

1CD-0-3

Carcinoma, infiltrating duct, NOS

8500/3 12/8/10

hw

Path Site Code: breast, upper outer quadrant c50.4
CQCF Site: breast, NOS c50.9

TSS:

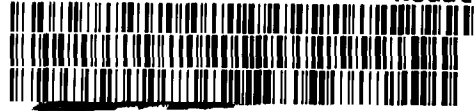
SPECIMENS:

- A. SENTINEL LYMPH NODE #1 LEFT AXILLA
- B. SENTINEL LYMPH NODE #2 LEFT AXILLA
- C. SENTINEL LYMPH NODE #3 LEFT AXILLA
- D. SENTINEL LYMPH NODE #4 LEFT AXILLA
- E. LEFT BREAST

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TCGA-E2-A15J-01A-PR

Redacted



SPECIMEN(S):

- A. SENTINEL LYMPH NODE #1 LEFT AXILLA
- B. SENTINEL LYMPH NODE #2 LEFT AXILLA
- C. SENTINEL LYMPH NODE #3 LEFT AXILLA
- D. SENTINEL LYMPH NODE #4 LEFT AXILLA
- E. LEFT BREAST

INTRAOPERATIVE CONSULTATION DIAGNOSIS:

TPA/TPB/TPC/TPD1/TPD2/TPD3/TPD4-SLN #1, #2, #3, #4: No tumor seen.
Diagnoses called a Dr to Dr. at (A, B, C, D).

GROSS DESCRIPTION:

A. SENTINEL LYMPH NODE #1 LEFT AXILLA

Received fresh labeled with the patient's identification and "SLN #1" is a 1.1 x 0.7 x 0.5-cm lymph node; sectioned, a touch prep is performed, and lymph node is submitted entirely in cassette A1.

B. SENTINEL LYMPH NODE #2 LEFT AXILLA

Received fresh labeled with the patient's identification and "SLN #2" is a 0.8 x 0.6 x 0.4 cm lymph node; sectioned, touch prep is performed, submitted entirely in cassette B1.

C. SENTINEL LYMPH NODE #3 LEFT AXILLA

Received fresh labeled with the patient's identification and "SLN #3" is a 1 x 0.8 x 0.6 cm lymph node; sectioned, a touch prep is performed, and lymph node is submitted entirely in cassette C1.

D. SENTINEL LYMPH NODE #4 LEFT AXILLA

Received fresh labeled with the patient's identification and "SLN #4" are 4 lymph nodes, 0.4 x 0.4 x 0.2 cm, 0.3 x 0.3 x 0.2 cm, 0.3 x 0.2 x 0.2 cm, and 0.3 x 0.2 x 0.2 cm; 4 touch preps are performed, and lymph nodes are submitted respectively and entirely in cassettes D1-D4.

E. LEFT BREAST

Received fresh labeled with the patient's identification and "left breast" is an oriented 574 g, 24 x 19 x 4.5 cm mastectomy with 10.5 x 4 cm skin ellipse and 1.3-cm everted nipple. Ink code: Anterior/superior-blue, anterior/inferior-orange, and posterior-black. Specimen is serially sectioned from lateral to medial into 10 slices with nipple in slice 7 revealing:

1) 3.5 x 3.4 x 2.2 cm area of hemorrhage and containing a biopsy site in the lower outer quadrant to the lower mid section in slices 4-6 at is closest to the anterior margin at 2.3 cm

2) 5.5 cm superior to the biopsy site, in slice 6, is a 1.5 x 1.4 x 1.4 cm irregularly shaped firm tan mass in the upper inner quadrant that is closest to the anterior margin at 0.2 cm.

