lw 5/23/11

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: MG Date Reviewed: 5/19/11 MG

ICD-O-3
carcinoma, infiltrating duct, NOS 8500/3
site: breast, NOS C50.9 lw 5/23/11

DIAGNOSIS

(A) SENTINEL LYMPH NODE #1, LEFT AXILLA, BIOPSY:
One lymph node, no tumor present (0/1).
Cytokeratin stain shows no evidence of metastatic carcinoma.

(B) SENTINEL LYMPH NODE #2, LEFT AXILLA, BIOPSY:
One lymph node, no tumor present (0/1).
Cytokeratin stain shows no evidence of metastatic carcinoma.

(C) LEFT BREAST, SEGMENTAL MASTECTOMY:
INVASIVE DUCTAL CARCINOMA OF BREAST, MODIFIED BLACK'S NUCLEAR GRADE 1 (WELL DIFFERENTIATED). (SEE COMMENT)

INVASIVE CARCINOMA MEASURES 1.6 X 1.6 X 1.2 CM GROSSLY.

No lymphatic/vascular invasion identified.

FOCAL INTRADUCTAL CARCINOMA (DCIS), MODIFIED BLACK'S NUCLEAR GRADE 2 (INTERMEDIATE GRADE), MICROPAPILLARY AND CRIBRIFORM TYPES WITH NECROSIS, COMPRISING LESS THAN 5% OF THE TUMOR.

INVASIVE CARCINOMA ABUTS BUT NOT INVADES INTO THE POSTIERIOR SKELETAL MUSCLE.

Surgical margins are free of tumor.
INVASIVE CARCINOMA IS 1.5 MM TO THE CLOSEST POSTERIOR MARGIN, AND 5.0 MM TO THE INFERIOR MARGIN.

Focal atypical ductal hyperplasia.

Biopsy site changes.

Proliferative fibrocystic change.

(D) NEW DEEP MARGIN, LEFT BREAST, EXCISION:
Benign skeletal muscle, no tumor present.

Entire report and diagnosis completed by

COMMENT

Tumor markers have been performed on prior core biopsy ( ). FISH study for HER2/neu gene amplification will be ordered. Results will be issued in an addendum.

The periphery of the invasive carcinoma shows neuroendocrine features. Although the tumor is negative for the neuroendocrine markers (chromogranin and synaptophysin) on the core biopsy material, these markers will be repeated and report in an addendum.

GROSS DESCRIPTION

(A) SLN #1, LEFT AXILLA, BLUE NO, IN VIVO 147, EX VIVO 200 - One lymph node is identified (2.2 x 2.0 x 1.0 cm). Serially sectioned. Totally submitted in A1-A3.

(B) SLN #2, LEFT AXILLA, BLUE NO, IN VIVO 19, EX VIVO 20 - One lymph node is identified (0.8 x 0.4 x 0.3 cm). Totally submitted in B.
(C) LEFT BREAST SEGMENTAL MASTECTOMY - A specimen of segmental mastectomy (6.0 x 4.5 x 3.0 cm). The specimen is oriented with short stitch at superior aspect and with long stitch at lateral aspect. The specimen is serially sliced from medial to lateral aspect (seven slices). A tumor measuring 1.6 x 1.6 x 1.2 cm is identified, which is 0.2 cm to the closest posterior margin. The tumor appears to be ill-defined, tan-pink-yellow and firm.

INK CODE: Anterior - yellow; posterior - black; superior - blue; inferior - green; medial - orange; lateral - red.

SECTION CODE: C1, C2, medial perpendicular margin; C3, C4, sections from slice 2 (C3, tumor and posterior and inferior margin; C4, posterior and superior margin); C5-C7, sections from slices #3 (C5, tumor and posterior and inferior margin; C6. posterior and superior margin; C7, anterior margin); C8, tissue adjacent to tumor from slice 4; C9, lateral perpendicular margin.

(D) NEW DEEP MARGIN, LEFT BREAST - Received is muscle tissue (4.0 x 2.5 x 0.6 cm) with clips marked as true margin. The true margin is inked black. The specimen is serially sectioned and totally submitted in D1-D5.

CLINICAL HISTORY

Left breast cancer

SNOMED CODES

T-04050, M-85003, M-85002, T-C4714, M-00110

"Some tests reported here may have been developed and performance characteristics determined by
These tests have not been specifically cleared or approved by the U.S. Food and Drug Administration."
Released by:

Start of ADDENDUM

ADDENDUM

Addendum completed by

COMMENT

This addendum is issued to give immunohistochemical results.

Invasive carcinoma is negative for neuroendocrine markers, synaptophysin, chromogranin and CD56. The Ki-67 proliferation index is low (10%).

Released by:

Start of ADDENDUM #2

Addendum # 2

SPECIMEN SOURCE

Left breast

SUMMARY

Tissue section of the invasive carcinoma C5 was evaluated for HER-2/neu gene amplification by interphase fluorescence in situ hybridization technique using the PathVysion HER-2/neu DNA Probe Kit (LSI HER-2/neu SpectrumOrange/CEP17 SpectrumGreen).

Slide adequacy is satisfactory. Sixty tumor nuclei were counted and showed an average of **2.23** copies of LSI HER-2/neu gene per nucleus and an average of **1.93** copies of CEP17 per nucleus.

Negative and positive controls (established by .... with this batch are appropriate.

Two representative images have been archived.

INTERPRETATION

The tumor cells demonstrated **no amplification** of the HER-2/neu gene copy levels (HER-2/neu: CEP17 signal ratio: **1.16**)

Normal levels (HER-2/neu: CEP17 signal ratio) <2.0

NOTES

The LSI HER-2/neu probe is specific for the HER-2/neu gene Locus (17q 11.2-q12) and the CEP 17 DNA probe is specific for the alpha satellite DNA sequence at the centromeric region of Chromosome 17 (17 p11.1 -q11.2).

This test has been cleared and approved for specific uses by the U.S. Food and Drug Administration. Its system is operating within the performance specifications stated in the product insert.

Released by:

------END OF REPORT------