TSS ID

SPECIMENS:

ICD-O-3
Carcinoma, infiltrating ductal, NOS 8500/3
Path Site: breast, upper outer quadrant C50.4
CQCF Site: breast, NOS C50.9 2/8/11 hw

A. SENTINEL NODE #1 LEFT AXILLA
B. SENTINEL NODE #2
C. WLE LEFT BREAST NEEDLE LOCALIZATION
D. SENTINEL NODE #3
E. SUPERIOR MARGIN
F. SENTINEL NODE #4

SPECIMEN(S):

A. SENTINEL NODE #1 LEFT AXILLA
B. SENTINEL NODE #2
C. WLE LEFT BREAST NEEDLE LOCALIZATION
D. SENTINEL NODE #3
E. SUPERIOR MARGIN
F. SENTINEL NODE #4

UUID:9E2EF2C8-A60D-443D-99B6-205B7053175A
TCGA-E2-A1IF-01A-PR Redacted

GROSS DESCRIPTION:

A. SENTINEL NODE #1 LEFT AXILLA
Received fresh is a tan pink lymph node 1.5 x 1.0 x 1.0cm. The specimen is serially sectioned and touch preps are taken. Toto A1.

B. SENTINEL LYMPH NODE #2. LEFT AXILLA
Received fresh is a tan pink lymph node 0.3 x 0.2 x 0.2cm. The specimen is serially sectioned and touch preps are taken. Toto B1.

C. LEFT BREAST WIDE LOCAL EXCISION NEEDLE LOCALIZATION:
Received in fresh state is a specimen labeled with patient's name and identification number as above and specimen labeled as "wide local excision left breast needle localization". The specimen consists of a resected portion of predominantly fatty breast tissue weighing 122 grams and measures 12.0 x 7.5 x 3.0 cm. Attached portion of skin along the anterior aspect measures 5.0 x 2.2 cm. and skin surface grossly shows no identifiable ulceration. . There is a needle localization wire in place and included radiogram of the specimen indicating the area of density. The margins of the specimen are oriented with sutures, one suture and one clip-anterior, two sutures and two clips-lateral, three clips and three sutures-superior. The margins of the specimen are color coded as follows: red-superior, orange-inferior, blue-anterior, green-lateral, yellow-medial and black-posterior. On serial cut sections, along the off mid portion of the specimen is a tan-white firm tumor measuring 1.5 x 1.5 x 1.0 cm. with a slightly stellate irregular borders seen 1.5 cm. from the deep margin, 1.7 cm. from the superior, 2.2 cm. from the anterior, 3.0 cm. from the lateral margin and 3.0 cm. from the medial margin. The main bulk of the specimen shows a predominantly fatty breast tissue with occasional narrow strands of fibrous stroma There is no other identifiable tumor focus. Multiple sections are submitted in cassettes labelled as follows:

:

C1 through C10: full section of the tumor with margins
- C1- tumor with posterior margin
- C2 -section adjacent to the tumor
- C3 -includes sections of the anterior margin
- C4: includes sections with inferior margin
- C6: includes sections with superior margin

C11-C12: sections that includes medial margin
C13: additional sections from medial margin
C14-C15: sections includes lateral margin
C16: includes sections from the inferior/lateral margin
C17-C18: one en block section
C19-C20: additional sections from tumor without margins

D. SENTINEL NODE #3
Received fresh are two pieces of fatty tissue in aggregate measuring 3 x 3 x 1 cm. One lymph node is identified measuring 0.4 x 0.3 x 0.2 cm. A touch prep is performed and touch prep diagnosis is given. The lymph node is submitted entirely in cassette D1.

E. SUPERIOR MRGIN:
Received labeled with patient name and designated as "superior margin" consists of a 4.7 x 3.0 x 1.0 cm. and weighing 15 grams segment of breast parenchyma. It is oriented with one suture marking true superior margin. The margin is inked. It is serially sectioned and the cross surface shows multiple focal

white areas alternating with yellow breast parenchyma. No discrete is identified. The specimen is submitted entirely in 8 cassettes:
E1-E8: sequentially submitted.
F. SENTINEL NODE #4
Received fresh is a piece of fatty tissue measuring 3 x 2 x 0.5 cm. One lymph node is identified measuring 1.2 x 0.3 x 0.3 cm. A touch prep is performed and touch prep diagnosis is given. The lymph node is submitted entirely in cassette F1.

