

Collection Date:



FINAL DIAGNOSIS:

- PART 1: BREAST, LEFT AT 2 O'CLOCK, SEED LOCALIZED SEGMENTAL MASTECTOMY (26.95 grams) -
- A. INVASIVE DUCTAL CARCINOMA, 11.0 MM (1.1 CM) IN GREATEST DIMENSION (MEASURED MICROSCOPICALLY), NOTTINGHAM SCORE 7/9 (TUBULES 3, NUCLEAR GRADE 2, MITOTIC ACTIVITY 2), NOTTINGHAM GRADE 2.
 - B. DUCTAL CARCINOMA IN-SITU (DCIS), SOLID AND CRIBRIFORM TYPES, NUCLEAR GRADE 2 WITH ASSOCIATED MICROCALCIFICATIONS AND EXTENSION INTO THE LOBULES, ADMIXED AND ADJACENT TO THE INVASIVE COMPONENT.
 - C. DCIS SPANS AN AREA OF APPROXIMATELY 0.8 CM (8 MM).
 - D. SURGICAL MARGINS ARE NEGATIVE FOR INVASIVE TUMOR; CLOSEST MARGIN IS ANTERIOR AT 0.45 CM (4.5 MM) (See Part 6 for additional anterior margin).
 - E. SURGICAL MARGINS ARE NEGATIVE FOR DCIS; DUCTAL CARCINOMA IN SITU IS 0.15 CM (1.5 MM) FROM THE NEAREST LATERAL MARGIN.
 - F. LYMPHOVASCULAR SPACE INVASION IS IDENTIFIED.
 - G. LOBULAR CARCINOMA IN SITU, CLASSICAL TYPE, NUCLEAR GRADE 1, IS ALSO IDENTIFIED, WITH PAGETOID EXTENSION INTO DUCTS.
 - H. CHANGES CONSISTENT WITH PREVIOUS BIOPSY SITE.
 - I. ATYPICAL DUCTAL HYPERPLASIA.
 - J. ATYPICAL LOBULAR HYPERPLASIA.
 - K. FIBROCYSTIC CHANGE WITH SCLEROSING ADENOSIS.
 - L. THE INVASIVE TUMOR CELLS ARE ESTROGEN RECEPTOR POSITIVE, PROGESTERONE RECEPTOR WEAKLY POSITIVE, HER-2/NEU NEGATIVE (1+), AS PER PREVIOUS PATHOLOGY REPORT [REDACTED]

PART 2: LYMPH NODE, LEFT AXILLA SENTINEL NODE #1, BIOPSY -
ONE LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA (0/1).

PART 3: LYMPH NODE, LEFT AXILLA SENTINEL NODE #2, BIOPSY -
ONE LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA (0/1).

PART 4: LYMPH NODES, LEFT AXILLA SENTINEL NODE #3, BIOPSY -
TWO LYMPH NODES, NEGATIVE FOR METASTATIC CARCINOMA (0/2).

PART 5: LYMPH NODE, LEFT AXILLA SENTINEL NODE #4, BIOPSY -
ONE LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA (0/1).

PART 6: BREAST, NEW ANTERIOR MARGIN, EXCISION (13.4 grams) -

- A. FOCUS OF INVASIVE DUCTAL CARCINOMA, 0.2 CM IN GREATEST DIMENSION, 0.3 CM FROM THE NEW ANTERIOR MARGIN (See comment).
- B. ATYPICAL DUCTAL HYPERPLASIA.
- C. SCLEROSING ADENOSIS.

COMMENT:

In Part 1, immunohistochemical staining for E-cadherin is focally negative and P120 demonstrates focal strong cytoplasmic staining. This immunohistochemical staining pattern supports the diagnosis of lobular carcinoma in situ and atypical lobular hyperplasia.

