B10 = 12:00-1:00 ill-defined firm area  
B11 = 12:00-1:00 ill-defined firm area closest deep fascial margin of resection  
B12 = random section between 7:00-9:00 and 12:00-1:00.  
B13 = upper inner quadrant  
B14 = upper outer quadrant  
B15 = lower outer quadrant  
B16 = lower inner quadrant  
Time specimen was removed from the patient:  
Time specimen was placed in formalin :  
Ischemic time: 1/5 minutes

C. The specimen is labeled "LEFT SENTINEL NODE" and is received unfixed for frozen section diagnosis. (The specimen is in the formalin more than 6 hours and less than 48 hours). It consists of a 2 x 1.5 x 1 cm fragment of lobulated fatty tissue which reveal 1 x 0.8 x 0.7 cm lymph node. Lymph node is bisected and entirely submitted in cassette FSC 1.  
Time specimen was removed from the patient:  
Time specimen was placed in formalin :  
Ischemic time: 18 minutes

D. The specimen is labeled "LEFT BREAST" and is received in formalin. (The specimen is in the formalin more than 6 hours and less than 48 hours). It consist of mastectomy specimen without lymph nodes weighing 1040 grams and measuring 13 x 19 x 8 cm with brown skin ellipse measuring 20 x 9 cm, containing grossly unremarkable 1.2 cm in diameter nipple. [The skin is tagged with a black stitch designating 12:00]. The posterior margin is composed of smooth fascia which is inked black. The breast is slices in sagittal planes revealing multiple white-tan firm nodules ranging from 0.5-0.7 cm in greatest diameter and measuring 2.5 x 2 x 2 cm in aggregate. These nodules are located between 6:00 to 8:00 position and are 0.7 cm away from the closest deep fascial margin of resection. The remaining portions reveal unremarkable yellow mammary fat with streaks of white-gray mammary parenchyma. Representative sections are submitted as follows:  
B1 = nipple  
D2-D6 = multiple nodules between 6:00 8:00 position  
D7 = 6:00-8:00 position nodules closest deep fascial margin of resection  
D8 = upper outer quadrant  
D9 = upper inner quadrant  
D10 = lower inner quadrant

MRN: [REDACTED]  
Patient: [REDACTED]

Sex/DOB: Female, [REDACTED]

## Surgical Pathology Report

Collected Date/Time:

Accession Number: [REDACTED]

Received Date/Time:

D11 = lower outer quadrant

Time specimen was removed from the patient:

Time specimen was placed in formalin :

Ischemic time: 20 minutes

Dictated by:

### Intra Operative Consultation

A. Right sentinel node = 2 lymph nodes, negative for carcinoma, fatty lymph node

C. Left sentinel node = one lymph node negative for carcinoma

### Tissue Code

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy (B) breast		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted (D) breast	✓	
Case is (C) (R) QUALIFIED / DISQUALIFIED		
Reviewer Initials [Signature] Date Reviewed: 12/16/13		