1CD. 0-3 Carcinoma, infiltrating duct and lobular

8522/3 12/8/10

Path Site lode Dreast, upper outer quadrent C5004

UUID:DD9FDF38-29CA-4D11-8615-E2EEB5D601D1

TCGA-E2-A15G-Ø1A-PR Redact

Redacted

COEF Site brust, NOS C50.9

TSS:

SPECIMENS:

A. WLE LEFT BREAST NEEDLE LOCALIZATION

B. SENTINEL NODE #1 LEFT AXILLA

C. MEDIAL MARGIN LEFT BREAST

SPECIMEN(S):

A. WLE LEFT BREAST NEEDLE LOCALIZATION

B. SENTINEL NODE #1 LEFT AXILLA

C. MEDIAL MARGIN LEFT BREAST

INTRAOPERATIVE CONSULTATION DIAGNOSIS:

Part A, Left breast, wide local excision, gross examination: Tumor (at least 3 cm in size) seen at inked green medial

TPB, Sentinel lymph node #1, left axilla: Negative for tumor cells by Dr

Diagnoses called at '

GROSS DESCRIPTION:

A. WLE LEFT BREAST NEEDLE LOCALIZATION

Received fresh labeled with the patient's identification and designated "wide local excision left breast needle localization" is an oriented, previously inked, 63-g, 8 x 5.5 x 3.7 cm needle localized lumpectomy specimen accompanied by two radiographs. The single suture designates anterior, double-lateral. Ink code: Anterior-yellow, posterior-black, medialgreen, lateral-red, superior-blue, inferior-orange. The specimen is serially sectioned from medial to lateral into 7 slices revealing firm tan mass (clip in slice 3), 3.5 x 2 x 1.5 cm, located at the medial margin. A second ill-defined hemorrhagic firm area, 1 x 0.9 x 0.6 cm, is identified in slice 6, approximately 1 cm from the mass, and approaches the nearest anterior margin at distance of 0.6-cm. A portion of the specimen is submitted for tissue procurement. The specimen is representatively submitted:

A1-A4: Perpendicular sections medial margin, entirely submitted

A5-A8: Slice 2, entirely submitted, A5-A6 demonstrate mass

A9-A12: Slice 3, entirely submitted, A10 demonstrates clip

A13: Slice 4, posterior/superior

A14: Slice 4, superior/anterior

A15: Slice 4, posterior/inferior

A16: Slice 5, posterior/superior

A17-A18: Slice 6, hemorrhagic firm area submitted entirely

A19-A20: Representative perpendicular sections, lateral margin

B. SENTINEL NODE #1 LEFT AXILLA

Received fresh labeled with the patient's identification and designated "sentinel lymph node number one left axilla" is a tan lymph node measuring 3 x 1.5 x 1 cm. Touch preparations are performed. The entire specimen is submitted, B1-B2. C. MEDIAL MARGIN LEFT BREAST

Received in formalin labeled with the patient's identification and designated "medial margin left breast" is an oriented (suture at final margin), 6g, 5.5 x 2.5 x 1 cm fragment of fibroadipose tissue. The final margin inked black. The specimen is sectioned and submitted entirely, C1-C5.

DIAGNOSIS:

A. BREAST, LEFT, WIDE LOCAL EXCISION:

- INVASIVE MIXED (DUCTAL/LOBULAR) CARCINOMA, SBR GRADE II,

MEASURING 3.5 CM.

-FOCAL DUCTAL CARCINOMA-IN-SITU, NUCLEAR GRADE 2/3, SOLID AND CRIBRIFORM TYPE WITH MICROCALCIFICATIONS.

- FIBROADENOMA / FIBROCYSTIC CHANGES.

- PREVIOUS BIOPSY SITE CHANGES.

(SEE SYNOPTIC REPORT)

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

ONE REACTIVE LYMPH NODE.

- NO METASTATIC CARCINOMA IS SEEN (0/1).

C. BREAST, LEFT, MEDIAL MARGIN, EXCISION:

- BREAST TISSUE WITH FIBROCYSTIC CHANGES

- NO MALIGNANCY IS SEEN.

SYNOPTIC REPORT - BREAST

Specimens Involved

A: WLE LEFT BREAST NEEDLE LOCALIZATION

B: SENTINEL NODE #1 LEFT AXILLA

C: MEDIAL MARGIN LEFT BREAST



Specimen Type: Excision Yes - For mass Needle Localization: Laterality: Left Invasive Tumor: Present Multifocality: No WHO CLASSIFICATION Invasive ductal carcinoma, NOS 8500/3 Mixed type carcinoma Tumor size: 3.5cm 2cm x 1.5cm Additional dimensions: Tumor Site: Upper outer quadrant Margins: Negative Tubular Score: 2 Nuclear Grade: Mitotic Score: Modified Scarff Bloom Richardson Grade: Necrosis: Absent Vascular/Lymphatic Invasion: None identified Lobular neoplasia: None Sentinel lymph node only Lymph nodes: Lymph node status: Negative 0 / 1 Micrometastases: No DCIS present Margins uninvolved by DCIS DCIS Quantity: Estimate 2% Solid DCIS Type: Cribriform Associated with invasive tumor DCIS Location: Nuclear grade: Intermediate Necrosis: Absent Location of CA++: DCIS Stroma ER/PR/HER2 Results **ER**: Positive PR: Positive HER2: Negative by IHC Performed on Case: outside slides (our consultation report) Pathological staging (pTN): pT 2 N 0 **CLINICAL HISTORY:** Invasive carcinoma, UOQ left breast, with enhancement patient for intraductal extension going anteriorly PRE-OPERATIVE DIAGNOSIS: Invasive carcinoma ADDENDUM: ONCOTYPE DX BREAST CANCER ASSAY RESULTS: Recurrence Score: 4 in the clinical validation study had an average CLINICAL EXPERIENCE: Patients with a recurrence score of: rate of Distant Recurrence at 10 years of 5% 11.5 Positive ER Score: 9.9 Positive PR Score: 8.8 Negative Her2 Score: Interpretation: Negative < 6.5 Positive >= 6.5 ER Negative < 5.5 Positive >= 5.5 Equivocal = 10.7 - 11.4 Her2 Negative <10.7 Positive >=11.5 report for further information. See separate Test performed at:

Gross Dictation:

Microscopic/Diagnostic Dictation: Paulologist,

Final Review: Pathologist, Final Review: Pathologist, Final: Pathologist, Addendum: Pathologist, Addendum Final: Pathologist.



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