

1CD-0-3

Carcinoma, infiltrating duct, NOS

8500/3 lw

12/8/10

Path Site Code: breast, upper outer quadrant C50.4
CQCF Site: breast, NOS C50.9

TSS

UUID:19360B66-C514-4EE1-ACD7-08873828133E

TCGA-E2-A15F-01A-PR

Redacted

SPECIMENS:

- A. UPPER OUTER QUADRANT LEFT BREAST
- B. LEFT BREAST CANCER
- C. SLN #1
- D. SLN #2
- E. SLN #3



SPECIMEN(S):

- A. UPPER OUTER QUADRANT LEFT BREAST
- B. LEFT BREAST CANCER
- C. SLN #1
- D. SLN #2
- E. SLN #3

INTRAOPERATIVE CONSULTATION DIAGNOSIS:

- A- upper outer quadrant left breast: Lesion 2 mm from posterior margin.
- B- left breast cancer: Tumor at anterior margin.
- TPC, TPD, TPE-sentinel lymph node #1, #2, #3: No tumor seen.
- Diagnoses called by Dr. to Dr. at (C, D, E) and i. (A, B).

GROSS DESCRIPTION:

A. UPPER OUTER QUADRANT LEFT BREAST

Received fresh labeled with the patient's identification and "upper outer quadrant left breast" is an oriented (single-anterior, double-lateral) 18 g, 2.5 x 2.5 x 2 cm needle localized lumpectomy with radiograph. Ink code: Anterior-yellow, posterior-black, medial-green, lateral-red, superior-blue, inferior-orange. Specimen is serially sectioned from lateral to medial in to 8 slices revealing a 0.5 x 0.4 x 0.3 cm firm fibrous area with hemorrhage that is closest to the posterior margin at 0.2 cm. Representatively submitted:

- A1: lateral margin, perpendicular sections
- A2: slice 3, posterior superior
- A3: slice 4, anterior/superior
- A4: slice 4, posterior superior (mass)
- A5: slice 4, anterior/inferior
- A6: slice 6, posterior inferior
- A7: slice 5, superior (mass)
- A8: slice 5, inferior
- A9: slice 6, inferior
- A10: slice 7, superior
- A11: slice 7, inferior
- A12: medial margin, perpendicular sections

B. LEFT BREAST CANCER

Received fresh labeled with the patient's identification and "left breast cancer" is an oriented (single-anterior, double-lateral) needle localized lumpectomy with radiograph. Ink code: Anterior-yellow, posterior-black, medial-green, lateral-right, superior-blue, inferior-orange. Specimen is serially sectioned from medial to lateral into 7 slices revealing a 1.8 x 1.5 x 1.5 cm firm tan stellate mass that is closest to the anterior margin at less than 0.1 cm. Tissue is procured. Representatively submitted:

- B1-B2: medial margin, perpendicular sections
- B3: slice 2, anterior/inferior
- B4: slice 3, mid section
- B5: slice 3, anterior/inferior
- B6: slice 4, anterior/superior (mass)
- B7: slice 4, posterior superior
- B8: slice 4, anterior/inferior
- B9: slice 4, posterior inferior
- B10: slice 5, anterior/superior (mass)
- B11: slice 5, posterior superior
- B12: slice 5, anterior-inferior (mass)
- B13: slice 5, posterior inferior
- B14: slice 6, anterior/inferior
- B15: lateral margin, perpendicular sections
- C. SLN #1

Received fresh labeled with the patient's identification and "SLN #1" is a 2 x 1.5 x 1 cm piece of adipose tissue containing a 1.5-cm lymph node. It is sectioned and a touch prep is performed; lymph node is submitted entirely in cassette C1.

D. SLN #2

Received fresh labeled with the patient's identification and "SLN #2" is a 1.5 x 1 x 0.3 cm piece of adipose tissue containing a 0.5-cm lymph node. A touch prep is performed in the lymph node is submitted entirely in cassette D1.

E. SLN #3

Received fresh labeled with the patient's identification and "SLN #3" is a 2 x 2 x 1 cm piece of adipose tissue containing a 2-cm lymph node. Specimen is sectioned, touch prep is performed, submitted entirely in cassette E1.

DIAGNOSIS:

A. BREAST, LEFT OUTER QUADRANT:

- BREAST TISSUE
- RADIAL SCAR
- PREVIOUS BIOPSY SITE.
- NO MALIGNANCY IS SEEN.

B. BREAST, LEFT, EXCISION:

- INVASIVE DUCTAL CARCINOMA, SBR GRADE II, MEASURING 0.5-CM.
- DUCTAL CARCINOMA-IN-SITU NUCLEAR GRADE 2/3, SOLID TYPE.
- LYMPHOVASCULAR INVASION IS SEEN.
- TUMOR IS VERY CLOSE TO THE ANTERIOR MARGIN (<1 MM).
- PREVIOUS BIOPSY SITE CHANGES.
- SEE SYNOPTIC REPORT.

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

- ONE REACTIVE LYMPH NODE.
- NEGATIVE FOR METASTATIC CARCINOMA (0/1).

D. LYMPH NODE, SENTINEL #1, LEFT AXILLA, EXCISION:

- ONE REACTIVE LYMPH NODE.
- NEGATIVE FOR METASTATIC CARCINOMA (0/1).

E. LYMPH NODE, SENTINEL #1, LEFT AXILLA, EXCISION:

- ONE REACTIVE LYMPH NODE.
- NEGATIVE FOR METASTATIC CARCINOMA (0/1).

SYNOPTIC REPORT - BREAST

Specimens Involved

Specimens: B: LEFT BREAST CANCER

Specimen Type: Excision
Needle Localization: Yes - For mass
Laterality: Left
Invasive Tumor: Present
Multifocality: No
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.8cm
Additional dimensions: 1.5cm x 1.5cm
Tumor Site: Upper outer quadrant
Margins: Negative
Distance from closest margin: Less than 0.1cm
anterior
Tubular Score: 3
Nuclear Grade: 2
Mitotic Score: 1
Modified Scarff Bloom Richardson Grade: 2
Vascular/Lymphatic Invasion: Present
Lobular neoplasia: None
Lymph nodes: Sentinel lymph node only
Lymph node status: Negative 0 / 3

DCIS present

Margins uninvolved by DCIS

DCIS Quantity: Estimate 5%

DCIS Type: Solid

DCIS Location: Associated with invasive tumor

Nuclear grade: Low

Necrosis: Absent

ER/PR/HER2 Results

ER: Positive

PR: Positive

HER2: Negative

Performed on Case: outside core biopsy

Pathological staging (pTN): pT 1c N 0

CLINICAL HISTORY:

- 1) upper outer quadrant radial scar by core biopsy
- 2) 12 o'clock invasive cancer

PRE-OPERATIVE DIAGNOSIS:

Left breast cancer

ADDENDUM:

ONCOTYPE DX BREAST CANCER ASSAY

RESULTS: Recurrence Score: 7

CLINICAL EXPERIENCE: Patients with a recurrence score of 7 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 6%

ER Score: 11.4 Positive

PR Score: 9.7 Positive

Her2 Score: 8.9 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:

The maximum tumor size from the gross description and all slides of the tumor is 1.8cm,

The smaller measurement 0.5cm in the diagnosis refers to a partial tumor measurement from a representative slide of the tumor.

The maximum tumor size 1.8cm is the total final measurement used for the cancer staging in this case. The stage remains unchanged pT1c pN0

Case discussed with Dr.

Microscopic/Diagnostic Dictation: 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		/
IPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 1/22/10	