

TSS:

ICD-0-3

Carcinoma, infiltrating ductal, NOS
8500/3

SPECIMENS:

- A. NON-SENTINEL NODES RIGHT AXILLA
- B. RIGHT BREAST

Path Site: breast, upper inner quadrant 2/15/11 per
C50.2

SPECIMEN(S):

- A. NON-SENTINEL NODES RIGHT AXILLA
- B. RIGHT BREAST

CQCF Site: breast, NOS C50.9

INTRAOPERATIVE CONSULTATION DIAGNOSIS:

TPA: Lymph nodes, right axillary non-sentinel, biopsy: Two lymph nodes positive for carcinoma on touch prep.

By Dr. called to Dr.

GROSS DESCRIPTION:

A. NON-SENTINEL NODES RIGHT AXILLA

Received fresh and labeled with the patient name designated "A – non-sentinel nodes right axilla", are 2 portions of fibroadipose tissue demonstrating 2 presumptive palpable lymph nodes; one lymph node measures 3.5 x 1.2 x 0.8 cm, the second measures 2.0 x 1.2 x 0.7 cm. Both nodes are bisected. Touch prep performed. One lymph node is submitted in cassette A1 and the second is submitted in cassette A2.

B. RIGHT BREAST

Received fresh and labeled with the patient name designated "B – right breast", is a resected mastectomy specimen weighing 1,383 grams and measuring 29.5 x 22.0 x 4.0 cm. The attached axillary tail measures 13.0 x 7.2 x 1.5 cm. A suture indicates the axillary region. The posterior margin is inked black. The white-beige ellipse of overlying skin measures 21.8 x 11.0. The light beige areola measures 3.5 cm in diameter. The inverted nipple measures 1.0 cm in diameter. The surface of the skin is dense and wrinkled. The specimen is serially sectioned from medial to lateral. Cut section shows two firm beige distinct lesions; the larger lesion is located in the lower inner quadrant in the subareolar region and measures 3.6 x 2.2 x 1.5 cm located 4.4 cm from the smaller lesion. The smaller lesion is firm present in the upper inner quadrant measuring 1.0 x 0.9 x 0.8 cm. The larger lesion is 5.1 cm from the deep margin. The smaller lesion approaches the deep margin at a distance of 2.0 cm. The remainder of the specimen shows dark yellow lobulated adipose tissue. Many firm lymph nodes are demonstrated in the axillary tail ranging in size from 0.5 x 0.5 x 0.4 cm up to 2.5 x 2.0 x 1.0 cm. A portion of the specimen is submitted for tissue procurement. Representative sections are submitted as follows:

B1-B2: The smaller lesion submitted entirely with overlying deep margin

B3-B9: Sections from the larger lesion

B10: Margin overlying the larger lesion

B11-B13: Sections of nipple

B14: Section of skin adjacent to nipple

B15: Additional section of skin

B16-B17: Representative sections upper outer quadrant

B18-B19: Representative sections lower outer quadrant

B20: Additional section upper inner quadrant

B21-B22: One bisected lymph node

B23: One-half of one bisected lymph node

B24: One bisected lymph node

B25: Three possible lymph nodes

B26: Three possible lymph nodes

B27: Four possible lymph nodes

B28: Four possible lymph nodes

B29: Four possible lymph nodes

B30: One lymph node

B31: One lymph node

B32: One lymph node

UUID: 42E3E8C1-D18A-4457-B2F0-FE49F4C027D7
TCGA-E2-A1LE-01A-PR

Redacted



DIAGNOSIS:

- A. LYMPH NODE, NON-SENTINEL, RIGHT AXILLA, BIOPSY:
 - METASTATIC CARCINOMA TO TWO OF TWO LYMPH NODES (2/2), MEASURING 2-CM, WITH EXTRANODAL EXTENSION.

TSS:

- B. BREAST, RIGHT, MASTECTOMY AND AXILLARY NODE DISSECTION:**
- MULTIFOCAL, INVASIVE, DUCTAL CARCINOMA, SBR GRADE 3, LARGEST MEASURING 3.6-CM, PRESENT IN THE LOWER INNER AND UPPER INNER QUADRANTS AND INVOLVES NIPPLE AND ADJACENT SKIN
 - SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
 - EXTENSIVE LYMPHOVASCULAR INVASION IDENTIFIED
 - METASTATIC CARCINOMA TO TWENTY FIVE OF TWENTY SIX LYMPH NODES (25/26), LARGEST MEASURING 2.1-CM, WITH EXTENSIVE EXTRANODAL EXTENSION
 - SEE SYNOPTIC REPORT AND SEE NOTE.

NOTE: Breast biomarkers have been ordered and addendum report to follow.

SYNOPTIC REPORT - BREAST

Specimen Type: Mastectomy
Needle Localization: No
Laterality: Right
Invasive Tumor: Present
Multifocality: Yes
Tumor size: 3.6cm
Tumor Site: Upper inner quadrant
Lower inner quadrant and nipple and adjacent skin
Margins: Negative
Tubular Score: 3
Nuclear Grade: 3
Mitotic Score: 3
Modified Scarff Bloom Richardson Grade: 3
Necrosis: Absent
Vascular/Lymphatic Invasion: Present
Extent: extensive
Lobular neoplasia: None
Lymph nodes: Axillary dissection
Lymph node status: Positive 27 / 28 Extranodal extension

DCIS not present

ER/PR/HER2 Results

ER: Pending
PR: Pending
HER2: Pending

Pathological staging (pTN): pT 2 N 3a

CLINICAL HISTORY:

A -year-old Caucasian female post menopausal abnormal mammogram. Biopsy showed an adenocarcinoma, ER/PR-, Her2+, 2 masses at right breast seen. One at 12 o'clock position subareolar, 2nd mass at 1 o'clock posterior to 1st mass (3.0 cm).

PRE-OPERATIVE DIAGNOSIS:

Infiltrating adenocarcinoma

ADDENDUM:

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimen: Surgical Excision
Block Number: B4

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

TSS:

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: B4

Interpretation: POSITIVE

Intensity: 3+

% Tumor Staining: 90%

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

Gross Dictation: Pathologist,
Microscopic/Diagnostic Dictation: Pathologist.
Final Review: Pathologist.
Final: Pathologist,
Addendum: Pathologist,
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: 2/16/11	