



MRN:
Patient:
Admission Date:
Ordering Physician:

Sex/DOB: Female
Discharge Date:

Pathology Addendum Report

Collected Date/Time: Accession Number:
Received Date/Time:

Addendum Report

Immunohistochemical studies were performed on formalin fixed, paraffin-embedded tissue (Blocks A1, A2) with adequate positive and negative control sections.

Immunohistochemical stains for keratins AE1/AE3 are negative for carcinoma.

The performance characteristics of these antibodies were determined by the
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(Electronic signature)
Verified:

coding
changed
11/20/13

ICCD-3
Carcinoma, infiltrating lobular 8520/3
path
Carcinoma ductal and lobular
Site D Breast NOS C50.9 8522/3
JG 8/24/13

Surgical Pathology Report

Collected Date/Time: Accession Number:
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Final Diagnosis

A. LEFT SENTINEL LYMPH NODES, EXCISION:
- METASTATIC CARCINOMA (MACROMETASTASIS) IN ONE OF THREE LYMPH NODES WITH FOCAL EXTRACAPSULAR EXTENSION (1/3).

B. LEFT BREAST, EXCISION:

Printed by:
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Print Date/Time:

Patient Locations:

MRN:
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- INVASIVE MIXED DUCTAL AND LOBULAR CARCINOMA, GRADE 2, MEASURING 2.1 CM IN GREATEST DIMENSION, EXTENDING TO 0.5 MM FROM THE MEDIAL AND TO 1 MM FROM THE POSTERIOR RESECTION MARGINS OF THE SPECIMEN, WITH LYMPHOVASCULAR AND PERINEURAL INVASION.
- CARCINOMA IN-SITU WITH MIXED DUCTAL AND LOBULAR FEATURES, NUCLEAR GRADE 2, WITH FOCAL NECROSIS, EXTENDING TO 1.8 MM FROM THE POSTERIOR RESECTION MARGIN OF THE SPECIMEN.
- ATYPICAL LOBULAR HYPERPLASIA.
- SEE SYNOPTIC REPORT AND SPECIAL STAINS SECTION.

(Electronic signature)
Verified

Synoptic Report

SPECIMEN:

Partial breast

PROCEDURE:

Excision without wire-guided localization

LYMPH NODE SAMPLING:

Sentinel lymph node(s)

SPECIMEN INTEGRITY:

Single intact specimen (margins can be evaluated)

SPECIMEN SIZE:

Greatest dimension: 5 cm

SPECIMEN LATERALITY:

Left

TUMOR SITE: INVASIVE CARCINOMA:

Not specified

TUMOR SIZE: SIZE OF LARGEST INVASIVE CARCINOMA:

Greatest dimension of largest focus of invasion over 0.1 cm: 2.1 cm

TUMOR FOCALITY:

Single focus of invasive carcinoma

MACROSCOPIC AND MICROSCOPIC EXTENT OF TUMOR:

Skin: Skin is not present

DUCTAL CARCINOMA IN SITU (DCIS):

DCIS is present (THE CARCINOMA IN SITU IS MIXED, DUCTAL AND LOBULAR)

Extensive intraductal component (EIC) negative

NUCLEAR GRADE:

Grade II (intermediate)

NECROSIS:

Present, focal (small foci or single cell necrosis)

LOBULAR CARCINOMA IN SITU (LCIS):

Present

HISTOLOGIC TYPE OF INVASIVE CARCINOMA:

Invasive carcinoma with ductal and lobular features ("mixed type carcinoma")

GLANDULAR (ACINAR)/TUBULAR DIFFERENTIATION:

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

NUCLEAR PLEOMORPHISM:

Score 3: Vesicular nuclei, often with prominent nucleoli, exhibiting marked variation in size and shape, occasionally with very large and bizarre forms

MITOTIC COUNT:

Score 1

Number of mitoses per 10 high-power fields: 4

Diameter of microscope field: 0.55 mm

OVERALL GRADE:

Grade 2: scores of 6 or 7

MARGINS:

Margins uninvolved by invasive carcinoma

Distance from closest margin: MEDIAL 0.5 mm

Distance from superior margin: >2 mm

Distance from inferior margin: >2 mm

Distance from anterior margin: >2 mm

Distance from posterior margin: 1 mm

Distance from medial margin: 0.5 mm

Distance from lateral margin: >2 mm

Margins uninvolved by DCIS (if present) (THE IN SITU CARCINOMA IS MIXED, DUCTAL AND LOBULAR)

