

TSS

ICD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Path Site: breast, upper outer quadrant C50.4  
CQCF Site: breast, NOS C50.9

2/15/11  
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**SPECIMENS:**

- A. ADDITIONAL AXILLARY NODES
- B. LEFT BREAST WITH AXILLARY CONTENTS LEVELS 1 & 2

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**GROSS DESCRIPTION:**

**A. ADDITIONAL AXILLARY NODES LEFT**

Received in formalin are multiple tan-pink fragments of fibrofatty tissue aggregating to 4.0 x 4.0 x 2.0 cm. Dissection reveals 7 possible lymph nodes ranging from 0.2 x 0.2 x 0.2 cm to 2.0 x 1.5 x 1.5 cm.

- A1: 4 possible lymph nodes
- A2: 4 possible lymph nodes
- A3: 2 possible lymph nodes
- A4-A5: 1 lymph node serially sectioned

**B. LEFT BREAST WITH AXILLARY CONTENTS LEVELS 1 & 2**

Received fresh is a 2,422 gm oriented radical mastectomy specimen, 31 x 27 x 10 cm. The specimen is partially surfaced with a tan-brown ellipse of skin, 27 x 14.5 cm. The centrally located darkened areola rim measures 3.0 cm and the partially flattened nipple measures 1.0 cm. The skin surface is remarkable for a gray-white linear well healed scar, 3.5 cm in length and measuring 6.0 cm from the nipple in the upper outer quadrant. The specimen is inked as follows: anterior/superior-blue, anterior/inferior-orange, posterior-black. The specimen is serially sectioned from medial to lateral into 13 slices; slice 1 being most medial, slice 13 being most lateral. The nipple is located in slice four. The cut surface reveals a gray-white firm/necrotic ill defined mass located in the upper outer central outer quadrant in slice 6, 7 8 and 9, measuring 0.6 cm from the closest deep margin. The mass measures 9.0 x 8.0 x 4.0 cm, and corresponds to the scar on the skin surface. The remainder of the specimen reveals yellow lobulated adipose tissue interdispersed with gray-white fibrous tissue. The axillary tail measures 8.0 x 5.0 x 4.0 cm. Dissection reveals 27 possible lymph nodes ranging from 0.1 x 0.1 x 0.1 cm to 2.0 x 1.5 x 1.5 cm. Slice 11 and 12 are remarkable for 3 large firm lymph nodes, ranging from 1.0 x 0.8 x 0.8 cm to 5.0 x 2.0 x 2.0 cm. Portion of the specimen is submitted for tissue procurement.

Representative sections are submitted as follows:

- B1: 1 lymph node, serially sectioned slice 11
- B2-B5: 1 lymph node, serially sectioned slice 11 & 12
- B6-B12: 1 lymph node, serially sectioned slice 11 & 12
- B13: 5 possible lymph nodes
- B14: 4 possible lymph nodes
- B15: 5 possible lymph nodes
- B16: 4 possible lymph nodes
- B17: 3 possible lymph nodes
- B18: 2 possible lymph nodes
- B19: 2 possible lymph nodes
- B20: 1 lymph node, trisected
- B21-B22: 1 lymph node, serially sectioned
- B23-B24: nipple serially sectioned slice 4
- B25: base of nipple slice 4
- B26: scar with skin slice 7
- B27: upper inner quadrant slice 2
- B28: upper inner quadrant slice 3
- B29: lower inner quadrant slice 2
- B30: lower inner quadrant slice 3
- B31: lower inner quadrant with inferior margin slice 3
- B31: upper central slice 4
- B32: lower central slice 4
- B33: upper outer quadrant with superior margin slice 5
- B34: upper outer quadrant slice 5
- B35: area immediately adjacent to mass slice 5
- B36: area immediately adjacent to mass slice 5
- B37: mass with deep margin and muscle slice 6 upper outer quadrant at deep margin
- B38: mass slice 6
- B39: deep margin slice 6

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TCGA-E2-A1LL-01A-PR

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B40: mass with deep margin slice 7  
B41: mass with deep margin slice 7 upper outer quadrant mass with skin slice 7  
B42: mass slice 7 upper outer quadrant  
B43: skin, slice 8 upper outer quadrant  
B44: mass with deep margin slice 8 upper outer quadrant  
B45: mass with deep margin slice 8 upper outer quadrant  
B46: mass with deep margin slice 9 upper outer quadrant  
B47: lower outer quadrant with inferior margin slice 7  
B48: inferior margin slice 8  
B49: area immediately adjacent to mass upper outer quadrant slice 10  
B50: deep margin upper outer quadrant slice 10

**DIAGNOSIS:**

A. LYMPH NODES, ADDITIONAL, LEFT AXILLARY, DISSECTION:  
- TEN LYMPH NODES, NEGATIVE FOR METASTASES (0/10).

B. BREAST, LEFT, MASTECTOMY AND AXILLARY CONTENTS LEVELS 1 AND 2 DISSECTION:  
- INVASIVE, DUCTAL CARCINOMA, SBR GRADE 3 WITH SQUAMOUS  
FEATURES AND NECROSIS, MEASURING 9-CM  
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR  
- LOBULAR CARCINOMA IN SITU  
- METASTATIC CARCINOMA TO FIVE OF THIRTY FOUR LYMPH NODES  
(5/34), WITH EXTRANODAL EXTENSION, LARGEST MEASURING 1.5-CM  
- SEE SYNOPTIC REPORTS.

**SYNOPTIC REPORT - BREAST**

Specimen Type: Mastectomy  
Needle Localization: No  
Laterality: Left  
Invasive Tumor: Present  
Multifocality: No  
**WHO CLASSIFICATION**  
Invasive ductal carcinoma, NOS 8500/3  
Tumor size: 9cm  
Tumor Site: Upper outer quadrant  
Central  
Margins: Negative  
Tubular Score: 3  
Nuclear Grade: 3  
Mitotic Score: 3  
Modified Scarff Bloom Richardson Grade: 3  
Necrosis: Present  
Vascular/Lymphatic Invasion: None identified  
Lobular neoplasia: LCIS  
Lymph nodes: Axillary dissection  
Lymph node status: Positive 5 / 44 Extranodal extension

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DCIS not present

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**ER/PR/HER2 Results**

ER: Negative  
PR: Negative  
HER2: Negative

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Pathological staging (pTN): pT 3 N 2a

**SYNOPTIC REPORT - BREAST, ER/PR RESULTS**

Specimen: Surgical Excision

Block Number: B44

ER: Negative Allred Score: 0 = Proportion Score 0 + Intensity Score 0

PR: Negative Allred Score: 0 = Proportion Score 0 + Intensity Score 0

**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 HER-2 RESULTS**

Specimen: Surgical Excision

Block Number: B44

Interpretation: **NEGATIVE**

Intensity: 1+

% Tumor Staining: 5%

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

**CLINICAL HISTORY:**

year old with left breast ca

**PRE-OPERATIVE DIAGNOSIS:**

Left breast ca

Gross Dictation: Pathologist, I

Microscopic/Diagnostic Dictation: Pathologist,

Microscopic/Diagnostic Dictation: Pathologist, I

Final Review: Pathologist,

Final Review: Pathologist,

Final Review: Pathologist,

Final: Pathologist,

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Jctod		
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials	Date Reviewed: 2/11/11	