Within the axillary region is a 1 cm firm tan lymph node. Representatively submitted:

E1: slice 4, LOQ granular region lateral to biopsy site

E2: slice 5, most lateral aspect of area of hemorrhage and biopsy site

E3: slice 6, most inferior aspect of biopsy site extending to the anterior margin/skin

E4: slice 6, most inferior aspect of biopsy site extending to the posterior margin

E5: slice 6, mid anterior region of biopsy site

E6: slice 6, mid posterior region of biopsy site

E7-E8: slice 6, fibrous tissue connecting biopsy site of lesion

E9-E11: slice 6, upper inner quadrant mass including posterior margin (trisected)

E12: slice 7, fibrous tissue medial to biopsy site

E13: slice 7, fibrous tissue medial to mass

E14: slice 10, LIQ

E15: slice 9, UIQ

E16: slice 3, UOQ

E17: slice 2, LOQ

E18-E19: nipple, perpendicular sections

E20: skin and bisected lymph node

DIAGNOSIS:

- A. LYMPH NODE, SENTINEL #1, LEFT AXILLA, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

B. LYMPH NODE, SENTINEL #2, LEFT AXILLA, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

C. LYMPH NODE, SENTINEL #3, LEFT AXILLA, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

D. LYMPH NODE, SENTINEL #4, LEFT AXILLA, EXCISION:
- FOUR LYMPH NODES, NEGATIVE FOR METASTASES (0/4).

E. BREAST, LEFT, MASTECTOMY:
- INVASIVE DUCTAL CARCINOMA, SBR GRADE 1, MEASURING 1.7-CM
- INTERMEDIATE NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, SOLID, CRIBRIFORM, MICROPAPILLARY AND PAPILLARY TYPES WITH CENTRAL NECROSIS, MICROCALCIFICATIONS AND LOBULAR EXTENSION
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
- FIVE LYMPH NODES, NEGATIVE FOR METASTASES (0/5)
- LOW GRADE AND HIGH GRADE (PLEOMORPHIC) LOBULAR CARCINOMA IN SITU
- TWO BIOPSY SITES WITH FIBROSIS AND GRANULATION TISSUE
- SEE SYNOPTIC REPORT AND SEE NOTE.

NOTE: Two lesions are grossly identified, both located in slice #6 (outer quadrants/central). The upper lesion is DCIS extending from slice #4 to slice #6, measuring approximately 3-cm. The second lesion is located centrally showing invasive ductal carcinoma, measuring 1.7-cm. The tissue sections between two lesions (slides #7 and #8) show no invasive or in situ ductal carcinoma.

SYNOPTIC REPORT - BREAST

Specimen Type: Mastectomy
Needle Localization: No
Laterality: Left
Invasive Tumor: Present
Multifocality: No
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.7cm
Tumor Site: Upper outer quadrant
Central
Margins: Negative
Tubular Score: 2
Nuclear Grade: 2
Mitotic Score: 1
Modified Scarff Bloom Richardson Grade: 1
Necrosis: Absent
Vascular/Lymphatic Invasion: None identified
Lobular neoplasia: LCIS
Lymph nodes: Sentinel lymph node only
Lymph node status: Negative 0 / 12

DCIS present
Margins uninvolved by DCIS
DCIS Quantity: Estimate 60%
DCIS Type: Solid
Cribriform
Micropapillary
Papillary
DCIS Location: Both associated and separate from invasive tumor mass
Nuclear grade: Intermediate
Necrosis: Present
Location of CA++: DCIS

ER/PR/HER2 Results
ER: Positive
PR: Positive
HER2: Negative by FISH
Performed on Case:

Pathological staging (pTN): pT 1c N 0

CLINICAL HISTORY:

Left breast invasive cancer with extensive surrounding DCIS

PRE-OPERATIVE DIAGNOSIS:

Left breast cancer

ADDENDUM:**ONCOTYPE DX BREAST CANCER ASSAY**

RESULTS: Recurrence Score: 20

CLINICAL EXPERIENCE: Patients with a recurrence score of: 20 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 13%

ER Score: 8.9 Positive

PR Score: 7.6 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:

Microscopic/Diagnostic Dictation: Pathologist,

Final Review: Pathologist.

Final: Pathologist,

Addendum: Pathologist,

Addendum Final: Pathologist, L

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
Prior Malignancy History		
Unilateral/Synchronous Primary Noted		
Case is (circled)		
Reviewer Initials	QUADIFIED	DISQUALIFIED
Date Reviewed:	8/1/11	