

Clinical Diagnosis and History:
Multicentric DCIS and invasive cancer of left breast (mass at 12:00 and DCIS on core biopsy 9:00).

Specimens Submitted:

- 1: SP: Sentinel node #1, level 1, left axilla
- 2: SP: Sentinel node #2, level 1, left axilla
- 3: SP: Sentinel node #3, level 1, left axilla
- 4: SP: Sentinel node #4, level 1, left axilla
- 5: SP: Non-sentinel node, left axilla
- 6: SP: Left total mastectomy (

DIAGNOSIS:

- 1) LYMPH NODE, SENTINEL #1, LEVEL I, LEFT AXILLA; EXCISION:
- ONE BENIGN LYMPH NODE (0/1).
- DEEPER LEVEL RECUTS AND SPECIAL STAINS HAVE BEEN ORDERED.
THE RESULTS WILL BE REPORTED IN AN ADDENDUM.
- 2) LYMPH NODE, SENTINEL #2, LEVEL I, LEFT AXILLA; EXCISION:
- ONE BENIGN LYMPH NODE (0/1).
- DEEPER LEVEL RECUTS AND SPECIAL STAINS HAVE BEEN ORDERED.
THE RESULTS WILL BE REPORTED IN AN ADDENDUM.
- 3) LYMPH NODE, SENTINEL #3, LEVEL I, LEFT AXILLA; EXCISION:
- ONE BENIGN LYMPH NODE (0/1).
- DEEPER LEVEL RECUTS AND SPECIAL STAINS HAVE BEEN ORDERED.
THE RESULTS WILL BE REPORTED IN AN ADDENDUM.
- 4) LYMPH NODE, SENTINEL #4, LEFT AXILLA; EXCISION:
- ONE BENIGN LYMPH NODE (0/1).
- DEEPER LEVEL RECUTS AND SPECIAL STAINS HAVE BEEN ORDERED.
THE RESULTS WILL BE REPORTED IN AN ADDENDUM.
- 5) LYMPH NODE, NON-SENTINEL, LEFT AXILLA; EXCISION:
ONE BENIGN LYMPH NODE (0/1).
- 6) BREAST, LEFT; TOTAL MASTECTOMY:
- IN-SITU AND INVASIVE PAPILLARY CARCINOMA.
- THE TUMOR MEASURES 3 CM IN GREATEST DIMENSION. SINCE THE TUMOR GROWS AS LARGE BROAD FRONTS, IT IS NOT POSSIBLE TO ASSESS THE EXTENT OF INVASION.
- DUCTAL CARCINOMA IN-SITU (DCIS) IS ALSO IDENTIFIED, SOLID/CRIBRIFORM TYPES, WITH INTERMEDIATE NUCLEAR GRADE.
- THE INVASIVE CARCINOMA IS LOCATED IN THE CENTRAL/ SUPERIOR

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UUID: AE348901-0573-4A57-BBD6-037FA2AF1872
TCGA-AO-A125-01A-PR

Redacted



1CD-0-3

carcinoma, papillary, NOS (invasive) 8050/3
Site: breast, NOS C50.9 lw 10/22/11

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HPA Discrepancy		
Prior Malignancy History		
Dis-/Synchronous Primary Nodul		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	WJ	
Date Reviewed	9/20/11	
	lw 10/22/11	

AREA.

- THE DCIS IS LOCATED IN THE CENTRAL/SUPERIOR AREA AND MEDIAL ASPECT AT THE PREVIOUS BIOPSY SITE.
- NO INVOLVEMENT OF THE NIPPLE BY EITHER IN-SITU OR INVASIVE CARCINOMA IS IDENTIFIED.
- CALCIFICATIONS ARE PRESENT IN THE IN-SITU CARCINOMA AND IN BENIGN BREAST PARENCHYMA.
- NO VASCULAR INVASION IS NOTED.
- INVASIVE CARCINOMA IS 0.3 CM FROM THE NEAREST (SUPERIOR) MARGIN.
- DUCTAL CARCINOMA IN-SITU IS 0.3 CM FROM THE NEAREST (SUPERIOR) MARGIN.
- NO SKIN INVOLVEMENT BY CARCINOMA IS IDENTIFIED.
- THE NON-NEOPLASTIC BREAST TISSUE IS UNREMARKABLE.
- THE NON-NEOPLASTIC BREAST TISSUE SHOWS BIOPSY SITE CHANGES, FIBROCYSTIC CHANGES, BENIGN PAPILLOMAS AND SCLEROSING ADENOSIS.
- RESULTS OF SPECIAL STAINS (ER, PR, HER2-NEU) WILL BE REPORTED AS AN ADDENDUM.

NOTE: DR. BROGI HAS REVIEWED SELECTED SLIDES AND CONCURS.

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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.