Distance from closest margin: posterior 1.8 mm

Distance from superior margin: >2 mm

Distance from inferior margin: >2 mm

Distance from anterior margin: >2 mm

Distance from posterior margin: 1.8 mm

Distance from medial margin: >2 mm

Distance from lateral margin: >2 mm

TREATMENT EFFECT: RESPONSE TO PRESURGICAL THERAPY: IN THE BREAST:

No known presurgical therapy

TREATMENT EFFECT: RESPONSE TO PRESURGICAL THERAPY: IN THE LYMPH NODES:

No known presurgical therapy

LYMPH-VASCULAR INVASION:

Present

DERMAL LYMPH-VASCULAR INVASION:

No skin present

LYMPH NODES:

Number of sentinel lymph nodes examined: 3

Total number of lymph nodes examined (sentinel and nonsentinel): 3

Number of lymph nodes with macrometastases (>0.2 cm): 1

Number of lymph nodes with micrometastases (>0.2 mm to 0.2 cm and/or >200 cells): 0

Number of lymph nodes with isolated tumor cells (less than or equal to 0.2 mm and less than or equal to 200 cells): 0

EXTRANODAL EXTENSION:

Present (focal)

METHOD OF EVALUATION OF SENTINAL LYMPH NODES:

H&E, multiple levels

Immunohistochemistry

MRN:
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PRIMARY TUMOR (INVASIVE CARCINOMA (pT):

pT2: Tumor >20 mm but less than or equal to 50 mm in greatest dimension

REGIONAL LYMPH NODES (pN):

pN1a: Metastases in 1 to 3 axillary lymph nodes, at least 1 metastasis greater than 2.0 mm

DISTANT METASTASIS (M):

Not applicable

ESTROGEN RECEPTOR:

Performed on this specimen

Immunoreactive tumor cells present (greater than or equal to 1%)

Quantitation: 90%

PROGESTERONE RECEPTOR:

Performed on this specimen

Immunoreactive tumor cells present (greater than or equal to 1%)

Quantitation: 80%

HER2/NEU IMMUNOPEROXIDASE STUDIES:

Performed on this specimen

Negative (Score 0)

FLUORESCENCE IN SITU HYBRIDIZATION (FISH) FOR HER2/NEU:

Not performed

MICROCALCIFICATIONS:

Present in invasive carcinoma

Source of Specimen

- A Lymph Nodes, Sentinel Left
B LT Lumpectomy

Clinical Information

Palpable mass upper outer quadrant, FNAB positive for lumpectomy and sentinel node biopsy

PRE-OP DIAGNOSIS: Left breast cancer

POST-OP DIAGNOSIS: Same

TYPE OF PROCEDURE: Left lumpectomy and sentinel node biopsy

Gross Description

Specimens received in 2 parts:

A. The specimen is labeled "LEFT SENTINEL NODES" and is received unfixed. It consists of 3 lymph node measuring 0.5 x 0.5 x 0.5-2.2 x 1.5 x 1 cm. Sectioned and entirely submitted as follows:

A1 = bisection of a single lymph node

A2 = single lymph node

A3-A5 = entire sections of single lymph node

Time specimen was removed from the patient:

Time specimen was placed in formalin

Ischemic time: 15 minutes

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Patient:

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B. The specimen is labeled "LEFT LUMPECTOMY" is received unfixed. (Specimen is in formalin more than 6 hours and less than 48 hours). It consists of an ovoid piece of yellow-tan fatty tissue with 3 sutures designate 1 silk anterior, 2 silk medial margin and 3 silk posterior margin. Specimen measuring 5 x 4 x 4 cm. The specimen is oriented and inked as follow: Anterior-yellow, posterior-black, superior-orange, inferior-red, medial-blue, and lateral margin with green color. On sectioning cut surface shows 1.5 x 1 x 1 cm and irregular ill-defined mass without any area of hemorrhage or necrosis. This mass is 0.5 cm from anterior, 0.3 cm from posterior, 1.0 cm from superior, 1.2 cm from inferior, 1.0 cm from medial and 2.0 cm from the lateral margin of resection.

Representative sections are submitted as follows:

B1-B7 = mass with closest anterior, posterior, superior, and inferior margin

B8-B9 = representative sections medial margin

B10 = representative sections lateral margin

Time specimen was removed from the patient:

Time specimen was placed in formalin :

Ischemic time: 30 minutes

Dictated

Special Stains / Slides

IMMUNOHISTOCHEMICAL EVALUATION OF ESTROGEN RECEPTORS, PROGESTERONE RECEPTORS, AND HER-2NEU IN INVASIVE MAMMARY CARCINOMA .

