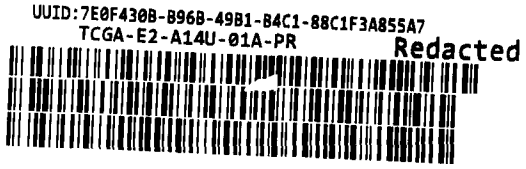
ICD-O-3
Carcinoma, infiltrating lobular, NOS
8520/3 12/8/10
fw

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

TSS



SPECIMENS:

A. SENTINEL LYMPH NODES #1 & #2
B. SENTINEL LYMPH NODE #3
C. SENTINEL LYMPH NODES #4 & #5
D. SENTINEL LYMPH NODE #6
E. RIGHT BREAST WLE NEEDLE LOCALIZATION
F. SENTINEL LYMPH NODE #7

SPECIMEN(S):

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INTRAOPERATIVE CONSULTATION DIAGNOSIS:

TPA1/TPA2/TPB/TPC1/TPC2/TPC3/TPD/TPF-SLN #1&2/SLN #3/SLN #4&5/SLN #6/ SLN #7: No tumor cells seen called by Dr. to Dr. at n{A}., .{B,C}, n.{D}, .{E,F}.
C-right breast wide local excision needle localization: Tumor is 1.7 cm located 1.3 cm from the nearest/lateral margin called by Dr to Dr. at

GROSS DESCRIPTION:

A. SENTINEL LYMPH NODE #1 &2
Received fresh are two lymph nodes measuring 0.5 x 0.4 x 0.2 cm and 0.4 x 0.3 x 0.2 cm. Two touch preps are performed and 2 lymph nodes are submitted in cassettes A1-A2.
B. SLN #3
Received fresh is a lymph node measuring 0.2 x 0.2 x 0.2 cm. One touch prep is performed and the lymph node is submitted in cassette B1.
C. SLN #4 & 5
Received fresh are 3 lymph nodes each, 0.2 x 0.2 x 0 .2 cm; 3 touch preps are performed and the lymph node is submitted separately in cassettes C1-C3.
D. SLN #6
Received fresh is a lymph node measuring 0.3 x 0.2 x 0.2 cm. One touch prep performed and the lymph node is submitted entirely in cassette D1.
E. RIGHT BREAST WIDE LOCAL EXCISION NEEDLE LOCALIZATION
Received fresh is an oriented (single-anterior, double-lateral, triple-superior,) 78 g, 5.5 x 4.5 x 5 cm needle localized lumpectomy with radiograph. Ink code: anterior-blue, posterior-black, superior-red, inferior-orange, medial-green, lateral-yellow. Specimen is serially sectioned into 5 slices revealing a 2.3 x 1.7 x 1.5 cm firm stellate tan mass that is closest to the lateral margin at 1.3 cm. Tissue is procured. 80% of the specimen is submitted as follows:
E1-E3: mid lateral margin, perpendicular sections
E4: slice 2, mid
E5: slice 2, mid posterior
E6: slice 3, superior anterior
E7: slice 3, inferior anterior
E8: slice 3, mid superior anterior
E9: slice 3, mid inferior anterior
E10: slice 3, mid superior posterior
E11: slice 3, mid inferior posterior{mass}
E12: slice 3, superior posterior
E13: slice 3, inferior posterior
E14: slice 4, superior anterior
E15: slice 4, inferior anterior
E16: slice 4, mid anterior/superior
E17: slice 4, mid inferior anterior
E18: slice 4, mid superior posterior
E19: slice 4, mid posterior inferior
E20: slice 4, superior posterior
E21: slice 4, mid posterior
E22: slice 4, inferior posterior
E23-E28: portion of medial margin, perpendicular sections
F. SLN #7

Received fresh is a lymph node measuring 0.5 x 0.4 x 0.3 cm. One touch prep is performed the lymph node is submitted entirely in cassette F1.