Special Studies:

Stain/Procedure Name	Result	Comment
AE1:AE3	NEGATIVE	
KERATIN (CAM5.2)	NEGATIVE	
NEGATIVE CONTROL		
IMMUNO RECUT		
NEGATIVE CONTROL		* Canceled
IMMUNO RECUT		* Canceled
AE1:AE3	NEGATIVE	
KERATIN (CAM5.2)	NEGATIVE	
NEGATIVE CONTROL		
IMMUNO RECUT		
NEGATIVE CONTROL		
IMMUNO RECUT		* Canceled
AE1:AE3	NEGATIVE	
KERATIN (CAM5.2)	NEGATIVE	
NEGATIVE CONTROL		
IMMUNO RECUT		
NEGATIVE CONTROL		* Canceled
IMMUNO RECUT		* Canceled
AE1:AE3	NEGATIVE	
KERATIN (CAM5.2)	NEGATIVE	

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NEGATIVE CONTROL		
IMMUNO RECUT		
NEGATIVE CONTROL		* Canceled
IMMUNO RECUT		* Canceled
ESTROGEN RECEPTOR	POSITIVE	
PROGESTERONE RECEPTOR	POSITIVE	
HER2-C	NEGATIVE	INTENSITY 0
NEGATIVE CONTROL		
IMMUNO RECUT		
SYNAPTOPHYSIN		
CHROMOGRANIN		
MIB-1 (Ki-67)		
RECUT ADDITIONAL HE		
CALPONIN		
NEGATIVE CONTROL		* Canceled
IMMUNO RECUT		* Canceled
NEGATIVE CONTROL		
IMMUNO RECUT		
NEGATIVE CONTROL FOR HER2		

3

Gross Description:

1) The specimen is received fresh for frozen section diagnosis, labeled "Sentinel node #1, level I, left axilla". It consists of a lymph node measuring 2 x 1.5 x 0.5 cm. The entire specimen is submitted in one cassette.

Summary of sections:

FSC - frozen section control

2) The specimen is received fresh for frozen section diagnosis, labeled "Sentinel node #2, level I, left axilla". It consists of a lymph node measuring 0.7 x 0.7 x 0.4 cm. The entire specimen is submitted in one cassette.

Summary of sections:

FSC - frozen section control

3) The specimen is received fresh for frozen section diagnosis, labeled "Sentinel node #3, level I, left axilla". It consists of a lymph node measuring 2 x 1.5 x 0.7 cm. The entire specimen is submitted in one cassette.

Summary of sections:

FSC - frozen section control

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4) The specimen is received fresh for frozen section diagnosis, labeled "Sentinel node #4, level I, left axilla". It consists of a lymph node measuring 2.5 x 0.6 x 0.5 cm. The entire specimen is submitted in one cassette.

Summary of sections:

FSC - frozen section control

4

5) The specimen is received fresh for frozen section diagnosis, labeled "Non-sentinel node, left axilla". It consists of a lymph node measuring 2.5 x 1.5 x 0.6 cm. The entire specimen is submitted in one cassette.

Summary of sections:

FSC - frozen section control

6) The specimen is received fresh, labeled "Left Total Mastectomy, Stitch Marks Axillary Aspect". It consists of a total mastectomy measuring 20.0 x 15.0 x 6.0 cm. The skin is brown-black and measures 17.0 x 7.0 cm. Areola nipple complex is unremarkable and measures 3.5 cm in diameter. No scars were grossly identified. The cut sections reveals a mass measuring 3.0 x 2.5 x 2.0 cm. This mass is located 0.5 cm from the superior margin. This is the closest margin. The cut sections through the other areas of the breast shows fibrocystic changes. Sections from the lateral upper and lower, medial upper and lower quadrants are at least 1.0 cm from the closest deep margin. The tumor is submitted entirely. The representative sections are also submitted.

Summary of Sections:

N - nipple
TSM - tumor superior margin
T - tumor
LL - lateral lower quadrant
LU - lateral upper quadrant
ML - medial lower quadrant
MU - medial upper quadrant
SK - skin

Summary of Sections:

Part	Sect.	Site	Blocks	Pieces	All
1	FSC		1	1	Y
2	FSC		1	1	Y
3	FSC		1	1	Y
4	FSC		1	1	Y
5	FSC		1	1	Y
6	LL		2	M	
	LU		3	M	
	ML		2	M	
	MU		2	M	

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N	1	M
SK	1	M
T	3	M
TSM	2	M

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: BENIGN.
PERMANENT DIAGNOSIS: SAME.
- 2) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SAME.
- 3) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SAME.
- 4) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SAME.
- 5) FROZEN SECTION DIAGNOSIS: BENIGN.
PERMANENT DIAGNOSIS: SAME.

ADDENDUM:

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ADDENDUM REPORT

SITE: LEFT BREAST, #6

ER-ICA: POSITIVE

PR-ICA: POSITIVE

HER2/NEU (Hercep Test): NEGATIVE (STAINING INTENSITY 0)

CONTROLS ARE SATISFACTORY.

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ADDENDUM:

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ADDENDUM REPORT

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SITE: SENTINEL LYMPH NODES, LEFT AXILLA
PARTS #1, 2, 3, 4

ADDITIONAL HE STAINED SECTIONS AND IMMUNOHISTOCHEMICAL STAINS
FOR CYTOKERATINS (AE1:AE3 AND CAM5.2) SHOW NO EVIDENCE OF
METASTATIC TUMOR.

** Report Electronically Signed Out **

** End of Report **

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