

1CD-0-3

Carcinoma, infiltrating duct, NOS

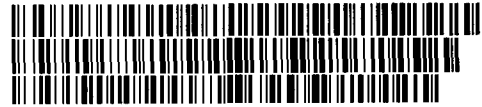
8500/3 12/8/10

Path Site Code: breast, central
CQCF Site: breast, NOS c50.9 portion c50.1

TSS

UUID:086DCA80-3108-4D25-8095-3EC704598823
TCGA-E2-A14R-01A-PR

Redacted



SPECIMENS:

- A. SENTINEL NODE #1 LEFT AXILLA
- B. SENTINEL NODE #2 LEFT AXILLA
- C. SENTINEL NODE #3 LEFT AXILLA
- D. WIDE LOCAL EXCISION LEFT BREAST NEEDLE LOCALIZATION
- E. INFERIOR MARGIN LEFT BREAST
- F. LATERAL MARGIN LEFT BREAST
- G. MEDIAL MARGIN LEFT BREAST
- H. POSTERIOR MARGIN LEFT BREAST
- I. SENTINEL NODE #4 LEFT AXILLA
- J. SENTINEL NODE #5 LEFT AXILLA
- K. SENTINEL NODE #6 LEFT AXILLA

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INTRAOPERATIVE CONSULTATION DIAGNOSIS:

TPA-TPC: One lymph node each part, negative for carcinoma
D: Gross assessment 2.0 cm mass >0.5 cm all margins and 1.0 cm satellite nodule at inferior margin
TPI: One lymph node, negative for carcinoma
TPJ/FSJ: 2 lymph nodes, negative for carcinoma
TPK: One lymph node, negative for carcinoma
By Dr. called to Dr. at 1 (A), (B), (C), (D) and (I, J, K).

GROSS DESCRIPTION:

A. SENTINEL NODE #1, LEFT AXILLA

Received fresh and labeled with the patient name designated "A – sentinel node #1, left axilla", is a fragment of beige-tan possible lymphoid tissue measuring 2.0 x 2.0 x 1.2 cm. The specimen is serially sectioned, touch prep performed. The entire specimen is submitted in cassette A1 and A2.

B. SENTINEL NODE #2, LEFT AXILLA

Received fresh and labeled with the patient name designated "B – sentinel node #2, left axilla", is a fragment of beige-tan possible lymphoid tissue measuring 1.0 x 1.0 x 1.3 cm. The specimen is serially sectioned, touch prep performed. The entire specimen is submitted in cassette B1 and B2.

C. SENTINEL NODE #3, LEFT AXILLA

Received fresh and labeled with the patient name designated "C – sentinel node #3", is a fragment of beige-tan possible lymphoid tissue measuring 0.7 x 0.5 x 0.3 cm. The specimen is serially sectioned, touch prep performed. The entire specimen is submitted in cassette C1.

D. LEFT BREAST WIDE NEEDLE LOCALIZATION

Received in fresh state the specimen labeled with patients name and identification number and labeled as wide local excision left breast needle localization. The specimen consists of 293 grams resected breast tissue measuring 12.5 cm from medial to lateral, 7.5 cm from anterior to posterior and 6.0 cm from superior to inferior. The margins of specimen are oriented with sutures, single indicating anterior, double-lateral and triple-superior. There is a localization needle coursing from the superior to the inferior aspect of the specimen and the accompanying radiogram that shows density located in the mid portion of the specimen. The margins of specimen are color coded as follows: Inferior-orange, superior-red, lateral-yellow, anterior-blue, medial-green and posterior-black. At mid portion of the specimen is a firm palpable mass which on cut section shows solid firm mass with nodular and lobulated pushing borders with a tan white cut surface with total dimensions of 4.0 x 3.0 x 0.9 cm. A metallic clip is identified within the main portion of the tumor and the surrounding breast tissue consists mostly of fatty parenchyma. The tumor grossly 0.9 cm from the nearest inferior margin. Multiple sections are submitted and labeled as follows:

D1-D8: One en bloc section of tumor with margins

D9: Cross section of tumor
D10-D18: En bloc section of tumor with margins, (block 15 section taken site of apparent previous biopsy site wherein a clip was identified)

- D19: Sections of gross fat necrosis
- D20: Sections from posterior and medial margins
- D21: Sections from inferior and medial margins
- D22-D23: Sections from the posterior margin
- D24-D25: Sections from lateral margin
- D26-D27: Additional medial margin

E. LEFT BREAST INFERIOR MARGIN

Stitch marks new margin. Received fresh is an oriented 17.0-gram fragment of fibrofatty tissue 6.0 x 5.0 x 2.0 cm. The new true margin is inked blue, the specimen is serially sectioned and submitted in toto in cassette E1-E11.

F. LEFT BREAST LATERAL MARGIN

Stitch at new lateral margin. Received fresh is an oriented tan-pink fragment of fibrofatty tissue 5.0 x 2.0 x 1.5 cm. The new true margin is inked blue. Also separate within the container is an unoriented tan-pink fragment of fibrofatty tissue 5.5 x 4.0 x 2.0 cm. The specimen is inked blue. The entire specimen is submitted as follows:

- F1-F5: Oriented tissue fragment
- F6-F12: Unoriented tissue fragment.

G. LEFT BREAST MEDIAL MARGIN

Irregular fragment of fibrofatty tissue measuring 3.5 x 2.0 x 1.0 cm. Submitted in toto in cassettes labeled G1-G2.

H. LEFT BREAST POSTERIOR MARGIN

Received fresh is an unoriented 3.0-gram tan-pink fragment of fibrofatty tissue 4.0 x 2.0 x 1.5 cm. The specimen is inked blue, serially sectioned and submitted in toto in cassette H1 and H2.

