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Clinical Diagnosis & History:

y/o female with left breast cancer on core biopsy IDC/DCIS.

Specimens Submitted:

- 1: SP: Sentinel node #1, level one, left axilla (fs)
- 2: SP: Sentinel node #2, level one, left axilla (fs) (
- 3: SP: Sentinel node #3, level one, left axilla (fs) (
- 4: SP: Left breast)
- 5: SP: Levels one and two left axillary contents (
- 6: SP: Level two left axillary contents
- 7: SP: Level three left axillary contents

UUID:D779EEF8-C83C-4CCA-A140-9BF15DCF14AE
TCGA-AO-A03R-01A-PR

Redacted



DIAGNOSIS:

- 1) LYMPH NODE, SENTINEL #1 LEVEL I LEFT AXILLA; BIOPSY:
- METASTATIC CARCINOMA IN ONE LYMPH NODE (1/1).
- THERE IS EXTRANODAL CAPSULAR EXTENSION OF CARCINOMA (<2 MM).
- 2) LYMPH NODES, SENTINEL #2 LEVEL I LEFT AXILLA; BIOPSY:
- METASTATIC CARCINOMA IN ONE LYMPH NODE (1/1), 2.1 MM FOCUS, SEE NOTE.
- THERE IS NO EXTRANODAL EXTENSION OF CARCINOMA.

NOTE: THE CARCINOMA IS NO LONGER PRESENT ON DEEPER H&E STAINED SECTIONS.

- 3) LYMPH NODE, SENTINEL #3 LEVEL I LEFT AXILLA; BIOPSY:
- ONE BENIGN LYMPH NODE (0/1).
- 4) BREAST, LEFT; TOTAL MASTECTOMY:
- INVASIVE POORLY DIFFERENTIATED DUCTAL CARCINOMA, NOS TYPE, HISTOLOGIC GRADE III/III (SLIGHT OR NO TUBULE FORMATION), NUCLEAR GRADE III/III (MARKED VARIATION IN SIZE AND SHAPE), MEASURING 5.0 CM IN LARGEST DIMENSION GROSSLY.
- DUCTAL CARCINOMA IN SITU (DCIS) IS ALSO IDENTIFIED, SOLID AND CRIBRIFORM TYPES, WITH HIGH NUCLEAR GRADE AND MODERATE NECROSIS.
- THE DCIS CONSTITUTES <= 25% OF THE TOTAL TUMOR MASS, AND IS PRESENT ADMIXED WITH AND AWAY FROM THE INVASIVE COMPONENT.
- THE INVASIVE CARCINOMA IS LOCATED IN THE UPPER OUTER QUADRANT AND UPPER INNER QUADRANT.
- THE DCIS IS LOCATED IN THE UPPER INNER QUADRANT AND LOWER INNER QUADRANT.
- NO INVOLVEMENT OF THE NIPPLE BY EITHER IN SITU OR INVASIVE CARCINOMA IS IDENTIFIED.

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ICD-0-3

carcinoma, infiltrating duct, nos 8500/3

Site: breast, nos C50.9

hw

10/21/11

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary Malignancy		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	hw	
Date reviewed	10/21/11	

- NO CALCIFICATIONS ARE IDENTIFIED IN EITHER THE INVASIVE OR IN SITU COMPONENT.

- CALCIFICATIONS ARE PRESENT IN THE BENIGN BREAST PARENCHYMA.

- EXTENSIVE VASCULAR INVASION IS PRESENT.

- POSITIVE PERINEURAL INVASION.

- NO INVOLVEMENT OF THE SURGICAL MARGINS BY EITHER INVASIVE OR IN SITU CARCINOMA IS IDENTIFIED.

- NO SKIN INVOLVEMENT BY CARCINOMA IS IDENTIFIED.

- THE ATTACHED SKELETAL MUSCLE IS NEGATIVE FOR TUMOR.

- THE NON-NEOPLASTIC BREAST TISSUE SHOWS BIOPSY SITE CHANGES, FIBROCYSTIC CHANGES AND FIBROADENOMATOUS CHANGES.

- THE LYMPH NODE STATUS IS AS FOLLOWS (EXPRESSED AS THE NUMBER OF POSITIVE LYMPH NODES IN RELATION TO THE TOTAL NUMBER OF LYMPH NODES EXAMINED): LEVEL I: 0/1.

- 5) LYMPH NODES, LEVELS I AND II LEFT AXILLARY CONTENTS; EXCISION:
 - MICROMETASTATIC CARCINOMA IN ONE OUT OF EIGHTEEN LYMPH NODES (1/18).
 - THERE IS NO EXTRANODAL EXTENSION OF CARCINOMA.
- 6) LYMPH NODE, LEVEL II LEFT AXILLARY CONTENTS; EXCISION:
 - UNREMARKABLE FIBROADIPOSE TISSUE.
- 7) LYMPH NODES, LEVEL III LEFT AXILLARY CONTENTS; EXCISION:
 - FOUR BENIGN LYMPH NODES (0/4).

NOTE: RESULTS OF SPECIAL STAINS (ER,PR,HER2-neu) WILL BE REPORTED AS AN ADDENDUM.

SUMMARY OF LYMPH NODES: 3/26
TUMOR STAGE: T2, pN1a, MX STAGE GROUPING IIB

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.

