

1CD-0-3

Carcinoma, infiltrating duct, NOS

8500/3 12/8/10  
lw

Path Site: breast, lower inner quadrant C50.3  
CQCF Site: breast, NOS C50.9

TSS:

UUID:DC8FD7C7-A908-4890-860F-04984244167C

TCGA-E2-A14V-01A-PR

Redacted

**SPECIMENS:**

- A. EXCISION LEFT BREAST
- B. LEFT AXILLARY SKIN TAG
- C. LEFT AXILLA S.L.N. #1
- D. LEFT AXILLA S.L.N. #2
- E. LEFT AXILLARY CONTENTS

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**GROSS DESCRIPTION:**

**A. EXCISION LEFT BREAST**

Received fresh labeled with the patient's identification, "Excision Left Breast" is a 130g, 8 x 11 x 4cm oriented (Single-Anterior, Double-Lateral, Triple-Superior) left lumpectomy with 5 x 2 cm tan pink unremarkable skin ellipse. Ink Code: Anterior-Yellow, Posterior-Black, Medial-Green, Lateral-Red, Superior-Blue, Inferior-Orange. The specimen is serially sectioned from medial to lateral into 8 slices to reveal a 3 x 3 x 2.3cm gray white firm ill defined mass, 0.5cm from the closest anterior-superior margins in slices 3-6. A portion of the specimen is submitted for tissue procurement. Representative sections are submitted as follows:

- A1: medial margin slice 1
- A2-A3: superior margin slice 2
- A4: area next to mass slice 2
- A5: skin slice 3
- A6: mass with anterior margin slice 3
- A7: mass with deep margin slice 3
- A8: mass with anterior margin slice 3
- A9: mass with deep margin slice 3
- A10: anterior/superior margin slice 4
- A11: superior margin slice 4
- A12: mass with anterior margin slice 4
- A13: mass with deep margin slice 4
- A14: mass with anterior margin slice 4
- A15: mass with anterior/inferior margin slice 4
- A16: mass slice 4
- A17: deep margin slice 4
- A18: deep/inferior margin slice 4
- A19: mass with anterior margin slice 5
- A20: superior margin slice 5
- A21: mass slice 5
- A22: mass with deep margin slice 5
- A23-A24: anterior margin slice 5
- A25: mass slice 5
- A26-A27: mass with deep margin slice 5
- A28-A29: mass with anterior margin slice 6
- A30-A31: mass slice 6
- A32: deep margin slice 6
- A33: next to mass slice 7
- A34-A35: deep margin slice 7
- A36: lateral margin slice 8

**B. LEFT AXILLARY SKIN TAGS**

Received in formalin are two polypoid skin tags, 0.1 and 0.3 cm in diameter. Submitted entirely in cassette B1.

**C. LEFT AXILLARY SLN #1**

Received fresh is a tan pink lymph node 1.0 x 0.6 x 0.3cm. The specimen is bisected and a touch prep is taken. Toto C1.

**D. LEFT AXILLARY SLN #2**

Received fresh is a tan pink lymph node 1.5 x 1.2 x 0.6cm. The specimen is bisected and a touch prep is taken. Toto D1.

#### E. LEFT AXILLARY CONTENTS

Received in formalin is a piece of yellow-tan adipose tissue, 9.5 x 0.5 x 2.7 cm. Multiple lymph nodes are identified ranging in size from 0.1 to 2.7 cm. The larger lymph nodes are bisected and have variegated pink-tan coloration. There is a blood vessel, 0.9 cm and the length and 0.4 cm in diameter, which is clipped at both ends. It contains blood clot. Specimen is submitted entirely:

E1-E2: 6 lymph nodes each

E3-E5: 2 lymph nodes each

E6-E8: 1 lymph node each

E9-E10: 1 lymph node

E11-E25: remainder of soft tissue

#### DIAGNOSIS:

##### A. BREAST, LEFT, WIDE LOCAL EXCISION:

- ~~INVASIVE DUCTAL CARCINOMA, POORLY DIFFERENTIATED~~  
(SBR GRADE 3).

- INVASIVE CARCINOMA MEASURES 3 CM IN GREATEST DIMENSION.

- MARGINS, FREE OF TUMOR.

- LYMPHVASCULAR INVASION IS PRESENT.

- DUCTAL CARCINOMA IN SITU (DCIS), SOLID AND MICROPAPILLARY TYPES, NUCLEAR GRADE 3, WITH NECROSIS AND MICROCALCIFICATIONS.

- DCIS IS WITHIN 3 MM OF THE SUPERIOR MARGIN AND IS WITHIN 4 MM OF THE POSTERIOR MARGIN.

- SKIN, NO TUMOR SEEN.

##### B. AXILLA, LEFT, SKIN TAG, EXCISION:

- ACROCHORDONS.

##### C. SENTINEL LYMPH NODE #1, LEFT AXILLA, BIOPSY:

- METASTATIC CARCINOMA (0.3 CM IN SIZE) TO ONE LYMPH NODE (1/1).

##### D. SENTINEL LYMPH NODE #2, LEFT AXILLA, BIOPSY:

- METASTATIC CARCINOMA (1.5 CM IN SIZE) TO ONE LYMPH NODE WITH FOCAL EXTRANODAL EXTENSION (1/1).

##### E. AXILLARY CONTENTS, LEFT, DISSECTION:

- METASTATIC CARCINOMA (0.8 CM IN SIZE) TO ONE OF 22 LYMPH NODES (1/22).

#### SYNOPTIC REPORT - BREAST

Specimen Type: Excision

Needle Localization: No

Laterality: Left

Invasive Tumor: Present

Multifocality: No

#### WHO CLASSIFICATION

Invasive ductal carcinoma, NOS 8500/3

Tumor size: 3cm

Tumor Site: Lower inner quadrant

Margins: Negative

Distance from closest margin: 0.5cm  
anterior

Tubular Score: 3

Nuclear Grade: 3

Mitotic Score: 3

Modified Scarff Bloom Richardson Grade: 3

Necrosis: Absent

Vascular/Lymphatic Invasion: Present

Lobular neoplasia: None

Lymph nodes: Sentinel lymph node and axillary dissection

Lymph node status: Positive 3 / 24 Extranodal extension

#### DCIS present

Margins uninvolved by DCIS

DCIS Quantity: Estimate 40%

DCIS Type: Solid

Micropapillary

DCIS Location: Associated with invasive tumor

Nuclear grade: High

Necrosis: Present

Location of CA++: DCIS  
Stroma

ER/PR/HER2 Results

ER: Positive  
PR: Positive  
HER2: Pending

Pathological staging (pTN): pT 2 N 1

CLINICAL HISTORY:

5cm tumor-Invasive Cancer on Core Bx. Lower Inner Quadrant Left Breast.

PRE-OPERATIVE DIAGNOSIS:

Left breast cancer

INTRAOPERATIVE CONSULTATION:

A. GROSS INSPECTION: 3cm mass, 0.5cm from the closest Anterior margin.

TPC-TPD: Positive for Adenocarcinoma.

Diagnoses called to Dr. at (A) and (C-D) by Dr.

ADDENDUM:

SYNOPTIC REPORT - BREAST HER-2 RESULTS

Specimen: Surgical Excision

Block Number: A16

Interpretation: POSITIVE

Intensity: 3+

% Tumor Staining: 100%

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 using 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 2007 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.

Gross Dictation: Pathologist,

Microscopic/Diagnostic Dictation: Pathologist,

Final Review: Pathologist,

Final Review: Pathologist,

Final: Pathologist,

Addendum: Pathologist

Addendum Final: Pathologist, 1

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
IPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 11/23/10	