ESTROGEN RECEPTORS: 90 %, POSITIVE.

PROGESTERONE RECEPTORS: 80 %, POSITIVE.

STAINING INTENSITY: MODERATE

HER-2NEU: SCORE 0, NEGATIVE.

Immunohistochemical studies were performed on formalin fixed paraffin embedded tissue (Block B2) using the following monoclonal antibodies: Estrogen receptor (Clone SP1), Progesterone receptor (Clone 1E2) and Her-2neu (Clone 4B5); control sections for HER-2Neu are provided within a kit (score 0 MCF-7, score 1+ T-47D, score 2+ MDA-MB-453, score 3+ BT-474). Detection system used: polymer. Primary antibodies, reagents and control sections for HER-2neu are all provided by

All controls show appropriate reactivity.

Reactivity of Estrogen and Progesterone receptors is determined based on the percentage of positively stained nuclei of tumor cells. Reference values (CAP accreditation program checklist 2010 and guidelines on webpage):

Positive: nuclear staining in 1% or greater than 1% of invasive carcinoma cells

Negative : nuclear staining in less than 1% of invasive carcinoma cells

Staining intensity: is reported as weak, moderate or strong.

HER-2neu reactivity is reported applying the CAP scoring guidelines (CAP accreditation program checklist 2010 and guidelines on webpage):

Score 0 = Negative: No immunoreactivity, or faint weak immunoreactivity in <10% of tumor cells but only a portion of the membrane is positive..

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Score 1 = Negative: Faint weak immunoreactivity in 10% or >10% of tumor cells but only a portion of the membrane is positive.

Score 2+ = Equivocal: Weak to moderate complete membrane immunoreactivity in >10% of tumor cells or circumferential intense membrane staining in <30% of cells.

Score 3+ = Positive: More than 30% of the tumor cells must show circumferential intense and uniform membrane staining. A homogeneous (chicken wire) pattern should be present.

In the evaluation of the score the pathologist is assisted by the computerized

Equivocal results for HER-2neu (Score 2+) will be subsequently followed by a reflex dual-color ISH testing.

Immunohistochemical studies were performed on formalin fixed, paraffin-embedded tissue (Block B6, B8) with adequate positive and negative control sections.

The invasive carcinoma shows scattered positivity for E-cadherin. The results support the above interpretation.
Also the results of a P63 stain support the above findings.

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Tissue Code

11/20/13 Per TSS, after further review they determined this case to be lobular carcinoma. A new dx discrepancy form has been submitted to support this change. BCR

Per TSS pathologic diagnostic discrepancy form, the TCGA tumor is ductal carcinoma. BCR

Criteria	Date	Yes	No
Diagnosis Discrepancy	11/10/13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIPAA Discrepancy		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dual/Synchronous Primary Nature		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	QUALIFIED /	UNQUALIFIED	
Reviewer Initials:	JKD	Date Reviewed:	11/10/2013

TCGA Pathologic Diagnosis Discrepancy Form 4.05

Study Subject	Person ID:	N/A
Study/Site: TCGA Breast Invasive Carcinoma -	Age:	N/A
Event: PathDiscrepancy	Date of Birth:	
Interviewer:	Sex:	F

Tumor Identifier Provided on Initial Case Quality Control Form	Provide the tumor identifier documented on the initial case quality control form for this case.	
Pathologic Diagnosis Provided on Initial Pathology Report	Invasive mixed ductal and lobular carcinoma	Provide the diagnosis/ histologic subtype(s) documented on the initial pathology report for this case. If the histology for this case is mixed, provide all listed subtypes.
Histologic features of the sample provided for TCGA, as reflected on the CQCF	Lobular Carcinoma	Provide the histologic features selected on the TCGA Case Quality Control Form completed for this case.
Discrepancy between Pathology Report and Case Quality Control Form		
Provide the reason for the discrepancy between the pathology report and the TCGA Case Quality Control Form	Sample sent to TCGA was stained by IHC for E-cadherin, the pattern of reactivity was absent to very weak, consistent with a lobular phenotype.	Provide a reason describing why the diagnosis on the initial pathology report for this case is not consistent with the diagnosis selected on the TCGA Case Quality Control Form.
Name of TSS Reviewing Pathologist or Biorepository Director	Provide the name of the pathologist who reviewed this case for TCGA.	