I. SENTINEL NODE #4, LEFT AXILLA

Received fresh is a tan-pink lymph node 0.8 x 0.7 x 0.7 cm. The specimen is serially sectioned, touch preps are taken. The specimen is submitted entirely in cassette I1.

J. SENTINEL NODE #5, LEFT AXILLA

Received fresh are 2 tan-pink lymph nodes 1.5 x 1.0 x 1.0 cm and 0.8 x 0.5 x 0.5 cm. A portion of the larger lymph node is submitted for frozen section in FSJ1. Touch preps are taken. The remainder of the lymph node is submitted as follows:

- J2-J3: One lymph node
- J4: One lymph node

K. SENTINEL NODE #6, LEFT AXILLA

Received fresh is a tan-pink lymph node 0.7 x 0.6 x 0.5 cm. The specimen is bisected. Touch preps are taken and the specimen is submitted entirely in cassette K1.

DIAGNOSIS:

- A. SENTINEL LYMPH NODE #1, LEFT AXILLA
 - ONE LYMPH NODE, NEGATIVE FOR TUMOR (0/1).
- B. SENTINEL LYMPH NODE #2, LEFT AXILLA
 - ONE LYMPH NODE, NEGATIVE FOR TUMOR (0/1).
- C. SENTINEL LYMPH NODE #3, LEFT AXILLA
 - ONE LYMPH NODE, NEGATIVE FOR TUMOR (0/1).
- D. LEFT BREAST, NEEDLE LOCALIZATION WIDE LOCAL EXCISION:
 - INVASIVE DUCTAL CARCINOMA WITH AREAS OF NECROSIS, SBR GRADE III OF LEFT BREAST.
 - SIZE OF TUMOR: 4.0 x 3.0 x 0.9 CM.
 - PREDOMINANTLY FATTY BREAST TISSUE WITH FOCAL AREAS OF COLUMNAR CELL CHANGE.
 - POST BIOPSY SITE CHANGES.
 - MARGINS OF RESECTION-NEGATIVE FOR TUMOR.
- E. LEFT BREAST, INFERIOR MARGIN:
 - PREDOMINANTLY FATTY BREAST TISSUE-NEGATIVE FOR TUMOR.
- F. LEFT BREAST, LATERAL MARGIN:
 - FATTY BREAST TISSUE-NEGATIVE FOR TUMOR.
- G. LEFT BREAST, MEDIAL MARGIN:

- FATTY TISSUE AND 1 MM FOCUS OF LYMPH NODE-NEGATIVE FOR TUMOR (0/1).

H. LEFT BREAST, POSTERIOR MARGIN:

- FATTY BREAST TISSUE INCLUDING SKELETAL MUSCLE TISSUE-NEGATIVE FOR TUMOR.

I. SENTINEL LYMPH NODE #4, LEFT AXILLA:

- ONE LYMPH NODE, NEGATIVE FOR TUMOR (0/1).

J. SENTINEL LYMPH NODE, #5 LEFT AXILLA:

- TWO LYMPH NODES, NEGATIVE FOR TUMOR (0/2)

K. SENTINEL LYMPH NODE #6, LEFT AXILLA:

- ONE LYMPH NODE, NEGATIVE FOR TUMOR (0/1).

Note: specimen # D- grossly, of what appears clinically as two tumor is only one large tumor with lobulated and nodulat extensions.the main bulk of the specimen consist mostly of fatty breast tissue.

SYNOPTIC REPORT - BREAST

Specimens Involved

Specimens: D: WIDE LOCAL EXCISION LEFT BREAST NEEDLE LOCALIZATION

Specimen Type: Excision

Needle Localization: Yes

Laterality: Left

Invasive Tumor: Present

Multifocality: No

WHO CLASSIFICATION

Invasive ductal carcinoma, NOS 8500/3

Tumor size: 4cm

Additional dimensions: 3cm x 0.9cm

Tumor Site: Central

Margins: Negative

Distance from closest margin: 1.5cm
superior

Tubular Score: 3

Nuclear Grade: 3

Mitotic Score: 3

Modified Scarff Bloom Richardson Grade: 3

Necrosis: Present

Vascular/Lymphatic Invasion: Indeterminate

Lobular neoplasia: None

Lymph nodes: Sentinel lymph node only

Lymph node status: Negative 0 / 8

Non-neoplastic areas: Post biopsy site changes

DCIS not present

Pathological staging (pTN): pT 2 N 0

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimens Involved

Specimens: D: WIDE LOCAL EXCISION LEFT BREAST NEEDLE LOCALIZATION

Specimen: Surgical Excision

Block Number: D9

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

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

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.

CLINICAL HISTORY:

-year-old Caucasian female with palpable left breast mass. Ultrasound showed 2 masses at 12 o'clock position, largest one 2.0 cm. Core biopsy showed DCIS, here for wide local excision and sentinel node biopsy.

PRE-OPERATIVE DIAGNOSIS:

None given

ADDENDUM:

SYNOPTIC REPORT - BREAST HER-2 RESULTS

Specimen: Surgical Excision

Block Number: D9

Interpretation: **NEGATIVE**

Intensity: 1+

% Tumor Staining: 8%

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 Dako HercepTest (TM) test kit (Dako, Carpinteria, CA) 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.

Gross Dictation: Pathologist,
Microscopic/Diagnostic 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		
IPAA Discrepancy		
Prior Malignancy History		
Qual/Synchronou - Primary Noted		
Case Is (circle):	QUANTIFIED	DISQUANTIFIED
Reviewer Initials	W	W
Date Reviewed	11/25/10	