

TSS

ICD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 2/15/11 fu

SPECIMENS:

- A. SENTINEL LYMPH NODE LEFT AXILLA
- B. SENTINEL LYMPH NODE #2 LEFT AXILLA
- C. WIDE LOCAL EXCISION LEFT BREAST

DIAGNOSIS:

- A. SENTINEL LYMPH NODE #1, LEFT AXILLA:
-ONE LYMPH NODE, NO TUMOR SEEN (0/1).
- B. SENTINEL LYMPH NODE #2, LEFT AXILLA:
-ONE LYMPH NODE, NO TUMOR SEEN (0/1).
- C. WIDE LOCAL EXCISION, LEFT BREAST:
-INVASIVE AND IN-SITU DUCTAL CARCINOMA, SBR GRADE III/III WITH
EXTENSIVE NECROSIS AND CANCERIZATION OF LOBULES, SEE TEMPLATE

Invasive Breast Cancer Template

INVASIVE TUMOR:

Histologic type: ductal
Tumor Size (cm): 2.5 cm
Size of Invasive Focus: 2.5 cm
Grade, Histologic: 3
Grade, Nuclear: 3
Mitoses: 3
Scarff Bloom Richardson grade: III
Necrosis: present
Invasion Vasc/Lymphatic: absent

DCIS component
DCIS Quantity: <25%
DCIS Type: Clining
DCIS Location: outside main mass: diffuse
Nuclear grade: high
Necrosis: absent

Margins: DCIS present within 1 hpf of lateral and 1 mm of deep and medial margins

Lymph nodes: Negative (0/2)

Stage, Pathology : T2N1

Hormone receptor status (by IHC): ER & PR: PENDING
HERCEPTEST (by IHC): Pending

Pathologist
Electronically signed

ADDENDUM

Case #
Patient:

The ER/PR/HER2 status of the invasive breast carcinoma was determined by immunohistochemistry and quantitated via ACIS (image analysis). Results are as follows:

ER 0%



TSS:

PR 0%

HER2 2.3 (borderline)

A separate ACIS report has been generated.

NOTE: FISH analysis for HER2 gene amplification has been ordered.

Pathologist
Electronically signed

Addendum

Fluorescence in situ hybridization (FISH) for Her-2 gene amplification.

Her-2/neu gene: Not amplified

Ratio of Her-2/neu to CEP17: 1.21

The assay is performed on formalin fixed, paraffin embedded section using Her-2 DNA probe kit from Vysis. The quality of the fluorescence signals and tissue section is adequate for analysis. The signals of both Her-2 and CEP17 are counted in 60 invasive tumor nuclei. The Her-2 gene is considered amplified when the ratio of Her-2 to CEP17 signal is >2.0 .

SPECIMEN(S):

A. SENTINEL LYMPH NODE LEFT AXILLA B. SENTINEL LYMPH NODE #2 LEFT AXILLA C. WIDE LOCAL EXCISION LEFT BREAST

CLINICAL HISTORY:

None

FROZEN SECTION DIAGNOSIS:

A. SENTINEL LYMPH NODE LEFT AXILLA

Touch prep: No tumor seen by Dr.

B. SENTINEL LYMPH NODE #2 LEFT AXILLA

Touch prep: No tumor seen by Dr.

GROSS DESCRIPTION:

A. SENTINEL LYMPH NODE LEFT AXILLA

Received fresh is a 1x0.8x0.5cm. lymph node. It is bisected and touch prep done. Specimen entirely submitted for permanent section.

B. SENTINEL LYMPH NODE #2 LEFT AXILLA

Received fresh is sentinel lymph node left axilla measuring 0.7x0.5x0.4cm. It is bisected and touch prep done. Submitted in toto in cassette B for permanent section.

C. WIDE LOCAL EXCISION LEFT BREAST

Received fresh is an oriented portion of breast tissue measuring 6x5.5x2.7cm. Sectioning shows a well circumscribed tan nodular tumor mass measuring 2.5x1.8x1cm. It closely approaches the superior posterior medial margin. Specimen is inked as follows: superior red, inferior orange, medial green, lateral yellow, posterior black. Tumor tissue and normal tissue given for tissue procurement and tumor sent for flow cytometry. Representative sections submitted in seventeen cassettes.

Gross Dictation: Pathology Fellow,

Microscopic/Diagnostic Dictation: Pathologist.

Final Review: Pathologist.

Final: Pathologist

Addendum: Pathologist

Addendum Review: Pathologist

Addendum Final: Pathologist

TSS:

Addendum: Pathologist, t
Addendum Review: Pathologist
Addendum Final: Pathologist

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HI/AA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary / Noted		
Case is (circle):		
Reviewer Initials	JK	DISQUALIFIED
Date Reviewed	2/21/11	