

TSS:

Carcinoma, infiltrating duct, Nos 8500/3
Path Site Code: breast, upper inner quadrant C50.2
CQCF Site: breast, Nos C50.9

12/29/10
lu

TSS:

SPECIMENS:

- A. LEFT BREAST WLE NEEDLE LOCALIZATION
- B. SLN #1
- C. SLN #2
- D. SLN #3
- E. SLN #4

UUID: 2F35A09A-7EB3-484C-9738-664C8914C116
TCGA-E2-A1B4-01A-PR

Redacted



SPECIMEN(S):

- A. LEFT BREAST WLE NEEDLE LOCALIZATION
- B. SLN #1
- C. SLN #2
- D. SLN #3
- E. SLN #4

INTRAOPERATIVE CONSULTATION DIAGNOSIS:

A- left breast, WLE gross examination only: 1 cm tumor located 1 cm from the closest/posterior margin called by Dr. to Dr. it
TPB/TPC/TPD/TPE-SLN #1, 2, 3, 4: No tumor cells seen by touch prep. Part D. contains only fat tissue called by Dr. to Dr. at

GROSS DESCRIPTION:

A. LEFT BREAST WLE NEEDLE LOCALIZATION

Received fresh with accompanying radiogram is an oriented 41 g lumpectomy specimen with localization needle. The specimen is oriented with a single suture designating anterior, double lateral, triple superior. The specimen measures 5.8 cm from anterior to posterior, 5.2 cm from superior to inferior, and 2.8 cm from medial to lateral. Specimen is inked as follows: inferior-orange, superior-red, lateral-yellow, anterior-blue, medial-green, posterior-black. Specimen is serially sectioned from superior to inferior; there is a firm well-circumscribed white-tan nodule measuring 1 cm located 1 cm from the nearest posterior and anterior margins, 1.8 cm from the lateral margin, 3.1 cm from the medial margin, and greater than 3 cm from the superior and inferior margins. A gross diagnosis is conveyed to O. R. A portion of the mass is submitted for tissue procurement. Specimen is submitted entirely as follows:

A1-A3: superior margin perpendicular sections

A4: slice 2, medial

A5: slice 2, mid

A6: slice 2, lateral

A7: slice 3, medial

A8: slice 3, mid

A9: slice 3, lateral

A10: slice 4, medial

A11: slice 4, mid {lesion}

A12: slice 4, lateral

A13: slice 5, medial

A14-A15: slice 5, mid {lesion}

A16: slice 5, lateral

A17: slice 6, medial

A18: slice 6, mid-anterior {lesion}

A19: slice 6, mid-posterior {lesion}

A20: slice 6, anterior-lateral

A21: slice 6: posterior-lateral

A22: slice 7, medial

A23: slice 7, mid

A24: slice 7, lateral

A25-A26: inferior margin, perpendicular sections

B. SLN #1

Received fresh is a lymph node measuring 0.7 cm in diameter. One touch prep is performed. The specimen is submitted entirely in cassette B1.

C. SLN #2

Received fresh is one lymph node measuring 0.4 cm in diameter. A touch prep is performed. The specimen is submitted entirely in cassette C1.

D. SLN #3

TSS:

Received fresh is a piece of fatty tissue measuring 0.5 x 0.3 x 0.3 cm. A touch prep is performed and the specimen is submitted entirely in cassette D1.

E. SLN #4

Received fresh is a lymph node measuring 0.4 cm in diameter. A touch prep is performed the specimen is submitted entirely in cassette E1.

DIAGNOSIS:

A. BREAST, LEFT, WIDE LOCAL EXCISION:

- INVASIVE, DUCTAL CARCINOMA, SBR GRADE 1, MEASURING 1.2-CM
- INVASIVE TUMOR PRESENT WITHIN 0.15-CM FROM MEDIAL SURGICAL RESECTION MARGIN
- LOW TO INTERMEDIATE NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, CRIBRIFORM TYPE
- DUCTAL HYPERPLASIA INVOLVING INTRADUCTAL PAPILLOMA
- SEE SYNOPTIC REPORTS SEE NOTE.

B. LYMPH NODE, SENTINEL #1, BIOPSY:

- METASTATIC CARCINOMA TO ONE OF ONE LYMPH NODE (1/1), MEASURING 0.5-MM (MICROMETASTASES) WITH NO EXTRANODAL EXTENSION, SEE NOTE.

