TSS

ICD-O-3
Carcinoma, infiltrating ductal, NOS 8500/3.
Path Site: breast, upper inner quadrant C50.2
CQCF Site: breast, NOS C50.9

SPECIMENS:

A. SENTINEL NODE #1 AND #2
B. RIGHT BREAST
C. RIGHT AXILLARY CONTENTS

SPECIMEN(S):

A. SENTINEL NODE #1 AND #2
B. RIGHT BREAST
C. RIGHT AXILLARY CONTENTS

GROSS DESCRIPTION:

A. SENTINEL NODE #1 AND #2
Received fresh labeled with the patient's identification and "sentinel node #1 and #2, right axilla" is a 1.8 x 1.5 x 0.6 cm portion of adipose tissue, within which, two lymph nodes are identified, 0.4 cm(#2) and 0.8 cm(#1). A touch preparation is made on each node. The specimen is entirely submitted as follows:
A1- lymph node #1
A2-lymph node #2

B. RIGHT BREAST
Received fresh labeled with the patient's identification and designated "right breast" is an oriented (suture in axilla), 358 g, 21 x 17 x 5 cm mastectomy specimen with 7.5 x 5.4 cm beige skin ellipse showing a 1 cm diameter retracted nipple. Ink code: Posterior-deep, anterior/superior-blue, anterior/inferior-orange. The specimen is serially sectioned from lateral to medial into 13 slices revealing two possible lesions. Mass #1, in the upper inner quadrant (two o'clock, slices 9-10), 2 x 1.5 x 1.4 cm, is located 2.2-cm from the deep margin and 1.4-cm from anterior. Approximately 4.5-cm from mass #1, a second mass is demonstrated in the upper outer quadrant (slice 8), 2 x 1.5 x 1 cm, located 2.5-cm from the deep margin and 1 cm from anterior. A portion of the specimen is submitted for tissue procurement (mass #1). Representatively submitted:
B1-B2: Nipple
B3: Skin
B4-B5: Mass #1, two o'clock, UIQ, slice 9
B6-B7: Mass #1, two o'clock, UIQ, slice 9
B8: Deep margin overlying mass #1, slice 9
B9: Firm tissue adjacent to mass #1, slice 9
B10-B12: Mass #2, UOQ, slice 8
B13: Deep margin, mass #2, slice 8
B14: Representative section, LOQ, slice 6
B15-B16: Representative sections, LIQ, slice 12
B17: Possible axillary lymph nodes

C. RIGHT AXILLARY CONTENTS
Received fresh labeled with the patient's identification and " axillary contents" is a 10.5 x 10.0 x 2.5 cm portion of adipose tissue, within which, 34 possible lymph nodes are identified, ranging from 0.1 to 2.5 cm. The cut surfaces of the larger nodes are fatty to soft tan-pink. No evidence of tumor is grossly noted. The specimen is entirely submitted as follows:
C1-six lymph nodes
C2-six lymph nodes
C3-six lymph nodes
C4-six lymph nodes
C5-seven lymph nodes
C6- one lymph node bisected
C7-one lymph node bisected
C8-C9-one lymph node
C10-C14-remaining soft tissue

DIAGNOSIS:

A. LYMPH NODE, SENTINEL #1 and #2, RIGHT AXILLA, EXCISION:
- METASTATIC CARCINOMA TO ONE OF ONE LYMPH NODE (1/1), MEASURING 8-MM WITH EXTRANODAL EXTENSION.

B. BREAST, RIGHT, MASTECTOMY:

TSS:

- INVASIVE DUCTAL CARCINOMA, SBR GRADE 2, MEASURING 1.1 CM, PRESENT IN UPPER INNER QUADRANT
- HIGH NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, SOLID type
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
- BIOPSY SITE CHANGES WITH FIBROSIS, GRANULATION TISSUE
- usual ductal hyperplasia without atypia
- fibroadenoma (0/.7-CM) AND INTRADUCTAL PAPILLOMA (0.2-CM)
- SEE SYNOPTIC REPORT.

