ICD-O-3
Carcinoma, infiltrating duct, NOS
8500/3 12/8/10
Site Code: breast, NOS
C50.9

TSS.

UUID:810B3936-DFF0-420C-BD6C-8D4990B8F536
TCGA-E2-A14S-01A-PR Redacted

SPECIMENS:

A. WLE LEFT BREAST NEEDLE LOCALIZATION
B. SENTINEL NODE #1 LEFT AXILLA
C. SENTINEL NODE #2 LEFT AXILLA
D. ADDITIONAL SUPERIOR MARGIN

SPECIMEN(S):

A. WLE LEFT BREAST NEEDLE LOCALIZATION
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GROSS DESCRIPTION:

A. WLE LEFT BREAST NEEDLE LOCALIZATION
Single stitch: Anterior
Double stitch: Lateral
Triple stitch: Superior
Received fresh is a 42g oriented WLE breast specimen 7.0cm from medial to lateral, 6.5cm from superior to inferior and 4.0cm from anterior to posterior, with needle localization wire and attached radiograph. The specimen is inked as follows: Superior-Red, Inferior-Orange, Anterior-Blue, Posterior-Black, Medial-Green, Lateral-Yellow. The specimen is serially sectioned from lateral to medial in to 6 slices: slice 1 being most lateral, slice 6 being most medial to reveal a gray white firm well circumscribed mass 1.8 x 1.2 x 1.2cm, 0.1cm from the closest superior margin, 0.6cm from the deep margin and 0.7cm from the anterior margin in slices 3 and 4. The remaining cut surfaces reveal grossly unremarkable breast parenchyma. A portion of the specimen is submitted for tissue procurement. Representative sections are submitted as follows:
A1: lateral margin slice 1
A2: superior/anterior/deep margin next to mass slice 2
A3: mass with superior margin slice 3
A4: deep margin slice 3
A5: anterior margin slice 3
A6: inferior margin slice 3
A7: mass with superior/anterior margin slice 4
A8: mass with superior/deep margin slice 4
A9: anterior/inferior margin slice 4
A10: deep/inferior margin slice 4
A11: superior margin next to mass slice 5
A12: medial margin perpendicular sections slice 6
As per attached diagram
B. SLN #1 LEFT AXILLA
Received fresh is a tan pink lymph node 1.7 x 1.0 x 0.6cm. The specimen is serially sectioned and a touch prep is taken. Toto B1-B2
C. SLN #2 LEFT AXILLA
Received fresh is a tan pink lymph node 1.5 x 1.0 x 0.5cm. The specimen is serially sectioned and a touch prep is taken. Toto C1-C2
D. ADDITIONAL SUPERIOR MARGIN: Stitch at final margin
Received fresh is a 12g oriented fragment of fibrofatty tissue 5.5 x 3.5 x 2.0cm. The new true margin is inked Blue and the specimen is serially sectioned to reveal grossly unremarkable breast parenchyma.

DIAGNOSIS:

A. BREAST, LEFT, WIDE LOCAL EXCISION:
- INVASIVE, DUCTAL CARCINOMA, SBR GRADE 2, MEASURING 1.5-CM WITH SATELLITE TUMOR MEASURING 0.2-CM
- INTERMEDIATE NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPES WITH CENTRAL NECROSIS
- INVASIVE TUMOR PRESENT WITHIN 1-MM FROM THE INFERIOR SURGICAL RESECTION MARGIN
- DCIS PRESENT 2-MM FROM THE DEEP SURGICAL RESECTION MARGIN
- SEE SYNOPTIC REPORT AND SEE NOTE.

B. LYMPH NODE, SENTINEL #1, LEFT AXILLA, BIOPSY:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

C. LYMPH NODE, SENTINEL #2, LEFT AXILLA, BIOPSY:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

D. BREAST, ADDITIONAL SUPERIOR MARGIN, EXCISION:
- MICROSCOPIC FOCUS OF USUAL DUCTAL HYPERPLASIA, NO IN SITU OR INVASIVE CARCINOMA SEEN.

NOTE: A 0.2-cm satellite invasive tumor is identified inferior to the main mass. While this focus is present within 1 mm from the inferior surgical resection margin, DCIS is present 2 mm from the posterior (deep) surgical resection margin.

SYNOPTIC REPORT - BREAST
Specimen Type: Excision
Needle Localization: Yes - For mass
Laterality: Left
Invasive Tumor: Present
Multifocality: Yes
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.5cm
Tumor Site: lateral
Margins: Negative
Distance from closest margin: Less than 0.1cm
inferior
Tubular Score: 3
Nuclear Grade: 2
Mitotic Score: 1
Modified Scarff Bloom Richardson Grade: 2
Necrosis: Absent
Vascular/Lymphatic Invasion: None identified
Lobular neoplasia: None
Lymph nodes: Sentinel lymph node only
Lymph node status: Negative 0 / 2

DCIS present
Margins uninvolved by DCIS 0.2 cm from posterior margin
DCIS Quantity: Estimate 10%
DCIS Type: Solid
Cribriform
DCIS Location: Associated with invasive tumor
Nuclear grade: Intermediate
Necrosis: Present

