

| Criteria | Yes | No |
|--------------------------------|---|------------------------|
| Diagnosis Discrepancy | | |
| Primary Tumor Site Discrepancy | | |
| HIPAA Discrepancy | | |
| Prior Malignancy History | | |
| Dual/Synchronous Primary Noted | | |
| Case is (circle): | <input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED | |
| Reviewer Initials: | RB | Date Reviewed: 4/25/11 |

UUID:226031B3-D9C2-4343-B3F7-4E0C368901E7
TCGA-AR-A24T-01A-PR Redacted



Final Diagnosis

Breast, right, simple mastectomy: Infiltrating lobular carcinoma, Nottingham grade I (of III) [tubules 3/3, nuclei 1/3, mitoses 1/3; Nottingham score 5/9], forming a mass (5.7 x 4.8 x 2.1 cm) located in the mid outer quadrant of the breast [AJCC pT3]. Lobular carcinoma in situ is identified. Angiolymphatic invasion is present. The non-neoplastic breast parenchyma is unremarkable. Biopsy site changes are present. The tumor does not involve the nipple, overlying skin, or underlying chest wall. All surgical resection margins, including the deep margin, are negative for tumor (minimum tumor free margin, 0.3 cm, deep margin).

Lymph node, right axillary sentinel, excision: A single (1 of 1) right axillary sentinel lymph node is positive for metastatic carcinoma. Extranodal extension is not present. Blue dye is identified.

Lymph nodes, right axillary, dissection: Multiple (14 of 16) axillary lymph nodes are positive for metastatic carcinoma [AJCC pN3].

Breast, left, simple mastectomy: Proliferative fibrocystic disease without atypia characterized by ductal hyperplasia, usual type, sclerosing adenosis, parenchymal fibrosis, and cyst formation.

Her-2/NEU has been ordered on paraffin-embedded tissue.

ICD-O-3
carcinoma, infiltrating lobular, nos 8520/3
Site: breast, nos C50.9 Date 4/25/11