

100-0-3

Carcinoma, infiltrating duct, NOS

8500/3 12/8/10

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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. LEFT BREAST
- D. LEFT BREAST SKIN
- E. RIGHT BREAST TISSUE

UUID: 8FEBDA40-59FF-4E76-A9B1-F46B87C3E4A
TCGA-E2-A15T-B1A-PR

Redacted



SPECIMEN(S):

- A. SENTINEL LYMPH NODE #1 LEFT AXILLA
- B. SENTINEL LYMPH NODE #2 LEFT AXILLA
- C. LEFT BREAST
- D. LEFT BREAST SKIN
- E. RIGHT BREAST TISSUE

INTRAOPERATIVE CONSULTATION DIAGNOSIS:

TPA/TPB-SLN #1, #2: Negative for carcinoma.
Diagnosis called by Dr. to Dr. at (A, B).

GROSS DESCRIPTION:

A. SENTINEL LYMPH NODE #1 LEFT AXILLA

Received fresh labeled with the patient's identification and "sentinel LN #1" is a fragment of yellow fibroadipose tissue, 5 x 3 x 1 cm containing a lymph node measuring 2 x 1 x 0.9 cm. The lymph node is sectioned and a touch prep performed; lymph node submitted entirely in A1.

B. SENTINEL LYMPH NODE #2 LEFT AXILLA

Received fresh labeled with the patient's identification and "sentinel LN #2" is a fragment of yellow fibroadipose tissue measuring 2.5 x 1.5 x 1 cm containing a 1.5 x 1 x 0.9 cm lymph node. It is sectioned, a touch prep is performed, and lymph node is submitted entirely in B1.

C. LEFT BREAST

Received fresh labeled with the patient's identification and "left breast" is an oriented 1408 g, 28 x 20 x 4 cm mastectomy with 17 x 7 cm skin ellipse and a 0.9 cm everted nipple. Ink code: Anterior/superior-blue, anterior/inferior-orange, posterior-black. Specimen is serially sectioned into 12 slices from lateral to medial with nipple in slice 7 revealing a 7.2 x 5.8 x 3.2 cm ill-defined infiltrating mass extending from the 12 to 3 o'clock positions in the upper outer quadrant in slices 3-7 that is closest to the anterior margin at 1.2 cm. In the axillary region is a possible lymph node, 2.3 x 1.5 x 0.6 cm. Representatively submitted:

- C1: slice 2, UOQ lateral to lesion
- C2-C3: slice 3, UOQ lesion (bisected)
- C4: slice 4, UOQ superior portion of lesion
- C5-C6: slice 4, UOQ lesion (bisected)
- C7: slice 4, LOQ inferior lesion
- C8: slice 5, UOQ superior to lesion
- C9: slice 5, posterior margin (grossly closest deep margin)
- C10: slice 6, mid section including lesion
- C11: slice 7, mid section
- C12: slice 8, medial to lesion
- C13: slice 9, UIQ
- C14: slice 11, LIQ
- C15: slice 2, LOQ
- C16: slice 1, UOQ
- C17: possible lymph node
- C18-C19: skin and nipple (bisected perpendicular sections)

D. LEFT BREAST SKIN

Received in formalin labeled with the patient's identification and "left breast skin" is an unoriented tan pink skin excision 32 x 1 cm excised to a depth ranging from 0.4cm to 1.8cm. The skin surface is grossly unremarkable. Representatively submitted in D1-D2.

E. RIGHT BREAST TISSUE

Received in formalin labeled with the patient's identification and "right breast tissue" is a 236g, 27 x 12 x 5.4cm aggregate of fibrofatty tissue with attached unremarkable tan pink skin 10.5 x 4.3cm. The specimen is serially sectioned to reveal unremarkable breast parenchyma. Representatively submitted in B1-B2.

DIAGNOSIS:

- A. SENTINEL LYMPH NODE 1, LEFT AXILLA, BIOPSY:
 - ONE LYMPH NODE, NO TUMOR SEEN (0/1).

B. SENTINEL LYMPH NODE 2, LEFT AXILLA, BIOPSY:

- ONE LYMPH NODE, NO TUMOR SEEN (0/1).

C. BREAST, LEFT, SIMPLE MASTECTOMY:

- INVASIVE DUCTAL CARCINOMA, SBR GRADE 2, WITH MUCINOUS FEATURES.
 - INVASIVE CARCINOMA MEASURES AT LEAST 3 CM.
 - MARGINS, FREE OF TUMOR.
- DUCTAL CARCINOMA IN SITU (DCIS), MICROPAPILLARY, PAPILLARY, CRIBRIFORM, AND SOLID TYPES, NUCLEAR GRADE 2, WITH NECROSIS.
- SKIN, NIPPLE, AND SKELETAL MUSCLE, NO TUMOR SEEN.

NOTE: The tumor involves the upper outer quadrant and consists of multiple foci of invasive carcinoma admixed with DCIS. On a single slide, the largest focus of invasive carcinoma measures at least 3 cm. Invasive carcinoma spans an area ~ 7 cm.

D. SKIN, LEFT BREAST, EXCISION:

- SKIN, NO TUMOR SEEN.

E. BREAST, RIGHT, EXCISION:

- APOCRINE METAPLASIA AND STROMAL FIBROSIS.
- BENIGN SKIN.

SYNOPTIC REPORT - BREAST

Specimen Type: Mastectomy
Needle Localization: No
Laterality: Left
Invasive Tumor: Present
Multifocality: Yes
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 3cm
Tumor Site: Upper outer quadrant
Margins: Negative
Tubular Score: 3
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
Lymph node status: Negative 0 / 2

DCIS present

Margins uninvolved by DCIS
DCIS Quantity: Estimate 35%
DCIS Type: Solid
Cribriform
Micropapillary
Papillary
DCIS Location: Associated with invasive tumor
Nuclear grade: Intermediate
Necrosis: Present

ER/PR/HER2 Results

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

Pathological staging (pTN): pT 2 N 0
Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

CLINICAL HISTORY:

Multicentric cancer left breast; two areas where core biopsy showed invasive cancer

ADDENDUM:

ONCOTYPE DX BREAST CANCER ASSAY

RESULTS: Recurrence Score: 21
CLINICAL EXPERIENCE: Patients with a recurrence score of: 21 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 14%

ER Score: 12.1 Positive
PR Score: 5.5 Positive
Her2 Score: 10.3 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:

Final Review: Pathologist, (
Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologis

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HPAA Discrepancy		/
Prior Malignancy History		/
Local/Synchronous Primary Nodes		/
Case in (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	11/2/10	