DIAGNOSIS:

A. LYMPH NODES, SENTINEL #1 AND #2, EXCISION:
- TWO LYMPH NODES, NEGATIVE FOR METASTASES (0/2)
- AE 1/3 NEGATIVE.

B. LYMPH NODE, SENTINEL #3, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1)
- AE 1/3 NEGATIVE.

C. LYMPH NODES, SENTINEL #4 AND #5, EXCISION:
- THREE LYMPH NODES, NEGATIVE FOR METASTASES (0/3)
- AE 1/3 NEGATIVE.

D. LYMPH NODE, SENTINEL #6, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1)
- AE 1/3 NEGATIVE.

E. BREAST, RIGHT, WIDE LOCAL EXCISION WITH NEEDLE LOCALIZATION:
- INVASIVE LOBULAR CARCINOMA, SBR 2, MEASURING 1.8-CM
- LOBULAR CARCINOMA IN SITU
- FOCAL ATYPICAL DUCTAL HYPERPLASIA
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
- SEE SYNOPTIC REPORT AND SEE NOTE.

F. LYMPH NODE, SENTINEL #7, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1)
- AE 1/3 NEGATIVE.

NOTE: Invasive lobular carcinoma is identified. The tumor measured on two contiguous sections (slides #E16 and E18) (1.8-cm). A satellite invasive tumor is identified, 0.5-cm from the main mass, measuring 1 mm (slide #E16).

SYNOPTIC REPORT - BREAST
Specimen Type: Excision
Needle Localization: Yes - For mass
Laterality: Right
Invasive Tumor: Present
Multifocality: No
WHO CLASSIFICATION
Invasive lobular carcinoma 8520/3
Tumor size: 1.8cm
Tumor Site: Upper outer quadrant
Margins: Negative
Tubular Score: 3
Nuclear Grade: 2
Mitotic Score: 1
Modified Scarff Bloom Richardson Grade: 2
Necrosis: Absent
Vascular/Lymphatic Invasion: None identified
Lobular neoplasia: LCIS
Lymph nodes: Sentinel lymph node only
Lymph node status: Negative 0 / 8

DCIS not present

ER/PR/HER2 Results
ER: Positive
PR: Positive
HER2: Pending by FISH

Pathological staging (pTN): pT 1c N 0

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimen: Surgical Excision
Block Number: E18

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

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 Dako 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: E18

Interpretation: EQUIVOCAL
Intensity: 2+
% Tumor Staining: 40%
Fish Ordered: Yes , on Date

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 female with abnormal mammogram The right breast upper outer quadrant 2.5-cm Mass appeared biopsy invasive lobular carcinoma.

PRE-OPERATIVE DIAGNOSIS:
Right breast cancer

INTRAOPERATIVE CONSULTATION DIAGNOSIS:
E – right breast wide local excision needle localization: Tumor is 1.7 cm located 1.3 cm from the nearest/lateral margin called by Dr to Dr. at

ADDENDUM:
The purpose of this addendum is to correct a typo found in the intraoperative consultation diagnosis area above reporting the results of the gross examination for the right breast wide local excision needle localization specimen and is as follows:
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 by Dr. A majority of tumors cells displayed 2 chromosome 17 signals and 2 HER-2 signals, with a HER-2/CEP 17 Ratio </=2.0, consistent with no amplification of the HER2/neu gene.
Block used E18 Source of case:

Tissue fixation formalin-fixed tissue Outside Case No: NA
Tissue source breast Results interpreted: yes
HER2/CEP17 ratio: 1.04

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 in the under the direction 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: 9

CLINICAL EXPERIENCE: Patients with a recurrence score of: 9 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 6%

ER Score: 11.3 Positive
PR Score: 8.3 Positive
Her2 Score: 10 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:

Gross Dictation: Pathologist, 1
Microscopic/Diagnostic Dictation: Pathologist.
Final Review: Pathologist.
Final: Pathologist, 1
Addendum Review: Pathologist,
Addendum Final: Pathologist.
Addendum: Pathologist,
Addendum Final: Pathologist,
Addendum: Pathologist, C
Addendum Final: 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:	