C. LYMPH NODES, RIGHT, AXILLARY DISSECTION:
- Thirty-FOUR LYMPH NODES, NEGATIVE FOR METASTASES (0/34).

NOTE: Two nodules are grossly identified, one located in the upper inner quadrant and one located in the upper outer quadrant. Microscopically, the former is invasive ductal carcinoma and the later is fibroadenoma.

SYNOPTIC REPORT - BREAST
Specimen Type: Mastectomy
Needle Localization: No
Laterality: Right
Invasive Tumor: Present
Multifocality: No
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.1cm
Tumor Site: Upper inner quadrant
Margins: Negative
Tubular Score: 3
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 and axillary dissection
Lymph node status: Positive 1 / 35 Extranodal extension
Micrometastases: No

DCIS present
Margins uninvolved by DCIS
DCIS Quantity: Estimate 5%
DCIS Type: Solid
DCIS Location: Associated with invasive tumor
Nuclear grade: High
Necrosis: Absent

ER/PR/HER2 Results
ER: Positive
PR: Positive
HER2: Negative by FISH
Performed on Case:

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

CLINICAL HISTORY:
year old with right breast cancer, previous biopsy

PRE-OPERATIVE DIAGNOSIS:

TSS.

None given

INTRAOPERATIVE CONSULTATION
TPA: Positive for carcinoma.
Called by Dr. to Dr at
Right breast, gross examination: Two possible lesions, mass number one, 1.5-cm located 3.2-cm from deep margin and 1.4-cm from anterior, mass number two, 2-cm in size located 2.5-cm from deep and 1cm from anterior
Diagnosis called at . by Dr.

ADDENDUM:
PathVysion HER-2 DNA Probe Kit
Case NoAnalytical Interpretation of Results: HER-2 NOT AMPLIFIED
Clinical Interpretation of results
Amplification of the HER-2 gene was evaluated with interphase fluorescence in-situ hybridization (FISH) on formalin-fixed paraffin embedded tissue sections using a chromosome 17 centromeric probe and a HER-2 probe that spans the entire HER-2 gene in the , by Dr.. A majority of tumors cells displayed 2 chromosome 17 signals and 2 HER-2 signals, with a HER-2/CEP 17 Ratio </=2.0, consistent with no amplification of the HER2/neu gene.

Block used B7 Source of case: Tissue fixation formalin-fixed tissue Outside Case No:NA
Tissue source breast Results interpreted: yes
HER2/CEP17 ratio: 1.15
This ratio is derived by dividing the total number of LSI HER-2/neu signals by the total number of CEP17 signals in at least 20 interphase nuclei with nonoverlapping nuclei in the neoplastic mammary epithelial cells. Cells with no signals or with signals of only one color are disregarded.
Method of ratio enumeration: manual count
Limitations
The Vysis PathVysion Kit is not intended for use to screen for or diagnose breast cancer. It is intended to be used as an adjunct to other prognostic factors currently used to predict disease-free and overall survival in stage II, node-positive breast cancer patients. In making decisions regarding adjuvant CAF treatment, all other available clinical information should also be taken into consideration, such as tumor size, number of involved lymph nodes, and steroid receptor status.
No
treatment decision for stage II, node-positive breast cancer patients should be based on HER-2/neu
gene amplification status alone.
Overview of this test
FDA APPROVED REAGENT
PathVysion HER-2 DNA Probe Kit is FDA approved for selection of patients for whom Herceptin® therapy is being considered. These tests were performed in the , under the direction
of Dr.. The results of these studies should always be interpreted in the context of the clinical, morphological, and immunophenotypic diagnosis.

Gross Dictation:, (
Microscopic/Diagnostic Dictation:,
Microscopic/Diagnostic Dictation:.. .
Final Review:,
Microscopic/Diagnostic Dictation:, (
Final Review: Pathologist,
Final: Pathologist
Addendum:., Pathologist,
Addendum Final: Pathologist