

Clinical Diagnosis & History:

Internal development of enhancing mass on MRI left breast, core biopsy showed infiltrating ductal carcinoma (IFDC) and DCIS, history of right infiltrating ductal carcinoma 0.3 cm 0/6 sentinel lymph node, status post right TM sentinel lymph node biopsy 8/05.

Specimens Submitted:

- 1: SP: Sentinel node #1, level 1, left axilla (fs)
- 2: SP: Sentinel node #2, level 2, left axilla (fs)
- 3: SP: Left breast
- 4: SP: Nonsentinel node left axilla

DIAGNOSIS:

- 1) LYMPH NODE, SENTINEL #1 LEVEL I LEFT AXILLA; EXCISION:
 - METASTATIC CARCINOMA IN THE FORM OF MICROSCOPIC CLUSTERS AND SINGLE CELLS, MEASURING 0.5 MM (MICROMETASTATIC), IS IDENTIFIED IN ONE LYMPH NODE (1/1) ON ADDITIONAL H&E STAINED SECTIONS AND CYTOKERATINS IMMUNOHISTOCHEMICAL STAINS (AE1:AE3).
 - THERE IS NO EXTRACAPSULAR EXTENSION OF CARCINOMA.
- 2) LYMPH NODE, SENTINEL #2 LEVEL II LEFT AXILLA; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
 - ADDITIONAL HE STAINED SECTIONS AND IMMUNOHISTOCHEMICAL STAINS FOR CYTOKERATINS AE1:AE3 SHOW NO EVIDENCE OF METASTATIC CARCINOMA.
- 3) BREAST, LEFT; MASTECTOMY:
 - INVASIVE DUCTAL CARCINOMA, NOS TYPE, POORLY DIFFERENTIATED, HISTOLOGIC GRADE III/III (SLIGHT OR NO TUBULE FORMATION), NUCLEAR GRADE III/III (MARKED VARIATION IN SIZE AND SHAPE), MEASURING 1.1 CM IN LARGEST DIMENSION MICROSCOPICALLY.
 - DUCTAL CARCINOMA IN SITU (DCIS) IS ALSO IDENTIFIED, SOLID TYPE, WITH HIGH NUCLEAR GRADE AND MINIMAL NECROSIS.
 - THE DCIS CONSTITUTES LESS THAN OR EQUAL TO 25% OF THE TOTAL TUMOR MASS, AND IS PRESENT ADMIXED WITH THE INVASIVE COMPONENT.
 - LOBULAR CARCINOMA IN SITU (LCIS) IS ALSO IDENTIFIED, CLASSICAL TYPE (TYPE A) INVOLVING SCLEROSING ADENOSIS.
 - THE INVASIVE CARCINOMA IS LOCATED IN THE UPPER OUTER QUADRANT.
 - THE DCIS IS LOCATED IN THE UPPER OUTER QUADRANT.
 - NO INVOLVEMENT OF THE NIPPLE BY EITHER IN SITU OR INVASIVE CARCINOMA IS

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TCGA-AO-A0JI-01A-PR



1C0-0-3

carcinoma, infiltrating duct, NOS 8500/3
Site: breast, NOS C50.9 hx 10/22/11

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Not		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 10/22/11	

IDENTIFIED.

- CALCIFICATIONS ARE PRESENT IN THE IN SITU AND INVASIVE CARCINOMA, AND IN BENIGN BREAST PARENCHYMA.
- NO VASCULAR INVASION IS NOTED.
- NO INVOLVEMENT OF THE SURGICAL MARGINS BY EITHER INVASIVE OR IN SITU CARCINOMA IS IDENTIFIED.
- NO SKIN INVOLVEMENT BY CARCINOMA IS IDENTIFIED.
- THE SKIN SHOWS SEBORRHEIC KERATOSIS.
- THE NON-NEOPLASTIC BREAST TISSUE SHOWS BIOPSY SITE CHANGES, EXTENSIVE SCLEROSING ADENOSIS, RADIAL SCAR, ATYPICAL DUCTAL HYPERPLASIA (ADH), INTRADUCTAL SCLEROTIC PAPILLOMA WITH FOCAL ATYPIC, FIBROADENOMA AND CYST FORMATION.
- RESULTS OF SPECIAL STAINS (ER, PR, HER2-NEU) ARE AS FOLLOW:

Immunohistochemical stains were performed on formalin-fixed tissue with the following results for invasive carcinoma (block 6):

ESTROGEN RECEPTOR

95% nuclear staining with strong intensity

PROGESTERONE RECEPTOR

0% nuclear staining

HER2 (HercepTest;
Negative (0 / 1+)

(1% of invasive tumor cells exhibit complete membranous staining;
Uniformity of staining: absent;
Homogeneous, dark circumferential pattern: absent)

Controls are satisfactory.

