

TSS

Carcinoma, infiltrating lobular 8520/3

Site Code: breast, Nos C50.9

12/29/10

mu

TSS:

UUID: EDD254CA-0EC6-42F8-B213-C2D386AB11F4
TCGA-E2-A1B5-01A-PR

Redacted

SPECIMENS:

- A. LEFT AXILLARY SENTINEL LYMPH NODE #1
- B. LEFT AXILLARY SENTINEL LYMPH NODE #2
- C. LEFT AXILLARY SENTINEL LYMPH NODE 3#
- D. WLE LEFT BREAST NEEDLE LOCALIZATION
- E. ADDITIONAL RETROAREOLAR TISSUE LEFT BREAST
- F. LEFT AXILLARY LYMPH NODES

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- A. LEFT AXILLARY SENTINEL LYMPH NODE #1
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- C. LEFT AXILLARY SENTINEL LYMPH NODE 3#
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- E. ADDITIONAL RETROAREOLAR TISSUE LEFT BREAST
- F. LEFT AXILLARY LYMPH NODES

GROSS DESCRIPTION:

- A. LEFT AXILLARY SENTINEL LYMPH NODE #1
Received fresh is a tan pink lymph node 1.5 x 0.8 x 0.5cm. The specimen is serially sectioned and a touch prep is taken. Toto A1
- B. LEFT AXILLARY SENTINEL LYMPH NODE #2
Received fresh is a tan pink lymph node 1.0 x 0.8 x 0.6cm. The specimen is serially sectioned and a touch prep is taken. Toto B1
- C. LEFT AXILLARY SENTINEL LYMPH NODE #3
Received fresh are 2 tan pink lymph nodes 1.2 x 0.8 x 0.8cm and 1.9 x 1.5 x 0.8cm. The specimens are serially sectioned and 2 touch preps are taken.
C1: 1 lymph node
C2: 1 lymph node
- D. LEFT BREAST NEEDLE LOCALIZATION
Received fresh labeled with matching patient identifiers and designated "wide local excision left breast" is a portion of resected breast tissue weighing 290 g and measuring 11 x 9 x 6 cm. The specimen is accompanied by a mammogram and needle localization wire. The specimen is received with orientation, the single short suture designates superior, long suture designates the lateral. The specimen is inked as follows: Anterior-blue, posterior-black, superior-red inferior-orange, medial-green, lateral-yellow. The specimen is serially sectioned from lateral to medial into 10 sections. Cut section shows a firm beige ill-defined mass located 0.4-cm from the anterior/inferior margin. The mass measures 1.7 x 1.1 x 1 cm. the remainder of the specimen shows areas of white fibrous streaking septae adjacent to the lesion (medial aspect). The specimen was taken to mammography, sections were x-rayed. Representative sections are submitted as follows:
D1: Perpendicular sections lateral margin (section 1)
D2: Anterior, demonstrates metallic clip (section 4)
D3-D4: Anterior, dense tissue (section 4)
D5: Inferior, dense tissue (section 4)
D6-D9: Mass, anterior/inferior margin (section 5)
D10-D12: Anterior/inferior (section 6)
D13-D15: Anterior/superior (section 7)
D16-D17: Anterior/posterior (section 8)
D18-D19: Anterior/inferior (section 9)
D20-D21: Perpendicular sections medial margin (section 10)
- E. ADDITIONAL RETROAREOLAR TISSUE LEFT BREAST
Blue-Anterior portion
Received in formalin is an oriented tan pink fragment of fibrofatty tissue 1.0 x 0.8 x 0.5cm. The anterior portion is inked Blue and the specimen is trisected. Toto E1.
- F. LEFT AXILLARY NON SENTINEL LYMPH NODES
Received in formalin are multiple tan pink soft tissue fragments aggregating to 5.0 x 3.0 x 2.0cm. Dissection reveals 1 fatty lymph node 2.2 x 2.0 x 1.4cm.
F1-F2: 1 lymph node
F3: remainder of specimen

TSS:

DIAGNOSIS:

A. LYMPH NODE, SENTINEL #1, LEFT AXILLARY, BIOPSY:

- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1)
- AE 1/3 NEGATIVE.

B. LYMPH NODE, SENTINEL #2, LEFT AXILLARY, BIOPSY:

- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1)
- AE 1/3 NEGATIVE.

C. LYMPH NODE, SENTINEL #3 AND #4, LEFT AXILLARY, BIOPSY:

- TWO LYMPH NODES, NEGATIVE FOR METASTASES (0/2)
- AE 1/3 NEGATIVE
- S100 MARKS CAPSULAR NEVUS.

