

ICD-0-3

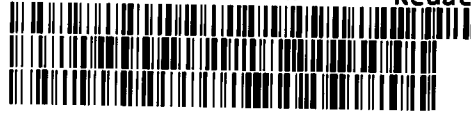
Carcinoma, infiltrating duct, NOS
8500/3 12/8/10
hr

Site Code: breast, NOS C50.9

TSS

UUID: EF28484E-82C7-4988-A6E0-DDDA555652EA
TCGA-E2-A156-01A-PR

Redacted



SPECIMENS:

- A. SENTINEL LYMPH NODE #1, LEFT AXILLA
- B. SENTINEL LYMPH NODE #2, LEFT AXILLA
- C. NON-SENTINEL LYMPH NODE LEFT AXILLA
- D. WIDE EXCISION LEFT BREAST MASS
- E. ADDITIONAL NEW MARGIN SUPERIOR LATERAL
- F. SKIN AT ANTERIOR MARGIN

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INTRAOPERATIVE CONSULTATION DIAGNOSIS:

TPA, Sentinel lymph node #1, left axilla, excision: Negative for carcinoma
TPB, Sentinel lymph node #2, left axilla, excision: Negative for carcinoma
Part D, Left breast, excisional biopsy, gross examination: Tumor approximately 0.3-cm from the posterior margin
Diagnoses called at \ and B) and (D) by Dr.

GROSS DESCRIPTION:

A. SENTINEL LYMPH NODE #1, LEFT AXILLA

Received fresh labeled with the patient's identification and designated "sentinel lymph node number one left axilla" is a fragment of red-tan possible lymphoid tissue measuring 1 x 0.5 x 0.3-cm. Touch preparation is performed. The entire specimen is submitted, A1.

B. SENTINEL LYMPH NODE #2, LEFT AXILLA

Received fresh labeled with the patient identification and designated "sentinel lymph node number two left axilla" is fragment of red-tan possible lymphoid tissue measuring 1.3 x 0.5 x 0.2 cm. Touch preparation is performed. The entire specimen is submitted, B1.

C. NON-SENTINEL LYMPH NODE LEFT AXILLA

Received in formalin labeled with the patient's identification and designated "Non-sentinel lymph node left axilla" is a fragment of adipose tissue, 2.5 x 2.4 x 0.5 cm, consisting of one possible lymph node measuring 1 x 0.5 x 0.4 cm. The lymph node is submitted, C1.

D. WIDE EXCISION LEFT BREAST MASS

Received fresh labeled with the patient's identification and designated "wide excision left breast" is a previously inked, oriented, 89-g, 9 x 8.4 x 2.5 cm lumpectomy specimen. The single clip designates superior, double-lateral, triple-anterior. Ink code: Anterior-yellow, posterior-black, superior-blue, inferior-orange, medial- green, lateral-red. The specimen is serially sectioned from medial to lateral into 7 slices revealing an irregular friable soft tan mass, 3 x 2.4 x 0.9 cm, located 0.3-cm from the nearest posterior margin (Slices 3-5). A previous hemorrhagic biopsy cavity is identified 0.6-cm from the mass (lateral), measuring 1.4 x 0.8 x 0.7 cm. A portion of the specimen is submitted for tissue procurement. Representatively submitted:

D1-D2: Representative perpendicular sections, medial margin

D3: Slice 2, posterior

D4: Slice 2, superior

D5-D11: Slice 3, entirely submitted, D8 and D10 demonstrating tumor

D12-D15: Slice 4, posterior/superior/anterior/superior, tumor

D16-D19: Slice 5, D16-D18 demonstrating biopsy cavity

D20-D21: Slice 6, superior, remainder of biopsy cavity

D22-D25: Perpendicular sections lateral margin, entirely submitted

E. ADDITIONAL NEW MARGIN SUPERIOR LATERAL

Received in formalin labeled with the patient's identification and designated "additional new margin superior lateral" is a previously inked, 6-g, 5.2 x 3 x 0.8 cm fragment of fibroadipose tissue. Ink code: Superior-blue, lateral-red. Sectioning shows no obvious gross abnormalities. The entire specimen is submitted, E1-E2 (superior), E3-E4 (lateral).

F. SKIN AT ANTERIOR MARGIN

Received in formalin labeled with the patient's identification and designated "skin at anterior margin" is a slender fragment of unoriented light beige skin measuring 2.1 x 0.6 x 0.2 cm. the entire specimen is submitted, F1.

DIAGNOSIS:

- A. LYMPH NODE, SENTINEL #1, left AXILLA, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

B. LYMPH NODE, SENTINEL #2, left AXILLA, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

C. LYMPH NODE, non-SENTINEL, left AXILLA, EXCISION:
- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

D. BREAST, LEFT, WIDE LOCAL EXCISION:
- INVASIVE DUCTAL CARCINOMA, SBR GRADE 2, MEASURING 1.8-CM
- INTERMEDIATE NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPE WITH CENTRAL NECROSIS AND MICROCALCIFICATIONS WITH A COMPONENT OF INTRACYSTIC PAPILLARY CARCINOMA
- SURGICAL RESECTION MARGINS NEGATIVE FOR INVASIVE TUMOR
- MICROSCOPIC FOCUS OF LOW GRADE DUCTAL CARCINOMA IN SITU AT INFERIOR SURGICAL RESECTION MARGIN
- BIOPSY SITE CHANGES WITH FIBROSIS AND GRANULATION TISSUE
- SEE SYNOPTIC REPORT AND SEE NOTE.

e. breast, left, additional superior lateral margin, excision:
- fibroadipose tissue, NO TUMOR SEEN

f. skin, anterior margin, excision:
- SKIN tissue, NO TUMOR SEEN.

NOTE: Ductal carcinoma is identified in 5 consecutive slices. The tumor is composed of 3 components, invasive, in situ and intracystic. The gross measurement of the tumor is a 3-cm. The largest confluent invasive tumor measures 1.8-cm.

A microscopic focus of low-grade DCIS is identified at the inferior surgical resection margin.

SYNOPTIC REPORT - BREAST

Specimen Type: Excision
Needle Localization: No
Laterality: Left
Invasive Tumor: Present
Multifocality: No
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.8cm
Tumor Site: Not specified
Margins: Negative
Distance from closest margin: 0.3cm
deep
Tubular Score: 2
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 only
Lymph node status: Negative 0 / 3

DCIS present
Margins involved by DCIS: inferior
DCIS Quantity: Estimate 20%
DCIS Type: Solid
Cribriform
intracystic
DCIS Location: Associated with invasive tumor
Nuclear grade: Intermediate
Necrosis: Present
Location of CA++: DCIS

ER/PR/HER2 Results

ER: Positive
PR: Positive

HER2: Negative by IHC
Performed on Case:

Pathological staging (pTN): pT 1c N 0

CLINICAL HISTORY:
None given

PRE-OPERATIVE DIAGNOSIS:
Left breast mass

ADDENDUM:
ONCOTYPE DX BREAST CANCER ASSAY

RESULTS: Recurrence Score: 0
CLINICAL EXPERIENCE: Patients with a recurrence score of: 0 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 3%

ER Score: 11.8 Positive
PR Score: 10 Positive
Her2 Score: 9.8 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: t
Microscopic/Diagnostic Dictation:
Final Review: Pathologist, t
Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologist,

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
IPAA Discrepancy		
For Malignancy History		
Dual/Synchronous Primary Noted		
Case Is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: / /	