

Surgical Pathology Report

Name: [REDACTED]
DOB: [REDACTED]
Gender: F
MRN: [REDACTED]
Location:
Physician:

Case #: [REDACTED]
Collected:
Received:
Reported:
Copy To:

Pathologic Interpretation:

- A. Right HS1 Axilla 1 count - FS:
- No carcinoma seen on routinely stained section. Immunohistochemistry for keratin to follow.
- B. Right HS1 axilla 1 count FS:
- No malignancy seen in one lymph node (0/1). *ICD-0-3*
- C. Right HS1 axilla 1 count FS:
- No malignancy seen in six lymph nodes (0/6). *Carcinoma, infiltrating lobular, NOS 8520/3*
Path Site: breast, lower outer quadrant C50.5 2/8/11
CQCF site: breast, NOS C50.9
- D. Right HS 1 axilla 1 count
- Fibroadipose tissue, no specific pathologic change.
- E. Right breast (1 suture-superior; 2 sutures-medial):
- Invasive lobular carcinoma, well differentiated, Nottingham grade 1 (3+1+1=5), 1.1 cm in greatest linear dimension.
- Resection margins free of tumor.
- Lymphovascular invasion not identified.
- Biopsy site present.
- Predictive markers performed on previous biopsy) were positive for ER and PR and negative for Her-2 and E-cadherin by Immunohistochemistry.
- Please see tumor summary.
- F. Left breast (1 suture-superior; 2 sutures-medial):
- Fibrocystic changes including adenosis, stromal fibrosis, usual ductal hyperplasia find microcysts with focal columnar cell change.
- Microscopic Intraductal papilloma, 1.5 mm.
- G. Right axillary dissection:
- No malignancy seen in seventeen lymph nodes (0/17).
- H. Right apical axilla:
- No malignancy seen in one lymph node (0/1).

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TCGA-EW-A1J2-01A-PR

Redacted



INVASIVE CARCINOMA OF THE BREAST

Specimen Type:

- Total breast

Procedure

- Total mastectomy

Lymph Node Sampling

- Sentinel lymph node, axillary dissection

Specimen Integrity

- Single intact specimen

Specimen Laterality:

- Right

Tumor Site: Invasive Carcinoma

- Lower outer quadrant

Tumor size: Size of Largest Invasive Carcinoma

- Greatest dimension of largest focus of invasion over 0.1 cm: 1.5 cm

*Additional dimensions: 1.5 x 1.5 cm

Tumor Focality

- Single focus of invasive carcinoma

Macroscopic and Microscopic Extent of Tumor

- Skin is not present

Skeletal Muscle:

- No skeletal muscle present

Lobular Carcinoma In Situ (LCIS)

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- Present

Histologic Type of Invasive Carcinoma

- Invasive lobular carcinoma

Histologic Grade: Nottingham Histologic Score

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

Nuclear Pleomorphism

- Score 1: Nuclei small with little increase in size in comparison with normal breast epithelial cells, regular outlines, uniform nuclear chromatin, little variation in size

Mitotic Count

- Score 1

Overall Grade

- Grade 1: scores of 3, 4 or 5

Margins

- Margins uninvolved by invasive carcinoma; Distance from closest margin: 1.5 mm (medial)

Treatment Effect: Response to Presurgical

In the breast: No known presurgical therapy

In the lymph nodes: No known presurgical therapy

Lymph-Vascular Invasion:

- Not identified.

Dermal Lymph-Vascular invasion:

- Not identified

Lymph Nodes

Number of sentinel lymph nodes examined: 13

Total number of lymph nodes examined (sentinel and nonsentinel): 21

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

Number of lymph nodes with micrometastases: 0

Number of lymph nodes with isolated tumor cells: 0

Size of largest metastatic deposit: 0

Extranodal Extension:

- Not identified

Method of Evaluation of Sentinel Lymph nodes

- H&E, one level

- Immunohistochemistry to follow

Pathologic Staging (pTNM)

TNM Descriptors (multiple foci of invasive carcinoma)

Primary Tumor (Invasive Carcinoma) (pT)

pT1c

Regional Lymph Nodes (pN)

pN0

Distant Metastasis

Not applicable

Ancillary Studies

- Performed on another specimen

Specify specimen:

Results: Immunoreactive tumor cells present (>1%)

Progesterone Receptor:

- Performed on another specimen

Specimen:

Results: Immunoreactive tumor cells present (>1%)

Immunoperoxidase Studies

- Performed on another specimen

Specify specimen:

Results: Negative (0)

NOTE: Some immunohistochemical antibodies are analyte specific reagents (ASRs) validated by our laboratory. These ASRs are clinically useful indicators that do not require FDA approval. These clones are used. ID5-ER, PgR 636-PR, A485-HER2, H-11-EGFR. All immunohistochemical stains are used with formalin or molecular fixed, paraffin embedded tissue. Detection is by Envision Method. The results are read by a pathologist as positive or negative.

