

TSC

ICB-0-3

Carcinoma, infiltrating ductal, nos 8500/3

SPECIMENS:

- A. WLE RIGHT BREAST
- B. RIGHT AXILLARY CONTENTS

Pth Site: breast, upper outer quadrant C50.4

CQCF Site: breast, nos C50.9

2/15/11

SPECIMEN(S):

- A. WLE RIGHT BREAST
- B. RIGHT AXILLARY CONTENTS

INTRAOPERATIVE CONSULTATION DIAGNOSIS:

Part A, WLE Right breast, gross examination: Tumor 0.2-cm from posterior margin.
Called to Dr. at by Dr..

GROSS DESCRIPTION:

A. WLE RIGHT BREAST

Received fresh labeled with matching patient identifiers is an oriented (short-superior, long-lateral) 124 g, 9.7 (medial to lateral) x 9 x 3 cm lumpectomy with a slender fragment of tan skin 2.8 x 0.3 cm. The specimen is inked as follows: anterior – blue, posterior – black, superior – red, inferior – orange, medial – green, lateral – yellow. The specimen is serially sectioned from medial to lateral into 7 slices revealing a 2.8 x 2.5 x 1.4 cm ill defined firm tan mass approaching the closest posterior margin at 0.2 cm, and superior margin at 0.5 cm. A portion of the specimen is submitted for tissue procurement. Representative sections are submitted as follows:

- A1-A2: Perpendicular sections medial margin
- A3-A4: Section 2 anterior
- A5: Section 2 posterior
- A6: Section 3 inferior
- A7: Section 3 anterior/superior
- A8-A9: Section 3 superior
- A10-A11: Section 4 lesion and posterior
- A12: Section 4 anterior/inferior
- A13-A16: Section 5, lesion and nearest posterior
- A17-A18: Section 6, lesion and posterior/anterior
- A19-A20: Section 6, lesion and superior
- A21-A22: Perpendicular sections lateral margin
- A23-A26: Medial margin
- A27: Section 6, inferior aspect
- A28: Lateral margin
- A29: Lateral margin
- A30: Section 5, superior margin
- A31: Section 2, superior aspect
- A32: Section 2, inferior aspect
- A33: Section 5, inferior margin
- A34: Section 2, superior aspect

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TCGA-E2-A1LB-01A-PR

Redacted



B. RIGHT AXILLARY CONTENTS

Received in formalin in a container labeled with matching patient identifiers is a portion of red yellow fibroadipose tissue measuring 10.7 x 5.9 x 2.5 cm. Multiple possible lymph nodes are identified ranging in size from 0.3 x 0.3 x 0.3 up to 4 x 3.5 x 2 cm. Cassette summary:

- B1-B3: Representative sections, largest lymph node
- B4: Two possible lymph nodes
- B5: Two possible lymph nodes
- B6: Four possible lymph nodes
- B7: Four possible lymph nodes
- B8: Two possible lymph nodes
- B9: Two possible lymph nodes
- B10: Three possible lymph nodes
- B11-B15: Additional possible lymph nodes

DIAGNOSIS:

A. BREAST, RIGHT, WIDE LOCAL EXCISION:

- INVASIVE DUCTAL CARCINOMA, POORLY DIFFERENTIATED (SBR GRADE 3), WITH APOCRINE FEATURES, AND SEVERAL FOCI OF MICROINVASION ASSOCIATED WITH DCIS.

TSS:

- TUMOR MEASURES AT LEAST 3 CM IN GREATEST DIMENSION.
- INVASIVE CARCINOMA IS 2 MM FROM THE DEEP MARGIN.
- EXTENSIVE LYMPHOVASCULAR INVASION IS PRESENT.
- DUCTAL CARCINOMA IN SITU (DCIS), SOLID TYPE, NUCLEAR GRADE 3, WITH NECROSIS AND ASSOCIATED LYMPHOID INFILTRATE, INVOLVING LOBULES.
- DCIS IS PRESENT AT THE LATERAL MARGIN, IS WITHIN 1 MM OF THE ANTERIOR/MEDIAL AND ANTERIOR MARGIN, AND IS WITHIN 2 MM OF THE DEEP MARGIN.

B. AXILLARY CONTENTS, RIGHT, DISSECTION:

- METASTATIC CARCINOMA TO 2 OF 25 LYMPH NODES WITH LARGEST METASTASIS MEASURING 4 CM (2/25).
- NO EXTRACAPSULAR EXTENSION IS SEEN.

SYNOPTIC REPORT - BREAST

Specimen Type: Excision
Needle Localization: No
Laterality: Right
Invasive Tumor: Present
Multifocality: Yes
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 3cm
Tumor Site: Upper outer quadrant
Margins: Negative
Distance from closest margin: deep
Tubular Score: 3
Nuclear Grade: 3
Mitotic Score: 2
Modified Scarff Bloom Richardson Grade: 3
Necrosis: Absent
Vascular/Lymphatic Invasion: Present
Lobular neoplasia: None
Lymph nodes: Axillary dissection
Lymph node status: Positive 2 / 25

DCIS present

Margins involved by DCIS: lateral margin

DCIS Quantity: Estimate 25%

DCIS Type: Solid

DCIS Location: Both associated and separate from invasive tumor mass

Nuclear grade: High

Necrosis: Present

ER/PR/HER2 Results

ER: Negative

PR: Negative

HER2: Positive by IHC

Performed on Case: This case - the largest lymph node with metastasis

Pathological staging (pTN): pT 2 N 1

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimen: Surgical Excision

Block Number: B2 (Lymph node with metastasis)

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 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: B2 (Lymph node with metastasis)

Interpretation: POSITIVE

Intensity: 3+

% Tumor Staining: 100%

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.

CLINICAL HISTORY:

year-old woman, right breast, upper outer 4 cm mass, IDC, ER/PR negative; HER-2/neu positive, with palpable adenopathy, here for lumpectomy and axillary lymph node dissection.

PRE-OPERATIVE DIAGNOSIS:

Right breast cancer

Gross Dictation: Pathologist,

Microscopic/Diagnostic Dictation: Pathologist,

Final Review: Pathologist,

Final Review: Pathologist,

Final: Pathologist

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIP/VA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle):	QUALIFIED	UNQUALIFIED
Reviewer Initials	Date reviewed: 10/15/11	