Comment: HercepTest™ () is an FDA-approved method for assessment of HER2 protein overexpression in breast cancer tissue routinely processed for histological evaluation. The HER2 test results are reported in accordance with the ASCO/CAP guideline recommendations for HER2 testing in breast cancer (J Clin Oncol 2007; 25(1):1-28).

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- 4) LYMPH NODE, NON-SENTINEL LEFT AXILLA; EXCISION:
- ONE BENIGN LYMPH NODE (0/1).

I ATTEST THAT THE ABOVE DIAGNOSIS IS BASED UPON MY PERSONAL EXAMINATION OF THE SLIDES (AND/OR OTHER MATERIAL), AND THAT I HAVE REVIEWED AND APPROVED THIS REPORT.

*** Report Electronically Signed Out ***

Gross Description:
MD

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1). The specimen is received fresh for frozen section consultation, labeled "Sentinel node #1, level 1, left axilla" and consists of a single yellow-tan firm and fatty lymph node measuring 4.7 cm. The node is trisected and two half are submitted for frozen section in cassettes labeled as A and B. The remaining fatty portion is bisected and entirely submitted for permanent section.

Summary of sections:

FSC-A -- frozen section control-A
FSC-B frozen section control B
RLN- remaining lymph node

2). The specimen is received fresh for frozen section consultation, labeled "Sentinel node #2, level 2, left axilla" and consists of a single pink-tan fatty lymph node measuring 1.6 cm in greatest dimension. Bisected and entirely submitted for frozen section.

Summary of sections:

FSC -- frozen section control

.D.

3). The specimen is received fresh, labeled "left breast, stitch marks axillary tail" and consists of a breast measuring 25 x 24 x 4 cm with overlying skin ellipse measuring 24 x 7.5 cm. Situated central/superiorly on the skin surface is an everted nipple measuring 1.0 x 0.9 x 0.5 cm and areola measuring 3.0 x 2.7 cm. The skin shows a raised pigmented lesion measuring 1.0 x 0.5 x 0.2 cm, located 1.8 cm medial to the areola. No scar is grossly identified on the skin surface. A suture demarcates the axillary aspect. The posterior surface of the breast is inked black and the radial margin is inked blue. The specimen is serially sectioned to reveal a firm, white, well-circumscribed mass measuring 1.0 x 1.0 x 0.9 cm, located within the upper outer quadrant at the two o'clock aspect, 1.2 cm from the deep margin. A hemorrhagic biopsy site is associated with the mass. An irregular area of white fibroglandular tissue is located immediately medial to the mass and measures approximately 5 x 5 x 3 cm. No additional discrete masses are grossly identified. Sectioning of the axillary aspect reveals no grossly identifiable lymph nodes. Representative sections are submitted. TPS is taken.

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Summary of sections:

N - nipple with nipple base
S - skin with pigmented lesion
D - deep margin
BX - biopsy site
T - tumor, entirely submitted
FG - dense fibroglandular tissue medial to the mass
UIQ - upper inner quadrant
LIQ - lower inner quadrant
UOQ - upper outer quadrant
LOQ - lower outer quadrant

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M.D.

4). The specimen is received in formalin, labeled "non-sentinel node left axilla" and consists a single lymph node with surrounding fibrofatty tissue measuring 1.2 x 0.4 cm. The lymph node is bisected and entirely submitted.

Summary of sections:
U-undesignated

Summary of Sections:

Part 1: SP: Sentinel node #1, level 1, left axilla (fs)

Block	Sect.	Site	PCs
1	FSC-A		1
1	FSC-B		1
1	RLN		3

Part 2: SP: Sentinel node #2, level 2, left axilla (fs)

Block	Sect.	Site	PCs
1	FSC		1

Part 3: SP: Left breast (sr)

Block	Sect.	Site	PCs
2	BX		2
1	D		1
9	FG		9
1	LIQ		1
1	LOQ		1
1	N		1
1	S		1
2	T		2
1	UIQ		1
1	UOQ		1

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Part 4: SP: Nonsentinel node left axilla

Block	Sect.	Site	PCs
1	U		1

Intraoperative Consultation:

Note: The diagnoses given in this section pertain only to the

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tissue sample examined at the time of the intraoperative
consultation.

1) FROZEN SECTION DIAGNOSIS: GROSSLY LARGE AND FATTY LYMPH
NODE. REPRESENTATIVE SECTIONS FROZEN AND SHOW NO TUMOR ON FROZEN SECTION.
PERMANENT DIAGNOSIS: SAME

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** End of Report **