ER/PR/HER2 Results
ER: Pending
PR: Pending
HER2: Pending by FISH

Pathological staging (pTN): pT 1c N 0

CLINICAL HISTORY:
year old with density in Left Lateral Breast noted on recent mammo. Core bx: Infiltrating Ductal Ca SBR Grade 2. ER/PR +, Her2 Equivocal

PRE-OPERATIVE DIAGNOSIS:
None provided

INTRAOPERATIVE CONSULTATION:
A. GROSS INSPECTION: 1.8cm mass 0.1cm from the closest Superior margin, 0.6cm from Deep margin and 0.7cm from Anterior margin. Diagnosis called to Dr. at y Dr..
TPB/TPC: Negative for tumor. Diagnosis called to Dr. at (B) and (C) by Dr.

ADDENDUM:
SYNOPTIC REPORT - BREAST, ER/PR RESULTS
Specimen: Surgical Excision
Block Number: A8

ER: Positive Allred Score: 8 = Proportion Score 5 + Intensity Score 3

PR: Positive Allred Score: 7 = Proportion Score 4 + Intensity Score 3

COMMENT:

The Allred score for estrogen and progesterone receptors is calculated by adding the sum of the proportion score (0 = no staining, 1 = <1% of cells staining, 2 = 1 - 10% of cells staining, 3 = 11-30% of cells staining, 4 = 31-60% of cells staining, 5 = >60% of cells staining) to the intensity score (1 = weak intensity of staining, 2 = intermediate intensity of staining, 3 = strong intensity of staining), with a scoring range from 0 to 8.

ER/PR positive is defined as an Allred score of >2 and ER/PR negative is defined as an Allred score of less than or equal to 2.

METHODOLOGY:

Tissue was fixed in 10% neutral buffered formalin for no less than 8 and no longer than 24 hours. Immunohistochemistry was performed using the mouse anti-human ER (ER 1D5, 1:100) and PR (PGR 136, 1:100) provided by Dako following the manufacturer s instructions. This assay was not modified. Interpretation of the ER/PR immunohistochemical stain is guided by published results in the medical literature, information provided by the reagent manufacturer and by internal review of staining performance.

PathVysion HER-2 DNA Probe Kit

Case No

Analytical Interpretation of Results: HER-2 NOT AMPLIFIED

Clinical Interpretation of results

Amplification of the HER-2 gene was evaluated with interphase fluorescence in-situ hybridization (FISH) on formalin-fixed paraffin embedded tissue sections using a chromosome 17 centromeric probe and a HER-2 probe that spans the entire HER-2 gene in the by Dr. A majority of tumors cells displayed 2 chromosome 17 signals and 2 HER-2 signals, with a HER-2/CEP 17 Ratio </=2.0, consistent with no amplification of the HER2/neu gene.

Block used A8 Source of case:

Tissue fixation formalin-fixed tissue Outside Case No: NA

Tissue source breast Results interpreted: yes

HER2/CEP17 ratio: 1.04

This ratio is derived by dividing the total number of LSI HER-2/neu signals by the total number of CEP17 signals in at least 20 interphase nuclei with nonoverlapping nuclei in the neoplastic mammary epithelial cells. Cells with no signals or with signals of only one color are disregarded.

Method of ratio enumeration: manual count

Limitations

The Vysis PathVysion Kit is not intended for use to screen for or diagnose breast cancer. It is intended to be used as an adjunct to other prognostic factors currently used to predict disease-free and overall survival in stage II, node-positive breast cancer patients. In making decisions regarding adjuvant CAF treatment, all other available clinical information should also be taken into consideration, such as tumor size, number of involved lymph nodes, and steroid receptor status. No treatment decision for stage II, node-positive breast cancer patients should be based on HER-2/neu gene amplification status alone.

Overview of this test

FDA APPROVED REAGENT

PathVysion HER-2 DNA Probe Kit is FDA approved for selection of patients for whom Herceptin® therapy is being considered. These tests were performed in the , under the direction of Dr. The results of these studies should always be interpreted in the context of the clinical, morphological, and immunophenotypic diagnosis.

ONCOTYPE DX BREAST CANCER ASSAY

RESULTS: Recurrence Score: 23

CLINICAL EXPERIENCE: Patients with a recurrence score of: 23 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 15%

ER Score: 11 Positive
PR Score: 7.6 Positive
Her2 Score: 9.1 Negative

Interpretation:

ER Negative < 6.5 Positive >= 6.5
PR Negative < 5.5 Positive >= 5.5
Her2 Negative <10.7 Positive >=11.5 Equivocal = 10.7 - 11.4

See separate report for further information.

Test performed at:

Gross Dictation: Pathologist,

Microscopic/Diagnostic Dictation: Pathologist

Final Review: Pathologist,

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		

Case is (circle): QUALIFIED / DISQUALIFIED

Reviewer Initials Date Reviewed:

Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologist
Addendum: Pathologist,
Addendum Final: Pathologist,