

1CD-0-3

Carcinoma, infiltrating duct, NOS

8500/3 12/8/10

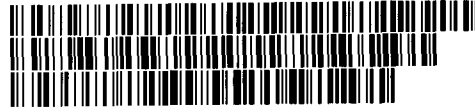
for

Site Code: breast, NOS C50.9

TSS:

UUID: 8C7442C0-540C-4023-BBFA-8482935259A7
TCGA-E2-A15P-01A-PR

Redacted



SPECIMENS:

- A. RIGHT BREAST NEEDLE LOCALIZATION
- B. SENTINEL LYMPH NODE #1 RIGHT AXILLA
- C. SENTINEL LYMPH NODE #2 RIGHT AXILLA

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INTRAOPERATIVE CONSULTATION DIAGNOSIS:

A- right breast: 1.5-cm mass at 0.5 cm from posterior margin.
TPB/TPC- SLN #1, #2 right axilla: Negative for tumor.
Diagnoses called by Dr. to Dr. at : ..(A) and ..(B, C).

GROSS DESCRIPTION:

A. RIGHT BREAST NEEDLE LOC

Received fresh labeled with the patient's identification and "right breast needle loc" is a previously inked, oriented (single stitch-anterior, double-lateral, triple-anterior) 31 g, 3.5 x 3.1 x 3.1 cm needle localized lumpectomy with radiograph. Ink code: Anterior-yellow, posterior-black, medial-green, lateral-red, superior-blue, inferior-orange. Specimen is serially sectioned from superior to inferior into 8 slices revealing a 1.5 x 1.3 x 1.1 cm firm tan stellate mass that is closest to the posterior margin at 0.5 cm. Tissue is procured. Representatively submitted:

- A1: superior margin, perpendicular sections
- A2: slice 2, posterior medial
- A3: slice 3, anterior medial
- A4: slice 4, posterior lateral
- A5: slice 5, anterior lateral (mass, clip)
- A6: slice 5, posterior lateral (mass)
- A7: slice 5, mid anterior
- A8: slice 5, mid posterior
- A9: slice 5, medial
- A10: slice 6, anterior lateral (mass)
- A11: slice 6, posterior lateral
- A12: slice 7, anterior lateral
- A13: slice 7, posterior lateral
- A14: slice 7, anterior medial
- A15: slice 7, posterior medial
- A16: inferior margin, perpendicular sections

B. SENTINEL LYMPH NODE #1 RIGHT AXILLA

Received fresh labeled with the patient's identification and "sentinel lymph node #1" is a 2 x 1 x 0.8 cm lymph node. Sectioned, touch preps are performed; lymph node is submitted entirely in cassette B1.

C. SENTINEL LYMPH NODE #2 RIGHT AXILLA

Received fresh labeled with the patient's identification and "sentinel lymph node #2" is a 1 x 0.8 x 0.5 cm lymph node. Sectioned, touch preps are performed; lymph node is submitted entirely in cassette C1.

DIAGNOSIS:

A. BREAST, RIGHT, WIDE LOCAL EXCISION:

- INVASIVE DUCTAL CARCINOMA, SBR GRADE 2, MEASURING 1.1-CM
- INTERMEDIATE NUCLEAR GRADE; DUCTAL CARCINOMA IN SITU, SOLID TYPE
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
- FIBROADENOMA (0.2-CM)
- BIOPSY SITE CHANGES WITH FIBROSIS AND FOREIGN BODY GIANT CELL REACTION
- SEE SYNOPTIC REPORT.

B. LYMPH NODE, SENTINEL #1, RIGHT AXILLA, EXCISION:

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

C. LYMPH NODE, SENTINEL #2, RIGHT AXILLA, EXCISION:

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

SYNOPTIC REPORT - BREAST

Specimen Type: Excision
Needle Localization: Yes
Laterality: Right
Invasive Tumor: Absent
Multifocality: No
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.1cm
Margins: Negative
Distance from closest margin: 0.5cm
deep
Tubular Score: 3
Nuclear Grade: 2
Mitotic Score: 1
Modified Scarff Bloom Richardson Grade: 2
Necrosis: Absent
Vascular/Lymphatic Invasion: None identified
Lobular neoplasia: None
Lymph nodes: Sentinel lymph node
Lymph node status: Negative 0 / 2

DCIS present
Margins uninvolved by DCIS
DCIS Quantity: Estimate 10%
DCIS Type: Solid
DCIS Location: Associated with invasive tumor
Nuclear grade: Intermediate
Necrosis: Absent

ER/PR/HER2 Results

ER: Pending
PR: Pending
HER2: Negative by IHC
Performed on Case:

Pathological staging (pTN): pT 1c N 0
Pathological staging is based on the AJCC Cancer Staging Manual, 7th Edition

CLINICAL HISTORY:

Right lateral breast 1.5-cm invasive breast cancer, posterior near fascia, fascia included with specimen.

PRE-OPERATIVE DIAGNOSIS:

None given

ADDENDUM:

SYNOPTIC REPORT - BREAST, ER/PR RESULTS

Specimen: Surgical Excision
Block Number: A6

ER: Positive Allred Score: 8 = Proportion Score 5 + Intensity Score 3
PR: Positive Allred Score: 4 = Proportion Score 2 + Intensity Score 2

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.

ONCOTYPE DX BREAST CANCER ASSAY

RESULTS: Recurrence Score: 22

CLINICAL EXPERIENCE: Patients with a recurrence score of: 22 in the clinical validation study had an average rate of Distant Recurrence at 10 years of 14%

ER Score: 11.1 Positive
PR Score: 4.4 Negative
Her2 Score: 10 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:

Microscopic/Diagnostic Dictation: Pathologist,
Final Review: Pathologist,
Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologist,
Addendum: Pathologist,
Addendum Final: Pathologist,

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Note		/
Case Is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	JW	HS
Date Reviewed	11/20/10	