TSS ID

ICD-O-3
Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 2/8/11
hr

SPECIMENS:
A. SLN #1 RIGHT AXILLA
B. RIGHT BREAST
C. ADDITIONAL ANTERIOR MARGIN

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INTRAOPERATIVE CONSULTATION DIAGNOSIS:
TPA, Lymph node, sentinel, right axilla, biopsy: Negative for carcinoma
Part B, Right breast, Gross examination: Tumor is present at the anterior margin, and at least 0.2-cm from posterior margin
Diagnoses called at .(A) anc ,(B) by Dr.

GROSS DESCRIPTION:
A. SLN #1 RIGHT AXILLA
Received fresh labeled with the patient's patient and designated "sentinel lymph node number one right axilla" is a fragment of lymphoid tissue measuring 1.9 x 1.2 x 0.8 cm. Touch preparation is performed. Entirely submitted, A1.
B. RIGHT BREAST
Received fresh labeled with the patient's identification and designated "right breast" is a previously inked, oriented, 13-g, 4 x 2.5 x 1.5 cm lumpectomy specimen. The short suture designates superior, long-lateral. Ink code: Anterior-yellow, posterior-black, medial-green, lateral-red, superior-blue, inferior-orange. The specimen is serially sectioned from medial to lateral into 6 slices revealing a firm tan mass, 1.2 x 0.9 x 0.7 cm, located 0.1-cm from the nearest anterior margin. A portion of the specimen is submitted for tissue procurement. The remainder of the specimen is entirely submitted:
B1-B2: Perpendicular sections medial margin
B3-B4: Slice 2, B4 demonstrates mass
B5-B6: Slice 3, B6 demonstrates mass
B7-B8: Slice 4, B8 demonstrates mass
B9-B10: Slice 5, B10 demonstrating remainder of mass
B11-B12: Perpendicular sections lateral margin
C. ADDITIONAL ANTERIOR MARGIN
Received fresh labeled with the patient's identification and designated "additional anterior margin" are two previously inked (black at final margin) fragments of adipose tissue together weighing 1 g and measuring 2 x 1 x 0.3 cm in aggregate. The entire specimen is submitted, C1.

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

B. BREAST, RIGHT, WIDE LOCAL EXCISION:
- INVASIVE DUCTAL CARCINOMA, SBR GRADE 3 WITH FOCAL NECROSIS, MEASURING 1.2-CM
- HIGH NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPES WITH CENTRAL NECROSIS, MICROCALCIFICATIONS, AND LOBULAR EXTENSION
- INVASIVE TUMOR INVOLVES ANTERIOR SURGICAL RESECTION MARGIN (SEE PART C)
- BIOPSY SITE CHANGES WITH FIBROSIS
- SEE SYNOPTIC REPORT.

C. BREAST, ADDITIONAL ANTERIOR MARGIN, EXCISION:
- FATTY BREAST TISSUE, NO TUMOR SEEN.

SYNOPTIC REPORT - BREAST
Specimen Type: Excision
Needle Localization: No
Laterality: Right
Invasive Tumor: Present
Multifocality: No
WHO CLASSIFICATION

TSS ID

Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.2cm
Margins: Negative
Distance from closest margin: 0.3cm
inferior
Tubular Score: 3
Nuclear Grade: 2
Mitotic Score: 3
Modified Scarff Bloom Richardson Grade: 3
Necrosis: Present
Vascular/Lymphatic Invasion: None identified
Lobular neoplasia: None
Lymph nodes: Sentinel lymph node only
Lymph node status: Negative 0 / 1

DCIS present
Margins uninvolved by DCIS
DCIS Quantity: Estimate 10%
DCIS Type: Solid
Cribriform
DCIS Location: Associated with invasive tumor
Nuclear grade: High
Necrosis: Present
Location of CA++: DCIS
Benign epithelium

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

Pathological staging (pTN): pT 1c N 0
Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

CLINICAL HISTORY:
None given

PRE-OPERATIVE DIAGNOSIS:
None given

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

Interpretation: EQUIVOCAL
Intensity: 2+
% Tumor Staining: 30%
Fish Ordered: Yes

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.

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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. 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 F
by Dr . A majority of tumors cells displayed moderate polysomy 17 with 2 to 4 chromosome 17 signals and 2 to 4 HER-2 signals, with a HER-2/CEP 17 Ratio </=2.0, consistent with no amplification of the HER2/neu gene.
Block used Source of case:
Tissue fixation formalin-fixed tissue Outside Case No: NA
Tissue source breast Results interpreted: yes
HER2/CEP17 ratio: 1.1
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 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: 18
CLINICAL EXPERIENCE: Patients with a recurrence score of: 18 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 11%

ER Score: 10.2 Positive
PR Score: 9.2 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

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