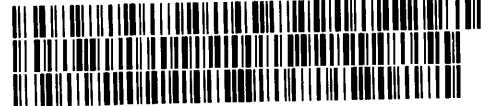


Referring Physician:

UUID: 9F7E2B98-29E7-465F-AE12-33D78FDFD71A  
TCGA-AC-A30D-01A-PR

Redacted



DOB: Age: Gender: F

Ref#: Hosp#: Provider Group:

Date of Service: Date Received: Outpatient Case #  
Room: Bed Date Reported:

## FINAL SURGICAL PATHOLOGY REPORT

### Diagnosis:

#### A. BREAST, RIGHT, PROPHYLACTIC MASTECTOMY:

- Atypical ductal hyperplasia, usual ductal hyperplasia, radial scar, apocrine metaplasia and columnar cell change.
- No carcinoma identified.

#### B. - E.) BREAST, AXILLARY LYMPH NODES, LEFT, MASTECTOMY AND SENTINEL LYMPH NODE BIOPSIES:

- Invasive lobular carcinoma, grade 1.
  - Tumor size: 50 mm.
- Surgical margins negative.
- One of three lymph nodes POSITIVE for micrometastasis (1/3).
  - No extracapsular extension identified.

#### PATHOLOGIC TUMOR STAGING SYNOPSIS (LEFT BREAST):

Type and grade (invasive): Invasive lobular carcinoma, grade 1.  
Primary tumor: pT2.  
Regional lymph node: pN1mi (one lymph node with micrometastasis, 1/3).  
Distant metastasis: N/A.  
Pathologic stage: IIB.  
Lymphovascular invasion: Not identified.  
Margin status: R0, negative, all margins 10 mm or greater.

COMMENT: A micrometastasis (measuring 1.95 mm in greatest dimension) is seen in sentinel lymph node. Additionally, isolated tumor cells are seen in sentinel lymph node

#### Breast Invasive Tumor Staging Information

(AJCC Cancer Staging Handbook, 7th Ed, and CAP protocol,  
This staging also incorporates:  
Previous biopsy:  
Breast profile:

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100-0-3  
carcinoma, infiltrating lobular, NOS  
Site: breast, NOS  
C50.9  
pathologic

Case #:

Specimen type:  
Specimen procedure:  
Lymph node sampling:  
Specimen integrity:  
Specimen laterality:  
Specimen size (other than mastectomy):

Total breast including nipple and skin.  
Total mastectomy.  
Sentinel lymph node:  
Single intact specimen.  
Left.  
N/A.

**INVASIVE TUMOR FEATURES**

Invasive tumor size:  
Invasive tumor site:  
Invasive tumor focality:  
Histologic type:  
Total Nottingham Grade:  
Tubule formation:  
Nuclear Pleomorphism:  
Mitotic count for Nottingham:  
Mitotic count:  
Other Grading System:  
Lymphatic invasion:

50 mm.  
12:00.  
Single large focus of invasive carcinoma.  
Invasive lobular carcinoma.  
Grade 1 (cumulative score 5 of 9).  
Less than 10% (3 of 3).  
Low grade (1 of 3).  
Low (1 of 3).  
One mitosis per ten high power field.  
N/A.  
Not identified.

**MARGIN STATUS FOR INVASIVE COMPONENT:**

Distance of tumor from margins:  
Closest margin:  
Other margins:

R0, negative.  
Deep at 17 mm.  
All other margins 20 mm or greater.

DUCTAL CARCINOMA IN-SITU (DCIS):  
LOBULAR CARCINOMA IN-SITU (LCIS):

Not identified.  
Not identified.

Skin:  
Nipple:  
Skeletal Muscle:  
LYMPH NODES:

Present, not involved.  
Present, not involved.  
Not identified.  
Micrometastasis seen in one of three lymph nodes, additionally one lymph node with isolated tumor cells.

**INVASIVE PATHOLOGIC TUMOR STAGING (pTNM)**

Primary tumor (pT):  
Regional lymph nodes (pN):  
Distant metastasis (pM):  
Pathologic stage:

pT2.  
pN1mi (1/3 lymph nodes with micrometastasis).  
N/A.  
IIB.

**RECEPTOR STATUS AND HER2/NEU:**

Estrogen receptors:  
Progesterone receptors:  
Her2/neu:  
Ki-67 proliferative index:

POSITIVE (100% positive cells, strong intensity).  
POSITIVE (100% positive cells, strong intensity).  
Negative (1+, scale 0-3+).  
Intermediate (15% of cells).

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## FINAL SURGICAL PATHOLOGY REPORT

Comment:

N/A.

Additional pathologic findings:

Atypical ductal hyperplasia (ADH), usual ductal hyperplasia, apocrine metaplasia, columnar cell change.

