

Clinical Diagnosis & History:
1.2 cm invasive duct carcinoma left breast upper outer quadrant (on core
biopsy), for left wide excision SLNB, possible left ALND.

Specimens Submitted:

- 1: SP: Sentinel node #1 level one left axilla (fs)
- 2: SP: Sentinel node #2 level one left axilla (fs)
- 3: SP: Excision of tumor left breast two o'clock
- 4: SP: Superior margin left breast
- 5: SP: Medial margin left breast
- 6: SP: Inferior margin left breast
- 7: SP: Lateral margin left breast
- 8: SP: Non-sentinel node left axilla
- 9: SP: Posterior margin left breast
- 10: SP: Levels one and two left axillary contents

UUID:D58E5D64-8589-4487-8E46-225AE3617C14
TCGA-AO-A0JF-01A-PR

Redacted



DIAGNOSIS:

1. LYMPH NODE, SENTINEL #1, LEVEL I, LEFT AXILLA; EXCISION:
 - METASTATIC ADENOCARCINOMA IN ONE LYMPH NODE (1/1).
 - THE METASTATIC FOCUS MEASURES 5 MM IN GREATEST DIMENSION.
 - NEGATIVE FOR EXTRACAPSULAR EXTENSION.
2. LYMPH NODE, SENTINEL #2 LEVEL I LEFT AXILLA; EXCISION:
 - METASTATIC ADENOCARCINOMA IN ONE LYMPH NODE (1/1).
 - THE METASTATIC FOCUS MEASURES 6 MM IN GREATEST DIMENSION.
 - EXTRACAPSULAR EXTENSION (>2MM) IS PRESENT.
3. BREAST, LEFT, 2 O'CLOCK; EXCISION:
 - INVASIVE DUCTAL CARCINOMA, NOS TYPE, HISTOLOGIC GRADE II/III (MODERATE TUBULE FORMATION), NUCLEAR GRADE I/III (SLIGHT OR NO VARIATION IN SIZE AND SHAPE), MEASURING 2.0 CM IN LARGEST DIMENSION MICROSCOPICALLY.
 - DUCTAL CARCINOMA IN SITU (DCIS) IS ALSO IDENTIFIED, SOLID TYPE WITH LOW TO INTERMEDIATE NUCLEAR GRADE.
 - THE DCIS CONSTITUTES LESS THAN OR EQUAL TO 25% OF THE TOTAL TUMOR MASS, AND IS PRESENT ADMIXED WITH THE INVASIVE COMPONENT.
 - CALCIFICATIONS ARE PRESENT IN THE INVASIVE CARCINOMA ONLY.
 - FOCAL VASCULAR INVASION IS PRESENT.
 - FOR SURGICAL MARGINS SEE PARTS 4-7, AND 9.
 - THE NON-NEOPLASTIC BREAST TISSUE THE NON-NEOPLASTIC BREAST TISSUE

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ICD-O-3

carcinoma, infiltrating duct, nos 8500/3
Site breast, nos C50.9 bw 10/22/11

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPIAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Malignancy		
Case is (circle):		
Reviewer Initials	QUALIFIED / DISQUALIFIED	Date Reviewed: 10/22/11

SHOWS BIOPSY SITE CHANGES.

- RESULTS OF SPECIAL STUDIES (ER, PR, HER2-NEU) ARE AS FOLLOWS:

ESTROGEN RECEPTOR :

95% nuclear staining with strong intensity

PROGESTERONE RECEPTOR :

70% nuclear with moderate intensity

HER2

Negative (1+)

(<5% of invasive tumor cells exhibit weak complete membranous staining;

Uniformity of staining: absent;

Homogeneous, dark circumferential pattern: absent)

Comment: Controls are satisfactory.

PATHWAY anti-HER-2/neu is an FDA-approved rabbit monoclonal primary antibody (clone 4B5) directed against the internal domain of the c-erbB-2 oncoprotein (HER2) for immunohistochemical detection of HER2 protein overexpression in breast cancer tissue routinely processed for histologic 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):118-145). The ER and PR rabbit monoclonal antibodies are also FDA approved.

4. BREAST, LEFT, SUPERIOR MARGIN; EXCISION:

- BENIGN BREAST TISSUE WITH PROLIFERATIVE FIBROCYSTIC CHANGES.

5. BREAST, LEFT, MEDIAL MARGIN; EXCISION:

- BENIGN BREAST TISSUE WITH FOCAL USUAL DUCTAL HYPERPLASIA.

6. BREAST, LEFT, INFERIOR MARGIN; EXCISION:

- BENIGN BREAST TISSUE WITH FOCAL USUAL DUCTAL HYPERPLASIA.

7. BREAST, LEFT, LATERAL MARGIN; EXCISION:

- BENIGN BREAST TISSUE WITH FOCAL USUAL DUCTAL HYPERPLASIA.

8. LYMPH NODE, NON-SENTINEL, LEFT AXILLA; EXCISION:

- ONE BENIGN LYMPH NODE (0/1).

9. BREAST, LEFT, POSTERIOR MARGIN; EXCISION:

- BENIGN BREAST TISSUE PREDOMINANTLY COMPOSED OF FIBROADIPOSE ELEMENTS. SKELETAL MUSCLE TISSUE ALSO PRESENT.

10. LYMPH NODES, LEFT AXILLARY CONTENTS, LEVELS ONE AND TWO, EXCISION:

- ELEVEN BENIGN LYMPH NODES (0/11).

Z

Some of the immunohistochemistry and tests were developed and their performance characteristics were determined by They have not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) as qualified to perform high complexity clinical laboratory testing.

