



SPECIMEN(S): A. LEFT BREAST AND AXILLARY CONTENTS
B. ADDITIONAL AXILLARY CONTENTS
C. LEFT BREAST SKIN AND TISSUE
D. RIGHT BREAST NEEDLE LOCALIZATION
E. ADDITIONAL RIGHT BREAST RETROAREOLAR TISSUE MARGIN

CLINICAL HISTORY:

yo female with left clinical T2N1 IDC, 3.5 cm retroareolar (note ER + primary and ER negative axillary mets) here for L MRM. Also, right breast mass bx shows ADH. Here for R excisional biopsy.

PRE-OPERATIVE DIAGNOSIS:

Left - IDC, Right - ADH

ICD-0-3
carcinoma, infiltrating duct, nos 8500/3
Site: breast, nos C50.9
11/25/12

INTRAOPERATIVE CONSULTATION

FSD: Right breast needle localization- Representative section of mass-no invasive carcinoma on frozen. At least atypical ductal hyperplasia-cannot rule out DCIS-lesion near anterior margin. Diagnosis called to Dr. at by Dr.

DIAGNOSIS:

A. BREAST, LEFT, AND AXILLARY CONTENTS, MODIFIED RADICAL MASTECTOMY:

- INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 2, WITH LOBULAR FEATURES, INVOLVING THE NIPPLE DERMIS.
- 3.4 CM IN SIZE.
- DUCTAL CARCINOMA IN SITU (DCIS), CRIBRIFORM AND SOLID TYPES,
NUCLEAR GRADE 2, WITH NECROSIS AND MICROCALCIFICATIONS.
- MARGINS, NEGATIVE FOR CARCINOMA.
- METASTATIC CARCINOMA IN SEVEN OF EIGHT LYMPH NODES WITH
EXTRANODAL EXTENSION (7/8).

B. ADDITIONAL AXILLARY CONTENTS, LEFT, DISSECTION:

- METASTATIC CARCINOMA IN ONE OF FIVE LYMPH NODES (1/5).

C. BREAST, LEFT, SKIN AND TISSUE, EXCISION:

- SKIN AND ADIPOSE TISSUE, NEGATIVE FOR CARCINOMA.

D. BREAST, RIGHT, NEEDLE LOCALIZATION EXCISIONAL BIOPSY:

- DUCTAL CARCINOMA IN SITU (DCIS), CRIBRIFORM AND PAPILLARY

TYPES, NUCLEAR GRADE 1.
- DCIS IS WITHIN 0.2 CM OF THE DESIGNATED RETROAREOLAR MARGIN AND 0.3 CM FROM THE ANTERIOR MARGIN.
- SEVERAL FOCI OF ATYPICAL DUCTAL HYPERPLASIA (ADH).
- COLUMNAR CELL CHANGE, COMPLEX SCLEROSING LESION WITH USUAL DUCTAL HYPERPLASIA, INTRADUCTAL PAPILLOMAS, CYSTIC APOCRINE METAPLASIA, MICROCALCIFICATIONS AND PREVIOUS BIOPSY SITE CHANGES.

NOTE: DCIS is present in two slides and measures 0.4 cm on a single slide.

E. BREAST, RIGHT, ADDITIONAL RETROAREOLAR TISSUE MARGIN, EXCISION:

- SMALL INTRADUCTAL PAPILLOMA WITH USUAL DUCTAL HYPERPLASIA AND FOCAL PREVIOUS BIOPSY SITE CHANGES.

SYNOPTIC REPORT - BREAST

Specimens Involved

Specimens: A: LEFT BREAST AND AXILLARY CONTENTS
B: ADDITIONAL AXILLARY CONTENTS
C: LEFT BREAST SKIN AND TISSUE

Specimen Type: Mastectomy

Needle Localization: No

Laterality: Left

Invasive Tumor: Present

Multifocality: No

WHO CLASSIFICATION

Invasive ductal carcinoma, NOS 8500/3

Tumor size: 3.4cm

Tumor Site: Central

Margins: Negative

Distance from closest margin: Greater than 2cm deep

Tubular Score: 3

Nuclear Grade: 2

Mitotic Score: 1

Modified Scarff Bloom Richardson Grade: 2

Necrosis: Absent

Vascular/Lymphatic Invasion: None identified

Lobular neoplasia: None

Lymph nodes: Axillary dissection

Lymph node status: Positive 8 / 13 Extranodal extension

Non-neoplastic areas: complex sclerosing lesion, intraductal papillomas, usual ductal hyperplasia

DCIS present

Margins uninvolved by DCIS

DCIS Quantity: Estimate 10%
DCIS Type: Solid
Cribiform
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
Performed on Case:

Pathological staging (pTN): pT 2 N 2
Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimens Involved

Specimens: A: LEFT BREAST AND AXILLARY CONTENTS

Specimen: Surgical Excision
Block Number: A21 (lymph node)

ER:	Positive	Allred Score:	8 = Proportion Score 5 + Intensity Score 3
PR:	Positive	Allred Score:	3 = Proportion Score 2 + Intensity Score 1

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.