Signed by

### Source of Specimen:

- A. Right breast
- B. Left axillary sentinel lymph node #
- C. Left axillary sentinel lymph node #
- D. Left axillary sentinel lymph node #
- E. Left breast

### Clinical History/Operative Dx:

Left breast malignant neoplasm unspecified site

### Intraoperative Diagnosis:

- B. Touch imprint-B: Left axillary sentinel lymph node # No tumor cells identified.
- The intraoperative interpretation(s) was/were performed and rendered at
- C. Touch imprint-C: Left axillary sentinel lymph node # No tumor cells identified
- D. Touch imprint-D: Left axillary sentinel lymph node # No tumor cells identified

### Gross Description:

- A. The specimen is labeled right breast and is received in formalin. It consists of a mastectomy specimen which weighs 431 grams. A black suture marks the tail of the breast. With this orientation the specimen

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## FINAL SURGICAL PATHOLOGY REPORT

measures 15.5 cm from medial to lateral, 14.8 cm from superior to inferior, and 4.3 cm from superficial to deep. There is an overlying 16 x 10 cm skin ellipse with a sharply delineated 3 cm areola and protuberant 1 cm nipple. The skin shows multiple punctate areas of pale red discoloration which are 1 mm to 1.5 mm. No other skin lesions are identified. The anterior-superior margin is inked blue, the anterior-inferior margin is inked green, and the posterior margin, which consists of smooth fascial tissue, is inked black. The breast is serially sectioned at close intervals to reveal lobulated fatty tissue and scattered tan-white fibrous to finely nodular breast parenchyma. There are no areas which have a stellate or retracted appearance suggestive of neoplasm. No lymph nodes are identified within the lateral portion of the breast. Representative sections are submitted. Section summary:

- A1) nipple and tissue just deep to nipple,
- A2) representative skin,
- A3) representative tissue upper-inner quadrant,
- A4) representative tissue lower-inner quadrant,
- A5) representative tissue upper-outer quadrant,
- A6) representative tissue lower-outer quadrant,
- A7) representative central breast and central deep margin.

B. The specimen is labeled left axillary sentinel lymph node # . . . and is received without fixative. It consists of a 12 x 10 x 8 mm lymph node. It is serially sectioned at close intervals and touch imprints are obtained. The node is submitted for permanent section in cassette B1.

C. The specimen is labeled left axillary sentinel lymph node # . . . and is received without fixative. It consists of a 10 x 8 x 7 mm lymph node. It is serially sectioned at close intervals and touch imprints are obtained. The specimen is submitted for permanent section in cassette C1.

D. The specimen is labeled left axillary sentinel lymph node # . . . and is received without fixative. It consists of a 8 x 8 x 6 mm lymph node. The lymph node is serially sectioned at close intervals and touch imprints are obtained. The node is submitted for permanent section in cassette D1.

E. The specimen is labeled left breast and is received without fixative. It consists of a mastectomy specimen weighing 445 grams. A black suture marks the tail of the breast. With this orientation the specimen measures 19 cm from medial to lateral, 14.5 cm superior to inferior, and 4.2 cm from superficial to deep. There is an overlying 18 x 10.8 cm ellipse of pink-tan skin with a central inferiorly located sharply circumscribed 3.5 cm areola and 0.9 cm protuberant tan nipple. The skin shows a few tiny punctate areas of red discoloration which are up to 1.5 mm in maximum dimension. No other skin lesions are present. The anterior-superior margin is inked blue, the anterior-inferior margin is inked green, and the posterior margin, which consists of smooth fascial tissue, is inked black. The breast is serially sectioned to reveal a stellate retracted neoplasm in the central breast underlying the nipple and superior areola. This neoplasm measures 5 cm from medial to lateral, 2.5 cm from superior to inferior, and 1.8 cm from superficial to deep. It is 4.5 cm from the closest superior margin, 4.5 cm from the closest inferior margin, 7 cm from the closest lateral margin, 6.5 cm from the closest medial margin, and 1.7 cm from the closest deep margin. It is 2 cm from the closest skin. Representative tissue from the neoplasm is obtained for research purposes. The remainder of the breast is composed of lobulated fatty tissue with scattered tan-white fibrous

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parenchyma. There are no other areas grossly suspicious for neoplasm. There are no lymph nodes identified in the lateral portion of the breast. Representative sections are submitted. Section summary:

- E1) nipple and tissue just deep to nipple,
- E2) lateral edge of neoplasm and closest deep margin (biopsy site in this area),
- E3-E7) sections of tumor progressing from medial to lateral,
- E8) central deep margin underlying tumor,
- E9) upper-inner quadrant,
- E10) lower-inner quadrant,
- E11) upper-outer quadrant,
- E12) lower-outer quadrant.

### Microscopic Description:

A. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

B. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered. Immunohistochemistry was performed with adequate control for OSCAR keratin and shows positive staining for metastatic carcinoma. The tumor focus measures 1.95 mm in greatest dimension. No extracapsular extension is identified. The touch preps prepared at the time of frozen section were reviewed and no definitive tumor cells are identified.

C. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered. Immunohistochemistry was performed with adequate control for OSCAR keratin and shows positive staining for isolated tumor cells.

D. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered. Immunohistochemistry was performed with adequate control for OSCAR keratin and no metastatic carcinoma is identified.

E. Microscopic sections have been examined. The microscopic findings are reflected in the diagnosis rendered.

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END OF REPORT (FINAL)

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Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewed in (circle):		
Date Reviewed: 1/31/12		