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As the attending pathologist, I attest that I: (i) Examined the relevant preparation(s) for the specimen(s); and (ii) Rendered the diagnosis(es).

Electronically Signed Out By

Intraoperative Consultation

- A. Right HS1 Axilla 1 count - FS: Microscopic focus of metastatic lobular carcinoma in lymph node.
B. Right HS1 axilla 1 count FS: No conclusive evidence of carcinoma, wait for permanent.
C. Right HS1 axilla 1 count FS: No conclusive evidence of carcinoma, wait for permanent.

Clinical History:

Biopsy-proven carcinoma right breast, invasive carcinoma with lobular pattern and associated ductal carcinoma in situ. Please evaluate sentinel nodes and margins. If sentinel nodes are H&E (negative), do IHC.

Operation Performed

Right total mastectomy with sentinel lymph node biopsy, possible axillary node dissection, plus left total mastectomy

Pre Operative Diagnosis:

Carcinoma right breast, G1

Specimen(s) Received:

- A: Right HS1 Axilla 1 count - FS
B: Right HS1 axilla 1 count FS
C: Right HS1 axilla 1 count FS
D: Right HS 1 axilla 1 count
E: Right breast (1 suture-superior; 2 sutures-medial)
F: Left breast (1 suture-superior; 2 sutures-medial)
G: Right axillary dissection
H: Right apical axilla

Gross Description:

- A. Received fresh is a segment of tan yellow fibroadipose tissue measuring 4.5 x 3 x 1 cm. Examination of the specimen includes multiple lymph nodes. Cassettes are submitted as follows:
1&2 One lymph node, bisected per cassette submitted for frozen
3 Four possible lymph nodes.
- B. Received fresh is a segment of tan yellow fibroadipose tissue measuring 1.2 x 0.8 x 0.6 cm. The specimen is bisected and submitted in one cassette for frozen.
- C. Received fresh is a segment of tan yellow fibroadipose tissue measuring 6 x 4 x 1 cm. Examination of the specimen reveals four possible lymph nodes. Cassettes are submitted as follows:
1&2 Largest lymph node bisected, submitted in toto in two cassettes for frozen
3 One lymph node in toto submitted for frozen
4&5 Two possible lymph nodes submitted in toto
- D. Received in formalin is a segment of tan yellow fibroadipose tissue measuring 5.5 x 4 x 1 cm. No lymph nodes are identified. Representative sections of fibroadipose tissue submitted in one cassette.
- E. Received in formalin is a 1000 grams, 20 x 18.5 x 4 cm right mastectomy specimen with an ellipse of skin that measures

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17 x 9 cm. The nipple-areolar complex measures 5.5 cm and it appears unremarkable. The specimen is oriented with one stitch-superior, two stitches-medial. Resection margins are inked black. On serial section, there is a tan-white indurated ill-defined lesion with infiltrative borders present at the lower outer quadrant, at approximately 5 o'clock position. This lesion measures 1.5 x 1.5 x 1 cm. It is located 0.2 cm from the medial margin (closest), 2.5 cm deep margin, 3 cm from inferior margin, 8 cm from superior margin, 15 cm from lateral margin and 6 cm from nipple. A metal clip is identified within the lesion. No other lesions are grossly identified. No lymph nodes are present within the main specimen. Cassettes are submitted as follows:

- 1 Mass in relation to medial margin
- 2 Deep margin
- 3 Superior margin
- 4 Inferior margin
- 5 Lateral margin
- 6 Nipple
- 7 Skin closest to lesion
- 8-10 Remainder of the lesion, submitted in toto

F. Received in formalin is an 897-gm left mastectomy specimen measuring 18 x 16 x 4 cm. An attached ellipse of skin is present. The nipple areolar complex is unremarkable. On serial sections, no lesions or suspicious areas are grossly identified. The breast parenchyma has a fat to stroma ratio of 70:30. Representative sections are submitted as follows:

- 1&2 Upper outer quadrant
- 3&4 Upper lower quadrant
- 5&6 Upper inner quadrant
- 7&8 Lower inner quadrant
- 9 Nipple

G. Received in formalin is a segment of tan yellow fibroadipose tissue measuring 8 x 4 x 4 cm. Examination of the specimen reveals multiple possible lymph nodes. Cassettes are submitted as follows:

- 1-6 One lymph node bisected per cassette
- 7 Two lymph nodes in toto
- 8-10 Three lymph nodes in toto per cassette

H. Received in formalin are three fragments of tan yellow to gray fibroadipose tissue measuring in aggregate, 2.5 x 1 x 0.6 cm. The specimen is submitted in toto in one cassette.

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 Noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/14/11	