SYNOPTIC REPORT - BREAST

Specimens Involved

Specimens: D: RIGHT BREAST NEEDLE LOCALIZATION
E: ADDITIONAL RIGHT BREAST RETROAREOLAR TISSUE MARGIN

Specimen Type: Excision
Needle Localization: Yes

Laterality: Right
Invasive Tumor: Absent
Multifocality: N/A

WHO CLASSIFICATION

Intraductal proliferative lesions
Ductal carcinoma in situ 8500/2

DCIS present

Margins uninvolved by DCIS : see above
DCIS Type: Cribriform
Papillary
Nuclear grade: Low
Necrosis: Absent
Location of CA++: Benign epithelium

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

GROSS DESCRIPTION:

A. LEFT BREAST AND AXILLARY CONTENTS

Received fresh with the patient's identification and designated "left breast and axillary contents" is an oriented 1143g, 19 x 19 x 3.6 cm mastectomy with 14 x 6 cm attached tan-brown skin ellipse and a centrally located, non-retracted 1.2 x 1.4 cm nipple. Ink code: posterior-black, anterior superior-blue, anterior inferior-orange. Serial sectioning from medial to lateral into 14 slices reveals two lesions:

Lesion 1: 3.4 x 3 x 2 cm white-tan, firm, irregular mass at 12:00 in slices 5 and 6, 3 cm from the deep margin.

Lesion 2: 8 x 7 x 3 cm ill-defined nodular and cystic area, involving the LIQ, mid to LOQ and central area in slices 4-9, 2 cm from the deep margin, and inferior and adjacent to lesion 1.

In the axillary tail, there is a 4 x 3.2 x 2 cm mass consistent with tumor involving lymph node(s) as well as several other grossly positive lymph nodes. Representatively submitted as per the attached diagram:

A1-A2: lesion 1 (mass), slice 5, 12:00

A3-A5: lesion 1 (mass), slice 6, 12:00 (biopsy clip in cassette A3)

A6: deep margin, slice 5

A7: lesion 2, slice 4, LIQ

A8: lesion 2, slice 5, central lower

A9: lesion 2, slice 6, central lower

A10: lesion 2, slice 7, LOQ

A11: lesion 2, slice 8, LOQ

A12: lesion 2, slice 8, mid outer quadrant

A13: lesion 2, slice 9, LOQ

A14: deep margin, slice 9

A15: UIQ

A16: UOQ

A17-A19: nipple

A20: skin
A21-A22: representative sections of largest lymph node
A23: one lymph node, representative section
A24: one lymph node, bisected
A25: one possible lymph node, bisected
A26: two lymph nodes
A27: one lymph node, bisected
A28: two lymph nodes
A29-A32: additional axillary tissue.

B. ADDITIONAL AXILLARY CONTENTS

Received fresh labeled with patient identification and designated "additional axillary contents" is a tan-pink to tan-red and hemorrhagic, fibrofatty soft tissue fragment, 3.5 x 2.5 x 1.9 cm. Examination reveals 8-10, firm, tan-white to tan-pink possible lymph nodes ranging in size from 0.2 x 0.2 x 0.2 cm to 0.4 x 0.2 x 0.2 cm. The specimen is entirely submitted as follows:

B1: Possible lymph nodes
B2-B3: The remaining soft tissue

C. LEFT BREAST SKIN AND TISSUE

Received fresh with patient's identification and designated "left breast skin and tissue" are 1) an unoriented, tan-pink to tan-yellow, partially skin covered soft tissue fragment measuring 9.5 x 6.5 x 1.8 cm, serial sectioning reveals no grossly visible/possible masses/lesions. The deep surface of the specimen is inked in black and representatively submitted in C1-C3.

2) A fragment of tan-brown skin (the central part is missing), 2-1.5 x 7.5 x 1 cm, examination reveals no grossly visible lesions, representatively submitted in C4-C5.

D. RIGHT BREAST NEEDLE LOCALIZATION

Received fresh labeled with the patient's identification and "right breast needle localization" is an oriented 31g, 7 x 5 x 3cm needle localized lumpectomy with radiograph. Ink code: retroareolar – purple, anterior-yellow, posterior-black, superior-blue, inferior-orange, medial-green, lateral-red. Specimen is serially sectioned from lateral to medial into 7 slices revealing a 1.4 x 1 x 1cm tan white irregular mass, 0.1cm from the anterior-retroareolar margin in slices 3-4. A 0.5 x 0.5 x 0.3cm tan white firm area is also identified, at the anterior-lateral-inferior margin of slice 1. A biopsy clip is identified in slice 2 adjacent to the firm area in slice 1. A portion of the 1.4 cm mass is submitted for frozen section in FSD. Representatively submitted:

FSD: 1.4 cm mass slice 3
D2-D4: lateral margin with 0.5 cm firm area in D4
D5-D8: slice 2 with clip ID in D8
D9: superior margin slice 3
D10: posterior margin slice 3
D11-D12: inferior margin slice 3
D13-D14: superior margin slice 4
D15: mass with anterior margin slice 4
D16: posterior margin slice 4

D17: inferior margin slice 4
 D18-D19: anterior margin slice 5
 D20-D21: posterior margin slice 5
 D22: superior margin slice 6
 D23: anterior margin slice 6
 D24: posterior margin slice 6
 D25: inferior margin slice 6
 D26-D27: medial margin slice 7

E. ADDITIONAL RIGHT BREAST RETROAREOLAR TISSUE MARGIN

Received fresh labeled with the patient's identification and 'additional right breast retroareolar tissue' is an oriented 5g, 4.5 x 3.8 x 1.4cm tan pink fibrofatty tissue. Final margin is inked blue. Serial sectioning reveals no discrete lesions. Entirely submitted in E1-E4.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
Histologic Discrepancy		
Prior Malignancy History		
Drugs: chemotherapy, radiation, hormone therapy		
Case is (circled):		
Reviewer: Initials		

Date Reviewed: 12/27/17
 Initials: [Signature]