D. BREAST, LEFT, WIDE LOCAL EXCISION:

- INVASIVE, LOBULAR CARCINOMA, SBR GRADE 2, MEASURING 2.1-CM
- INVASIVE TUMOR PRESENT AT THE ANTERIOR SURGICAL RESECTION MARGIN
- PLEOMORPHIC LOBULAR CARCINOMA IN SITU
- SEE SYNOPTIC REPORT AND SEE NOTE.

E. BREAST, ADDITIONAL RETROAREOLAR TISSUE, BIOPSY:

- INVASIVE LOBULAR CARCINOMA PRESENT AT INKED SURGICAL RESECTION MARGIN, SEE NOTE.

F. LYMPH NODE, LEFT AXILLARY, BIOPSY:

- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

NOTE: The specimen was serially sectioned and x-rayed. The main mass was identified in slice #5. In slices #6 and 7, suspicious density is identified. This corresponds to the extending density seen on the mammogram. The main mass and the extending density microscopically are invasive lobular carcinoma. Also identified is metallic clip (area submitted in #D2). This shows focus of LCIS. The largest invasive tumor measured on the slide (2.1-cm).

The tumor is present at the anterior surgical resection margin (slide #D7) at a distance of 7-mm. The additional retroareolar tissue (part E.) also shows invasive tumor, presents at the anterior marked margin at a distance of 2-mm.

Breast biomarkers pending and addendum report to follow.

SYNOPTIC REPORT - BREAST

Specimen Type: Excision

Needle Localization: Yes - For mass

Laterality: Left

Invasive Tumor: Present

Multifocality: No

WHO CLASSIFICATION

Invasive lobular carcinoma 8520/3

Tumor size: 2.1cm

Tumor Site: Not specified

Margins: Involved at anterior

Extent: see note

Tubular Score: 3

Nuclear Grade: 2

Mitotic Score: 1

Modified Scarff Bloom Richardson Grade: 2

Necrosis: Absent

TSS:

Vascular/Lymphatic Invasion: None identified
Lobular neoplasia: LCIS
Lymph nodes: Sentinel lymph node only
Lymph node status: Negative 0 / 5

DCIS not present

ER/PR/HER2 Results

ER: Pending
PR: Pending
HER2: Pending

Pathological staging (pTN): pT 2 N 0

CLINICAL HISTORY:

46 year old with Left Breast Cancer

PRE-OPERATIVE DIAGNOSIS:

Left Breast Cancer

INTRAOPERATIVE CONSULTATION:

TPA-TPB: Negative for tumor. Diagnosis called to Dr at (A) and (B) by Dr.
TPC1-TPC2: Atypical (both lymph nodes). Diagnosis called to Dr. at by Dr.

ADDENDUM:

E-cadherin is negative compatible with lobular carcinoma phenotype.

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimen: Surgical Excision
Block Number: D7

ER: Positive Allred Score: 8 = Proportion Score 5 + Intensity Score 3
PR: Positive Allred Score: 5 = Proportion Score 2 + 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 (Dako, Carpinteria, CA) 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.

SYNOPTIC REPORT - BREAST HER-2 RESULTS

Specimen: Surgical Excision
Block Number: D7

Interpretation: NEGATIVE
Intensity: 0
% Tumor Staining: 0%

TSS.

Fish Ordered: No

METHODOLOGY:

Tissue was fixed in 10% neutral buffered formalin for no less than 8 and no longer than 24 hours. Her2 analysis was performed using the FDA approved Dako HercepTest (TM) test kit (single rabbit anti-human HER2. This assay was not modified. External kit-slides provided by the manufacturer (cell lines with high, low and negative HER2 protein expression) and in-house known HER2 amplified control tissue were evaluated along with the test tissue. Adequate, well preserved, clear-cut invasive carcinoma was identified for HER2 evaluation. Interpretation of the HER2 immunohistochemical stain is guided by published results in the medical literature, information provided by the reagent manufacturer and by internal review of staining performance.

This assay has been validated according to the joint recommendations and guidelines from ASCO and CAP and from the NCCN HER2 testing in Breast Cancer Task Force. The Pathology Department takes full responsibility for this test's performance.

ONCOTYPE DX BREAST CANCER ASSAY

RESULTS: Recurrence Score: 29

CLINICAL EXPERIENCE: Patients with a recurrence score of: 29 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 19%

ER Score: 7.2 Positive
PR Score: 5.8 Positive
Her2 Score: 7.6 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,
Final Review: Pathologist,
Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologist,
Addendum: Pathologist,
Addendum Final: 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	W	
Date Reviewed	12/2/10	