Part 6: The presence of a 0.2 cm focus of invasive ductal carcinoma is confirmed by immunohistochemical stains for p63 and (see Microscopic Description). The morphologic features of this microscopic focus of carcinoma are similar to the invasive ductal carcinoma in Part 1.

ICD-0-3

Carcinoma, infiltrating duct NOS
8500/3

Site: C5CF (D) Breast NOS C50.9
path (D) Breast, upper-outer
quadrant C50.4

QID 3/28/13

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

Block 1E**Antibody/Antigen**

E-cadherin

P120

Result

Negative in areas of atypical lobular hyperplasia.

Strong positive cytoplasmic staining in areas of atypical lobular hyperplasia.

Utilizing formalin-fixed (8-96 hour range), paraffin embedded tissue, immunohistology is performed with the following selected antibodies and designated antibody clone(s), directed against the following antigenic target(s), with adequate positive and negative internal and external controls. Antibodies are optimized appropriate for fixation times.

ANTIBODY

e-cadherin

p120

CLONE

36

98

TARGET ANTIGEN

Lobular Differentiation

Lobular Differentiation

VENDOR**Block 6F****Antibody/Antigen**

SMMHC

carcinoma

P63

carcinoma

Result

Negative in area of interest; supports focus of invasive ductal

Negative in area of interest; supports focus of invasive ductal

Utilizing formalin-fixed (8-96 hour range), paraffin embedded tissue, immunohistology is performed with the following selected antibodies and designated antibody clone(s), directed against the following antigenic target(s), with adequate positive and negative internal and external controls. Antibodies are optimized appropriate for fixation times.

ANTIBODY

Myosin

p63

CLONE

SMMS-1

4A4

TARGET ANTIGEN

Myoepithelial cells

Myoepithelial cells

VENDOR**CASE SYNOPSIS:****SYNOPTIC - PRIMARY INVASIVE CARCINOMA OF BREAST****LATERALITY:**

Left

PROCEDURE:

Segmental

LOCATION:

Clock position:2

SIZE OF TUMOR:

Maximum dimension invasive component: 11 mm

MULTICENTRICITY/MULTIFOCALITY OF INVASIVE FOCI:

Yes

TUMOR AGGREGATE SIZE:

Sum of the sizes of multiple invasive tumors: 13 mm

TUMOR TYPE (invasive component):

Ductal adenocarcinoma, NOS

NOTTINGHAM SCORE:

Nuclear grade: 2

Tubule formation: 3

Mitotic activity score: 2

Total Nottingham score: 7

Nottingham grade (1, 2, 3): 2

ANGIOLYMPHATIC INVASION:

Yes

DERMAL LYMPHATIC INVASION:

Not applicable

CALCIFICATION:

Yes, malignant zones

TUMOR TYPE, IN SITU:

Cribriform

Solid

DCIS admixed and outside of invasive carcinoma component

Percent of tumor occupied by in situ component: 10 %

SURGICAL MARGINS INVOLVED BY INVASIVE COMPONENT:

No

Distance of invasive tumor to closest margin: 4.5 mm

SURG MARGINS INVOLVED BY IN SITU COMPONENT:

No

Distance of in situ disease to closest margin: 1.5 mm

LYMPH NODES POSITIVE:

0

LYMPH NODES EXAMINED:

5

METHOD(S) OF LYMPH NODE EXAMINATION:

H/E stain

SENTINEL NODE METASTASIS:

No

NON-NEOPLASTIC BREAST TISSUE:

ADH, ALH, FCD

T STAGE, PATHOLOGIC:

pT1c

N STAGE MODIFIER:

(sn)

N STAGE, PATHOLOGIC:

pN0

M STAGE:

Not applicable

ESTROGEN RECEPTORS:

positive, previously performed, H-score: 290

PROGESTERONE RECEPTORS:

positive, previously performed, H-score: 5

HER2/NEU:

1+

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
HPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Dual/Synchronous Primary History		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	BDE	
Date Reviewed	12/23/12	