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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.

*** Report Electronically Signed Out ***

Gross Description:

1) The specimen is received fresh for frozen labeled, "Sentinel node #1, level 1, left axilla", and consists of one fatty lymph node measuring 2.5 x 1.5 x 1.5 cm, which is trisected and representatively submitted. A portion of tissue sent to TPS. The remaining lymph node is submitted to permanent.

Summary of sections:

fsc -- lymph node frozen section control
RS- remaining lymph node

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2) The specimen is received fresh for frozen labeled, "Sentinel node #2, level 1, left axilla", and consists of one fatty lymph node measuring 2.4 x 1.5 x 1.2 cm, which is trisected and representatively submitted. A portion of tissue sent to TPS. The remaining lymph node is submitted to permanent.

Summary of sections:

fsc -- lymph node frozen section control
RS- remaining lymph node

3)

3) The specimen is received unoriented and fresh, labeled "excision of tumor, left breast two o' clock" and consists of a piece of fibrofatty breast tissue measuring 5.2 x 5.0 x 2.3 cm. The specimen is entirely inked black. Serial sectioning reveals a spiculated, white mass measuring 1.2 x 1.2 x 1.1 cm. Sectioning through the remaining breast tissue reveals yellow adipose tissue. A clip is identified. The tumor is entirely submitted and the remaining tissue is representatively submitted and a small portion is given to TPS.

Summary of sections:

MT - tumor and closest tissue edge
T - tumor (clip was in block 2)
SS - serial sections remaining tissue

4) The specimen is received fresh, labeled "superior margin left breast" and consists of a piece of fibrofatty breast tissue measuring 5.0 x 3.0 cm, and 1.3 cm thick. A stitch marks the new margin of excision, which is inked black. The tissue is serially sectioned and entirely submitted.

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Summary of sections:
u - sequential sections

5) The specimen is received fresh, labeled "medial margin left breast" and consists of a piece of fibrofatty breast tissue measuring 3.2 x 2.5 cm, and 1.2 cm thick. A stitch marks the new margin of excision, which is inked black. The tissue is serially sectioned and entirely submitted.

Summary of sections:
u - sequential sections

6) The specimen is received fresh, labeled "inferior margin left breast" and consists of a piece of fibrofatty breast tissue measuring 4.0 x 3.0 cm, and 1.3 cm thick. A stitch marks the new margin of excision, which is inked black. The tissue is serially sectioned and entirely submitted.

Summary of sections:
u - sequential sections

7) The specimen is received fresh, labeled "lateral margin left breast" and consists of a piece of fibrofatty breast tissue measuring 4.4 x 2.8 cm, and 1.2 cm thick. A stitch marks the new margin of excision, which is inked black. The tissue is serially sectioned and entirely submitted. 4

Summary of sections:
u - sequential sections

8). The specimen is received in formalin, labeled "Non-sentinel node left axilla" and consists of a single pink tan fatty lymph node measuring 0.9 cm. The lymph node is bisected and entirely submitted.

Summary of sections:
BLN-bisected lymph node

9). The specimen is received fresh, labeled "posterior margin, left breast" and consists of a piece of fibrofatty breast tissue measuring 4.2 x 3.0 cm, and 0.5 cm thick. The specimen is unoriented, entirely inked black sectioned and submitted in its entirety.

Summary of sections:
SS - sequential sections

10) The specimen is received fresh labeled "levels one and two left axillary contents". It consists of a fragment of yellow adipose tissue measuring 12.5

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x 10.5 x 2.8 cm. The levels are not designated. Numerous lymph nodes are identified ranging in size from 0.4 cm up to 2.0 cm, and all are submitted.

Summary:
RLN-representative lymph node (multiple)
ARLN-additional representative lymph nodes
LN-lymph nodes

Summary of Sections:

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

Block	Sect.	Site	PCs
1		fsc	1
1		rs	1

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

Block	Sect.	Site	PCs
1		fsc	1
1		rs	1

Part 3: SP: Excision of tumor left breast two o'clock

Block	Sect.	Site	PCs
1		MT	1
1		SS	1
2		T	2

5

Part 4: SP: Superior margin left breast

Block	Sect.	Site	PCs
6		u	6

Part 5: SP: Medial margin left breast

Block	Sect.	Site	PCs
6		u	6

Part 6: SP: Inferior margin left breast

Block	Sect.	Site	PCs
6		u	6

Part 7: SP: Lateral margin left breast

Block	Sect.	Site	PCs
6		u	6

Part 8: SP: Non-sentinel node left axilla

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Block 1	Sect. Site bln	PCs 1
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Part 9: SP: Posterior margin left breast

Block 6	Sect. Site ss	PCs 6
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Part 10: SP: Levels one and two left axillary contents

Block 5	Sect. Site arln	PCs 5
5	LN	12
4	RLN	4

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: SP: Sentinel node #1 level one left axilla (fs) : Metastatic ductal carcinoma. (1/1)
PERMANENT DIAGNOSIS: SAME

2) FROZEN SECTION DIAGNOSIS: SP: Sentinel node #2 level one left axilla (fs): Metastatic ductal carcinoma with extranodal extension. (1/1)
PERMANENT DIAGNOSIS: SAME

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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: SP: Sentinel node #1 level one left axilla (fs) : Metastatic ductal carcinoma. (1/1)
PERMANENT DIAGNOSIS: SAME

2) FROZEN SECTION DIAGNOSIS: SP: Sentinel node #2 level one left axilla (fs): Metastatic ductal carcinoma with extranodal extension. (1/1)
PERMANENT DIAGNOSIS: SAME

** End of Report **