

Clinical Diagnosis & History:

y/o female with multicentric invasive CA of left breast (2 foci, at 3:00 and 5:00). For left total mastectomy, SLNB, possible ALND.

Specimens Submitted:

- 1: SP: Sentinel node #1, level 1, lt. axilla (fs)
- 2: SP: Sentinel node #2, level 1, lt. axilla (fs)
- 3: SP: Non sentinel tissue, lt. axilla
- 4: SP: Lt. total mastectomy

DIAGNOSIS:

- 1) LYMPH NODE, SENTINEL #1, LEVEL 1, LEFT AXILLA; EXCISION:
 - ONE LYMPH NODE POSITIVE FOR METASTATIC CARCINOMA (1/1) (SEE NOTE).
 - THE METASTATIC FOCUS MEASURES 0.3 CM.
 - EXTRANODAL EXTENSION IS IDENTIFIED.

NOTE: THE METASTATIC TUMOR IS NOT PRESENT ON THE FROZEN SECTION SLIDE AND APPEARS ONLY ON THE DEEPER PERMANENT SECTION.

- 2) LYMPH NODE, SENTINEL #2, LEVEL 1, LEFT AXILLA; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
- 3) LYMPH NODE, NON-SENTINEL TISSUE, LEFT AXILLA; EXCISION:
 - ONE BENIGN LYMPH NODE (0/1).
 - BENIGN FIBROADIPOSE TISSUE.
- 4) BREAST, LEFT; TOTAL MASTECTOMY:
 - MULTIPLE FOCI OF INVASIVE DUCTAL CARCINOMA, NOS TYPE, HISTOLOGIC GRADE II/III (MODERATE TUBULE FORMATION), NUCLEAR GRADE II/III (MODERATE VARIATION IN SIZE AND SHAPE), RANGING IN SIZE FROM 0.3 CM UP TO 1.8 CM.
 - DUCTAL CARCINOMA IN SITU (DCIS) IS ALSO IDENTIFIED, SOLID AND MICROPAPILLARY TYPES WITH INTERMEDIATE NUCLEAR GRADE AND MODERATE NECROSIS.
 - THE DCIS CONSTITUTES <= 25% OF THE TOTAL TUMOR MASS, AND IS PRESENT ADMIXED WITH THE INVASIVE COMPONENT.
 - THE INVASIVE CARCINOMA IS LOCATED IN THE LOWER INNER QUADRANT AND THE AREA BETWEEN THE LOWER OUTER QUADRANT AND LOWER INNER QUADRANT.
 - NO INVOLVEMENT OF THE NIPPLE BY EITHER IN SITU OR INVASIVE CARCINOMA IS IDENTIFIED.

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TCGA-AO-A1KP-01A-PR

Redacted



1CB-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Site breast, NOS C50.9

2/10/11

hw

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Sites		X
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials: <i>ms</i>	Date Reviewed: <i>2/16/11</i>	

- CALCIFICATIONS ARE PRESENT IN BOTH THE IN SITU AND INVASIVE CARCINOMA.
- VASCULAR INVASION IS PRESENT.
- 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 APOCRINE METAPLASIA AND COLUMNAR CELL ALTERATION.
- RESULTS OF SPECIAL STAINS (ER, PR, HER2-NEU) WILL BE REPORTED AS AN ADDENDUM.

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 ***

Special Studies:

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

Gross Description:

1) The specimen is received fresh for frozen section, labeled "Sentinel Node #1 Level 1 Left Axilla". It consists of a 1 x 1 x 0.6 cm lymph node. The lymph node is bisected and entirely frozen.

Summary of Sections:

FSC - frozen section control

2) The specimen is received fresh for frozen section, labeled "Sentinel Node #2 Level 1 Left Axilla". It consists of a 1 x 0.7 x 0.6 cm tan lymph node. The lymph node is bisected and entirely frozen.

Summary of Sections:

FSC - frozen section control

3) The specimen is received in formalin, labeled "Non-sentinel Tissue

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Left Axilla". It consists of two fragments of adipose tissue measuring 1.5 x 1 x 0.5 cm and 3 x 1.5 x 1 cm. Two possible tan lymph nodes measuring 0.2 and 0.8 cm in greatest dimension are identified. The specimen is entirely submitted.