C. LYMPH NODE, SENTINEL #2, BIOPSY:

- METASTATIC CARCINOMA TO ONE OF ONE LYMPH NODE (1/1), MEASURING 0.6-MM (MICROMETASTASES) WITH NO EXTRANODAL EXTENSION, SEE NOTE.

D. LYMPH NODE, SENTINEL #3, BIOPSY:

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

E. LYMPH NODE, SENTINEL #4, BIOPSY:

- METASTATIC CARCINOMA TO ONE OF ONE LYMPH NODE (1/1), MEASURING 2.0-MM (MICROMETASTASES) WITH NO EXTRANODAL EXTENSION, SEE NOTE.

NOTE: Two foci of intraductal papilloma with usual ductal hyperplasia are identified, one adjacent to the invasive tumor and one at the posterior surgical resection margin. p63 and calponin mark the myoepithelial cell layer in the papilloma. Dr. concurs on this interpretation.

Micrometastases are identified in sentinel lymph nodes #1, #2 (AE 1/3 positive) and #4. The largest tumor metastasis measures 2-mm. The touch preparations were reviewed, no tumor cells identified. Therefore, this discrepancy is due to sampling error.

SYNOPTIC REPORT - BREAST

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: 1.2cm

Tumor Site: Upper inner quadrant

Margins: Negative

Distance from closest margin: 0.15cm
medial

Tubular Score: 1

Nuclear Grade: 2

Mitotic Score: 1

Modified Scarff Bloom Richardson Grade: 1

Necrosis: Absent

TSS:

Vascular/Lymphatic Invasion: None identified
Lobular neoplasia: None
Lymph nodes: Sentinel lymph node only
Lymph node status: Positive 3 / 4
Micrometastases: Yes

DCIS present
Margins uninvolved by DCIS
DCIS Quantity: Estimate 5%
DCIS Type: Cribriform
DCIS Location: Associated with invasive tumor
Nuclear grade: Intermediate
Necrosis: Absent
Location of CA++: DCIS

ER/PR/HER2 Results

ER: Positive
PR: Positive
HER2: Negative

Pathological staging (pTN): pT 1c N mi

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimen: Surgical Excision
Block Number: A18

ER: Positive Allred Score: 8 = Proportion Score 5 + Intensity Score 3
PR: Positive Allred Score: 8 = Proportion Score 5 + Intensity Score 3

COMMENT:

The Allred score for estrogen and progesterone receptors is calculated by adding the sum of the proportion score (0 = no staining, 1 = <1% of cells staining, 2 = 1 - 10% of cells staining, 3 = 11-30% of cells staining, 4 = 31-60% of cells staining, 5 = >60% of cells staining) to the intensity score (1 = weak intensity of staining, 2 = intermediate intensity of staining, 3 = strong intensity of staining), with a scoring range from 0 to 8.

ER/PR positive is defined as an Allred score of >2 and ER/PR negative is defined as an Allred score of less than or equal to 2.

METHODOLOGY:

Tissue was fixed in 10% neutral buffered formalin for no less than 8 and no longer than 24 hours. Immunohistochemistry was performed using the mouse anti-human ER (ER 1D5, 1:100) and PR (PGR 136, 1:100) provided by Dako following the manufacturer's instructions. This assay was not modified. Interpretation of the ER/PR immunohistochemical stain is guided by published results in the medical literature, information provided by the reagent manufacturer and by internal review of staining performance.

SYNOPTIC REPORT - BREAST HER-2 RESULTS

Specimen: Surgical Excision
Block Number: A18

Interpretation: NEGATIVE
Intensity: 1+
% Tumor Staining: 10%
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 (C) 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

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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 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.

CLINICAL HISTORY:

Core biopsy proven cancer upper inner quadrant left breast

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: 11.1 Positive

PR Score: 8.9 Positive

Her2 Score: 9.9 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: Pathologist,

Microscopic/Diagnostic Dictation: Pathologist,

Final Review: Pathologist,

Final: Pathologist,

Addendum: Pathologist,

Addendum Final: Pathologist

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Notes		
Case is (-, Irrecl):	QUALIFIED	DEQUALIFIED
Reviewer Initials		
Date Reviewed		