ICD-O-3
Carcinoma, infiltrating duct, NOS
8500/3 12/8/10
lw
Site Code: breast, NOS C50.9

TSS

SPECIMENS:
A. WLE RIGHT BREAST NEEDLE LOCALIZATION
B. SENTINEL L.N. #1 RIGHT AXILLA
C. SENTINEL L.N. #2
D. SENTINEL L.N. #3
E. SENTINEL L.N. #4

SPECIMEN(S):
A. WLE RIGHT BREAST NEEDLE LOCALIZATION
B. SENTINEL L.N. #1 RIGHT AXILLA
C. SENTINEL L.N. #2
D. SENTINEL L.N. #3
E. SENTINEL L.N. #4

GROSS DESCRIPTION:
A. WLE RIGHT BREAST NEEDLE LOCALIZATION
Received fresh labeled with the patient's identification and "WLE right breast needle localization" is a previously inked 70g, 8 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 9 slices revealing a tan white firm stellate 1.9 x 1.6 x 1.5cm mass, 0.7cm from the closest posterior margin in slices 3-6. Representatively submitted:
A1-A2: lateral margin slice 1
A3: next to mass slice 2
A4-A8: slice 3 with mass – deep margin A4
A9: mass with deep margin slice 4
A10: inferior margin slice 4
A11-A12: slice 5
A13: mass with deep margin slice 6
A14: slice 7
A15: slice 8
A16: medial margin slice 9
B. SLN #1 RIGHT AXILLA
Received fresh is a tan pink lymph node 0.5 x 0.5 x 0.5cm. The specimen is sectioned and a touch prep is taken. Toto B1.
C. SLN #2 RIGHT AXILLA
Received fresh is a tan pink lymph node 0.8 x 0.6 x 0.6cm. The specimen is sectioned and a touch prep is taken. Toto C1.
D. SLN #3 RIGHT AXILLA
Received fresh is a tan pink lymph node 0.9 x 0.5 x 0.5cm. The specimen is sectioned and a touch prep is taken. Toto D1.
E. SLN #4 RIGHT AXILLA
Received fresh is a tan pink lymph node 0.6 x 0.6 x 0.5cm. The specimen is sectioned and a touch prep is taken. Toto E1.

DIAGNOSIS:
A. BREAST, RIGHT, WIDE LOCAL EXCISION:
- INVASIVE DUCTAL CARCINOMA, SBR GRADE 2, MEASURING 1.7-CM, INVOLVING SKELETAL MUSCLE
- INTERMEDIATE NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, CRIBRIFORM TYPE
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
- 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).

SYNOPTIC REPORT - BREAST
Specimen Type: Excision
Needle Localization: Yes - For mass
Laterality: Right
Invasive Tumor: Present
Multifocality: No
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.7cm
Tumor Site: Not specified
Margins: Negative
Distance from closest margin: 0.3cm
inferior
Tubular Score: 2
Nuclear Grade: 2
Mitotic Score: 2
Modified Scarff Bloom Richardson Grade: 2
Necrosis: Absent
Vascular/Lymphatic Invasion: None identified
Lobular neoplasia: None
Lymph nodes: Sentinel lymph node only
Lymph node status: Negative 0 / 4

DCIS present
Margins uninvolved by DCIS
DCIS Quantity: Estimate 1%
DCIS Type: Cribriform
DCIS Location: Associated with invasive tumor
Nuclear grade: Intermediate
Necrosis: Absent

ER/PR/HER2 Results
ER: Positive
PR: Positive
HER2: Pending
Performed on Case:

Pathological staging (pTN): pT 1c N 0

CLINICAL HISTORY:
None provided.

PRE-OPERATIVE DIAGNOSIS:
None provided.

INTRAOPERATIVE CONSULTATION:
A. GROSS EXAMINATION: WLE right breast- 1.9cm mass 0.7cm from closest deep margin. Diagnosis called to Dr. at by Dr.
TPB-TPC-TPD-TPE: Negative for carcinoma. Diagnosis called to Dr. at by Dr.

ADDENDUM:
SYNOPTIC REPORT - BREAST HER-2 RESULTS
Specimen: Surgical Excision
Block Number: A9

Interpretation: EQUIVOCAL
Intensity: 2+
% Tumor Staining: 20%
Fish Ordered: Yes , on Date

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.

PathVysion HER-2 DNA Probe Kit
Case No
Analytical Interpretation of Results: HER-2 NOT AMPLIFIED
Clinical Interpretation of results
Amplification of the HER-2 gene was evaluated with interphase fluorescence in-situ hybridization (FISH) on formalin-fixed paraffin embedded tissue sections using a chromosome 17 centromeric probe and a HER-2 probe that spans the entire HER-2 gene in the Pathology Core Facility by Dr. A majority of tumors cells displayed 2 chromosome 17 signals and 2 HER-2 signals, with a HER-2/CEP 17 Ratio </=2.0, consistent with no amplification of the HER2/neu gene.
Block used A9 Source of case:
Tissue fixation formalin-fixed tissue Outside Case No: NA
Tissue source breast Results interpreted: yes
HER2/CEP17 ratio: 1.02
This ratio is derived by dividing the total number of LSI HER-2/neu signals by the total number of CEP17 signals in at least 20 interphase nuclei with nonoverlapping nuclei in the neoplastic mammary epithelial cells. Cells with no signals or with signals of only one color are disregarded.
Method of ratio enumeration: manual count
Limitations
The Vysis PathVysion Kit is not intended for use to screen for or diagnose breast cancer. It is intended to be used as an adjunct to other prognostic factors currently used to predict disease-free and overall survival in stage II, node-positive breast cancer patients. In making decisions regarding adjuvant CAF treatment, all other available clinical information should also be taken into consideration, such as tumor size, number of involved lymph nodes, and steroid receptor status. No treatment decision for stage II, node-positive breast cancer patients should be based on HER-2/neu gene amplification status alone.
Overview of this test
FDA APPROVED REAGENT
PathVysion HER-2 DNA Probe Kit is FDA approved for selection of patients for whom Herceptin® therapy is being considered. These tests were performed in the
I under the direction
of Dr. The results of these studies should always be interpreted in the context of the clinical, morphological, and immunophenotypic diagnosis.
ONCOTYPE DX BREAST CANCER ASSAY

RESULTS: Recurrence Score: 19
CLINICAL EXPERIENCE: Patients with a recurrence score of: 19 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 12%

ER Score: 10.2 Positive
PR Score: 8.8 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:

Gross Dictation:
Microscopic/Diagnostic Dictation: Pathologist,
Final Review: Pathologist,
Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologist,
Addendum: Pathologist, 1
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	Date Reviewed:	