Summary of Sections:

LN - lymph node
BLN - bisected lymph node
F remainder of fat

4) The specimen is received fresh, labeled "Left Total Mastectomy (stitch marks axillary aspect)". It consists of a breast measuring 28 x 27 x 4.5 cm and weighing 1,750 grams. A suture designates the axillary aspect of the specimen. Identified on the anterior surface is a light tan skin ellipse measuring 24 x 12 cm. No scars are identified on the epidermal surface. A grossly unremarkable nipple measuring 0.7 x 0.5 x 0.3 cm is identified. The entire deep resection margin is inked. Identified on the deep aspect is a 6 x 2.5 x 2 cm defect near the axillary aspect of the specimen. Serial sections through the specimen reveal two distinct tumor masses in the lower inner quadrant and one separate tumor mass between the lower inner and lower outer quadrants. The two masses in the lower inner quadrant are fairly well-circumscribed, firm, spiculated with focal areas of necrosis and measure 2 x 1 x 1 cm and 1.3 x 1 x 1 cm. The larger tumor mass is at a distance of 4 cm from the closest deep resection margin and 2 cm from the closest superficial resection margin. The smaller tumor mass in the lower inner quadrant is at a distance of 5 cm from the closest deep resection margin and 4 cm from the closest anterior resection margin. The tumor mass located between the lower inner and lower outer quadrants is well-circumscribed, firm, tan and measures 0.7 x 0.5 x 0.5 cm and is located at a distance of 5 cm from the closest deep resection margin. The remainder of the parenchyma is comprised of approximately 5% tan-white fibrous tissue and 95% yellow-tan adipose tissue. A portion of the largest tumor is submitted for TPS studies. The tumors are entirely submitted. Representative sections from the remainder of the specimen are submitted.

Summary of Sections:

N nipple
S skin
TL larger tumor in the lower inner quadrant
TS smaller tumor in the lower inner quadrant
DL deep margin closest to larger tumor
AL anterior margin closest to larger tumor
DS deep margin closest to smaller lower inner quadrant tumor
AS anterior margin closest to smaller lower inner quadrant tumor
TIO tumor between lower inner and lower outer quadrant
D deep margin closest to tumor between lower inner and lower outer quadrants
AM - anterior margin closest to tumor between lower inner and lower outer quadrants
UOQ - upper outer quadrant
LOQ - lower outer quadrant
UIQ - upper inner quadrant
LIQ - lower inner quadrant

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Summary of Sections:

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

Block	Sect.	Site	PCs
1	fsc		1

Part 2: SP: Sentinel node #2, level 1, lt. axilla (fs)

Block	Sect.	Site	PCs
1	fsc		1

Part 3: SP: Non sentinel tissue, lt. axilla

Block	Sect.	Site	PCs
1		BLN	2
2		F	4
1		LN	1

Part 4: SP: Lt. total mastectomy

Block	Sect.	Site	PCs
1		AL	1
1		AM	1
1		AS	1
1		D	1
1		DL	1
1		DS	1
2		LIQ	2
2		LOQ	2
1		N	4
1		S	1
1		TIO	12
4		TL	4
2		TS	2
2		UIQ	2
2		VOQ	2

Procedures/Addenda:

Addendum

Date Ordered:

Status: Signed Out

Date Complete:

By:

Date Reported:

Addendum Diagnosis

ADDENDUM

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SITE: BREAST, LEFT, TOTAL MASTECTOMY
PART #4.

ER: POSITIVE (ABOUT 80% OF NUCLEAR STAINING WITH STRONG INTENSITY).
PR: POSITIVE (ABOUT 40% OF NUCLEAR STAINING WITH STRONG INTENSITY).
HER2/NEU (HERCEPTEST): NEGATIVE (STAINING INTENSITY OF 1+).

Intraoperative Consultation:

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

- 1) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SEE FINAL DIAGNOSIS.
- 2) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SAME.

** End of Report **