DIAGNOSIS:
A. SENTINEL NODE #1, LEFT AXILLA:
- ONE LYMPH NODE – NEGATIVE FOR TUMOR (0/1).
B. SENTINEL NODE #2, LEFT AXILLA:
- ONE LYMPH NODE – NEGATIVE FOR TUMOR (0/1).
C. LEFT BREAST, NEEDLE LOCALIZATION WIDE LOCAL EXCISION:
- INVASIVE DUCTAL CARCINOMA, SBR GRADE 2.
- SIZE OF TUMOR: 1.5 x 1.5 x 1.0 CM.
- INVOLUTIONAL CHANGE WITH FOCAL CYSTIC APOCRINE CHANGE –
-MARGINS OF RESECTION -NEGATIVE FOR TUMOR.
D. SENTINEL LYMPH NODE #3, LEFT AXILLA:
- ONE LYMPH NODE – NEGATIVE FOR TUMOR (0/1).
E.. SUPERIOR MARGIN, LEFT BREAST:
- PREDOMINANTLY FATTY BREAST TISSUE – NEGATIVE FOR TUMOR.
F. SENTINEL LYMPH NODE #4:
- ONE LYMPH NODE – NEGATIVE FOR TUMOR (0/1).

SYNOPTIC REPORT - BREAST
Specimens Involved
Specimens: A: SENTINEL NODE #1 LEFT AXILLA
B: SENTINEL NODE #2
C: WLE LEFT BREAST NEEDLE LOCALIZATION
D: SENTINEL NODE #3
E: SUPERIOR MARGIN
F: SENTINEL NODE #4

Specimen Type: Lumpectomy - for mass
Needle Localization: Yes
Laterality: Left
Invasive Tumor: Present
Multifocality: No
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.5cm
Additional dimensions: 1.5cm x 1cm
Tumor Site: Upper outer quadrant
Margins: Negative
Distance from closest margin: Distance from closest margin: 1.5 cm
Posterior
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
Non-neoplastic areas: Involutional changes

DCIS not present

ER/PR/HER2 Results
ER: Positive
PR: Positive
HER2: Pending
Performed on Case: current case- ER-positive (allred score-8);PR-positive-allred score-6)

Pathological staging (pTN): pT 1c N 0

SYNOPTIC REPORT - BREAST, ER/PR RESULTS
Specimens Involved
Specimens: C: WLE LEFT BREAST NEEDLE LOCALIZATION

Specimen: Surgical Excision
Block Number:

ER: Positive Allred Score: 8 = Proportion Score 5 + Intensity Score 3
PR: Positive Allred Score: 6 = Proportion Score 4 + Intensity Score 2

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 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.

PRE-OPERATIVE DIAGNOSIS:
Left Breast Cancer.

INTRAOPERATIVE CONSULTATION:
TPA/TPB: No carcinoma identified. Diagnosis called to Dr. at ,Part A), ,Part B), by Dr.
TPD: Sentinel lymph node number 3 no carcinoma identified called by Dr. related Dr. at
TPF: Lymph node left axillary sentinel excision: No carcinoma identified called by Dr. to Dr. at

C: Gross margins – negative for tumor by Dr.

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

Interpretation: NEGATIVE
Intensity: 1+
% Tumor Staining: 8%
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 , using rabbit anti-human HER2. This assay was not modified. External kit-slides

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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. Department takes full responsibility for this test's performance.

Gross Dictation: , M.D., Pathologist,
Microscopic/Diagnostic Dictation: , M.D., Pathologist,
Gross Dictation: , M.D., Pathologist,
Microscopic/Diagnostic Dictation: , M.D., Pathologist
Final Review: , M.D., Pathologist,
Microscopic/Diagnostic Dictation: , M.D., Pathologist,
Microscopic/Diagnostic Dictation: , M.D., Pathologist,
Final Review: , M.D., Pathologist,
Final: , M.D., Pathologist,
Addendum:, M.D., Pathologist,
Addendum Final:, M.D., 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:		