

1CD-0-3

Carcinoma, infiltrating duct, NOS

8500/3 12/8/10

Site Code: breast, NOS 250.9

TSS:

UUID: E4D1A7DC-62B1-44D8-A747-5A19842C6F69  
TCGA-E2-A15H-01A-PR

Redacted

**SPECIMENS:**

- A. CLUSTER OF SENTINEL NODES RIGHT BREAST
- B. RIGHT BREAST MASS

**SPECIMEN(S):**

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**GROSS DESCRIPTION:**

**A. CLUSTER OF SENTINEL NODES RIGHT BREAST**

Received fresh are four tan pink lymph nodes ranging from 0.7 x 0.6 x 0.3cm to 1.1 x 0.7 x 0.6cm. A touch prep is taken. Toto A1.

**B. RIGHT BREAST MASS**

Received fresh labeled with the patient's identification and "right breast mass" is a previously inked 23g, 7.5 x 5 x 2cm needle localized lumpectomy with radiograph. Ink code: anterior-yellow, posterior-black, superior-blue, inferior-orange, medial-green, lateral-red. Specimen is serially sectioned from superior to inferior into 7 slices revealing a 1.5 x 1.5 x 1cm tan white firm well circumscribed mass, 0.1cm from the closest posterior margin in slices 4-5. A portion of the specimen is submitted for tissue procurement. Representatively submitted:

- B1: superior margin slice 1
- B2: slice 2
- B3-B4: slice 3
- B5-B6: slice 4 with mass in B6
- B7-B9: slice 5 with mass in B8
- B10-B12: slice 6
- B13-B15: inferior margin slice 7

**DIAGNOSIS:**

**A. LYMPH NODES, SENTINEL, RIGHT AXILLA, EXCISION:**

- METASTATIC CARCINOMA TO ONE OF FOUR LYMPH NODE (1/4), MEASURING 0.1-CM (MICROMETASTASES), WITH NO EXTRANODAL EXTENSION, SEE NOTE.

**B. BREAST, RIGHT, WIDE LOCAL EXCISION:**

- INVASIVE DUCTAL CARCINOMA, SBR GRADE 2, MEASURING 1.1-CM
- HIGH NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPES WITH CENTRAL NECROSIS AND MICROCALCIFICATIONS
- INVASIVE TUMOR PRESENT AT ANTERIOR SURGICAL RESECTION MARGIN
- DCIS PRESENT AT ANTERIOR AND MEDIAL, WITHIN 1 MM FROM POSTERIOR AND 2 MM FROM SUPERIOR MARGINS
- LYMPHOVASCULAR INVASION PRESENT
- BIOPSY SITE CHANGES WITH FIBROSIS
- SEE SYNOPSIS REPORT.

NOTE: A small cluster of tumor cells is identified in the touch preparation. Dr. concurs.

**SYNOPTIC REPORT - BREAST**

Specimen Type: Excision  
Needle Localization: Yes - For mass  
Laterality: Right  
Invasive Tumor: Present

Multifocality: No

**WHO CLASSIFICATION**

Invasive ductal carcinoma, NOS 8500/3

Tumor size: 1.1cm  
Tumor Site: Not specified  
Margins: Involved at anterior

Extent: focal

Tubular Score: 2

Nuclear Grade: 3

Mitotic Score: 2

Modified Scarff Bloom Richardson Grade: 2

Necrosis: Absent  
Vascular/Lymphatic Invasion: Present  
Extent: focal  
Lobular neoplasia: None  
Lymph nodes: Sentinel lymph node only  
Lymph node status: Positive 1 / 4  
Micrometastases: Yes

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DCIS present  
Margins involved by DCIS: anterior and medial  
DCIS Quantity: Estimate 10%  
DCIS Type: Solid  
Cribriform  
DCIS Location: Both associated and separate from invasive tumor mass  
Nuclear grade: High  
Necrosis: Present  
Location of CA++: DCIS

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ER/PR/HER2 Results  
ER: Positive  
PR: Positive  
HER2: Positive by FISH  
Performed on Case: OUTSIDE SLIDES (

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Pathological staging (pTN): pT 1c N 1a

**CLINICAL HISTORY:**

None provided.

**PRE-OPERATIVE DIAGNOSIS:**

Right breast mass.

**INTRAOPERATIVE CONSULTATION:**

TPA: Cluster of sentinel nodes right breast- Negative for carcinoma: Diagnosis called to Dr. at by Dr.

B. GROSS EXAMINATION: Right breast mass: 1.5cm tumor, <1mm from deep margin. Diagnosis called to Dr. at by Dr.

**ADDENDUM:**

**ONCOTYPE DX BREAST CANCER ASSAY**

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RESULTS: Recurrence Score: 44

CLINICAL EXPERIENCE: Patients with a recurrence score of: 44 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 30%

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ER Score: 8.9 Positive  
PR Score: 6.1 Positive  
Her2 Score: 12.1 Positive

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**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

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See separate report for further information.

Test performed at:

**Gross Dictation:**

Microscopic/Diagnostic Dictation: Pathologist,

Final Review: Pathologist,

Final: Pathologist,

Addendum: Pathologist,

Addendum Final: Pathologist,

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