, M.D.,

--- report Electronically Signed Out ---

Special Studies:

Result	Special Stain	Comment
	RECUT	level
	ER-C	
	PR-C	
	HER2-C	
	NEG CONT	
	IMM RECUT	
	NEG-HER2	

Gross Description:

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1). The specimen is received fresh for frozen section consultation, labeled "Sentinel node number one, level 1, left axilla" and consists of a single lymph node measuring 1.3 x 0.9 x 0.7 cm. The specimen is bisected. Entirely submitted for frozen section.

Summary of sections:
FSC -- frozen section control

2). The specimen is received fresh for frozen section consultation, labeled "Sentinel node number two, level 1, left axilla" and consists of two lymph nodes measuring 1.1 x 0.5 x 0.5 and 0.8 x 0.6 x 0.4 cm. The larger lymph node is inked black. Entirely submitted for frozen section.

Summary of sections:
FSC -- frozen section control

3). The specimen is received fresh for frozen section consultation, labeled "Sentinel node number three, level 1, left axilla" and consists of a single lymph node measuring 1.0 x 0.7 x 0.6 cm. Lymph node is bisected. Entirely submitted for frozen section.

Summary of sections:
FSC -- frozen section control

4). The specimen is received fresh labeled, "left breast, stitch marks axillary tail" and consists of a breast with attached axillary tail. The breast measures 28.0 x 25.0 x 5.0 cm with overlying skin ellipse measuring 22.0 x 10.0 cm. Situated eccentrically on the skin surface is a nipple measuring 1.2 x 1.2 cm and areola measuring 2.0 x 2.0 cm. A suture demarcates the axillary tail which measures 6.0 x 5.0 cm. The posterior surface of the breast is inked black, anterior superior - blue, anterior inferior - green and the specimen is serially sectioned to reveal a firm white mass measuring 5.0 x 2.5 x 2.0 cm, and located in the upper inner quadrant extending to the upper outer quadrant, measuring 2.0 cm from the closest deep margin. The remaining breast tissue shows a fibrofatty cut surface. The axillary tissue is dissected to reveal a lymph node. Representative sections are submitted, including the lymph node.

Summary of sections:
N - nipple

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NB - nipple base
 S - skin
 D - deep margin
 T - tumor
 UIQ - upper inner quadrant
 LIQ - lower inner quadrant
 UOQ - upper outer quadrant
 LOQ - lower outer quadrant
 AA-axillary tail
 AALN-a bisected lymph node in axillary area

5) The specimen is received fresh, labeled "Levels 1 and 2 left axillary contents". It consists of a 3 x 2 x 1 cm portion of fibroadipose tissue. Multiple lymph nodes identified measuring from 0.5 to 1.1 cm in greatest dimension. All lymph nodes are submitted.

Summary of sections:
 LN - lymph nodes

6). The specimen is received in formalin, labeled "level 2, left axillary contents" and consists of a 1.7 x 1.3 x 0.3 cm portion of fatty tissue. Entirely submitted.

Summary of sections:
 U-undesignated

7). The specimen is received in formalin, labeled "level 3, left axillary contents" and consists of two lymph nodes measuring 0.5 cm and 1.3 cm in maximum dimension. Entirely submitted.

Summary of sections:
 LN- lymph node
 BLN- bisected lymph node

Summary of Sections:

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

Block	Sect.	Site	PCs
1		fsc	1

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

Block	Sect.	Site	PCs

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1 fsc 1

Part 3: SP: Sentinel node #3, level one, left axilla (fs)

Block	Sect.	Site	PCs
1	fsc		1

Part 4: SP: Left breast

Block	Sect.	Site	PCs
1	aa		1
1	aaln		1
2	d		2
3	liq		3
2	loq		2
1	n		1
1	nb		1
1	s		1
10	t		10
2	uiq		2
2	uoq		2

Part 5: SP: Levels one and two left axillary contents

Block	Sect.	Site	PCs
6	LN		18

Part 6: SP: Level two left axillary contents

Block	Sect.	Site	PCs
1	u		1

Part 7: SP: Level three left axillary contents

Block	Sect.	Site	PCs
1	bln		1
1	ln		1

Procedures/Addenda:

Addendum

Date Ordered:

Date Complete:

Date Reported:

Status: Signed Out
By:

Addendum Diagnosis

ADDENDUM REPORT

SITE: LEFT BREAST (PART 4)

ER: 95% NUCLEAR STAINING WITH MODERATE INTENSITY

PR: <5% NUCLEAR STAINING WITH MODERATE INTENSITY

HER2/NEU(HERCEPT): NEGATIVE (STAINING INTENSITY OF 0)

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CONTROLS ARE SATISFACTORY

, M.D.

Intraoperative Consultation:

Note: The diagnoses given in this section pertain only to the tissue sample examined at the time of the intraoperative consultation.

- 1) FROZEN SECTION DIAGNOSIS: METASTATIC CARCINOM*
PERMANENT DIAGNOSIS: SAME
- 2) FROZEN SECTION DIAGNOSIS: METASTATIC CARCINOMA
PERMANENT DIAGNOSIS: SAME
- 3) FROZEN SECTION DIAGNOSIS: BENIGN LYMPH NODE
PERMANENT DIAGNOSIS: SAME

** End of Report **