Carcinoma infiltrating duct, Nos 8500/3 12/8/10 fur Site Code: breast, NOS C50.9

Redacted

UUID:1FE4EB4C-FEF8-486A-B39D-6F9F023FDAC4

TCGA-E2-A15D-01A-PR Redact

TSS:

SPECIMENS:

- A. RIGHT BREAST CANCER
- B. SENTINEL L.N. #1 RIGHT AXILLA
- C. SENTINEL L.N. #2 RIGHT AXIL;LA
- D. SENTINEL L.N. #3 RIGHT AXILLA
- E. SENTINEL L.N. #4 RIGHT AXILLA

SPECIMEN(S):

- A. RIGHT BREAST CANCER
- B. SENTINEL L.N. #1 RIGHT AXILLA
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- D. SENTINEL L.N. #3 RIGHT AXILLA
- E. SENTINEL L.N. #4 RIGHT AXILLA

GROSS DESCRIPTION:

A. RIGHT BREAST CANCER

Received fresh labeled with the patient's identification and "right breast needle localization" is a previously inked 53g. 6 x 5 x 4cm needle localized lumpectomy with radiograph. Ink code: anterior-yellow, posterior-black, superior-blue, inferior-orange, medial-green, lateral-red. Specimen is serially sectioned from lateral to medial into 8 slices revealing a 2.5 x 2.3 x 1.5cm tan white firm well circumscribed mass, 0.6cm from the closest inferior margin in slices 2-7. A surgical clip is identified in slice 5. A portion of the specimen is submitted for tissue procurement. Representatively submitted:

A1-A2: lateral margin slice 1

A3-A5: slice 2

A6-A8: slice 3

A9-A15: slice 4

A16: slice 5 with clip ID

A17-A18: slice 6

A19-A20: slice 7

A21: medial margin

B. SENTINEL L.N. #1 RIGHT AXILLA

Received fresh is a tan pink lymph node 1.2 x 1 x 1cm. The specimen is sectioned and a touch prep is taken. Toto **B1**.

C. SENTINEL L.N. #2 RIGHT AXILLA

Received fresh is a tan pink lymph node 0.8 x 0.6 x 0.5cm. The specimen is bisected and a touch prep is taken. Toto C1.

D. SENTINEL L.N. #3 RIGHT AXILLA

Received fresh is a tan pink lymph node 1.2 x 1 x 0.8cm. The specimen is bisected and a touch prep is taken. Toto D1.

E. SENTINEL L.N. #4 RIGHT AXILLA

Received fresh is a tan pink lymph node 1.4 x 1 x 0.6cm. The specimen is bisected and a touch prep is taken. Toto

DIAGNOSIS:

A. BREAST, RIGHT, WIDE LOCAL EXCISION:

- INVASIVE DUCTAL CARCINOMA, SBR GRADE 1, MEASURING 2.2-CM
- INTERMEDIATE NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, CRIBRIFORM TYPE WITH CENTRAL **NECROSIS**
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
- DCIS PRESENT WITHIN 0.15-CM FROM INFERIOR SURGICAL RESECTION MARGIN
- BIOPSY SITE CHANGES WITH FIBROSIS AND GRANULATION TISSUE
- SEE SYNOPTIC REPORT.

B. LYMPH NODE, SENTINEL #1, RIGHT AXILLA, EXCISION:

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

D. LYMPH NODE, SENTINEL #3, RIGHT AXILLA, EXCISION:

- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).
- E. LYMPH NODE, SENTINEL #4, RIGHT AXILLA, EXCISION:

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

PR Negative < 5.5 Positive >= 5.5

SYNOPTIC REPORT - BREAST Excision Specimen Type: Needle Localization: Yes - For mass Laterality: (Right Invasive Tumor: Present Multifocality: No WHO CLASSIFICATION Invasive ductal carcinoma, NOS 8500/3 Tumor size: 2.2cm Tumor Site: Not specified Margins: Negative Distance from closest margin: 0.4cm inferior Tubular Score: 2 Nuclear Grade: Mitotic Score: 1 Modified Scarff Bloom Richardson Grade: Necrosis: Absent None identified Vascular/Lymphatic Invasion: Lobular neoplasia: None Lymph nodes: Sentinel lymph node only Lymph node status: Negative 0/4 DCIS present Margins uninvolved by DCIS 0.15-cm from inferior DCIS Quantity: Estimate 30% DCIS Type: Cribriform DCIS Location: Associated with invasive tumor Nuclear grade: Intermediate Necrosis: Present ER/PR/HER2 Results ER: Positive PR: Positive HER2: Negative by FISH Performed on Case: pT 2 N 0 Pathological staging (pTN): **CLINICAL HISTORY:** None provided. PRE-OPERATIVE DIAGNOSIS: Right breast cancer. INTRAOPERATIVE CONSULTATION: A. GROSS FY^MINATION: Right breast- mass is 2.5cm and 0.6cm from the closest inferior margin. Diagnosis called to Dr. at 4 by Dr. TPB-TPC-TPD-TPE: SLN #1-4: Negative for carcinoma. Diagnosis called to Dr. at by Dr. ADDENDUM: **ONCOTYPE DX BREAST CANCER ASSAY** RESULTS: Recurrence Score: CLINICAL EXPERIENCE: Patients with a recurrence score of: 17 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 11% 9.8 Positive ER Score: 8.4 Positive PR Score: Her2 Score: 9.5 Negative Interpretation: ER Negative < 6.5 Positive >= 6.5

Her2 Negative <10.7 Positive >=11.5 Equivocal = 10.7 - 11.4

See separate Test performed at:

report for further information.

Gross Dictation:
Microscopic/Diagnostic Dictation: Pathologist,
Final Review: Pathologist
Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologist,

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