



**SUMMIT PATHOLOGY**  
Offices located at Poudre Valley Hospital  
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P. Haberman, MD	C. Murphy, MD	M. Walts, MD
W. Hamner, MD	C. Nerby, MD	H. Worcester, MD

**ABNORMAL**  
**SURGICAL PATHOLOGY REPORT**

**Patient: VIGNOCCHI, AMY**

Med Rec#: 5561633

PV: 179077719

DOB: 07/11/1975 Age: 44 Sex: F

Physician(s):

**BARE JESSICA DO**

POUDRE VALLEY HOSPITAL

Attn: **DEBORAH GUNDERSON, MD**

**Accession #: 12122356**

Date Collected: **06/30/2020**

Date Received: **06/30/2020**

Date Reported: **07/01/2020**

Test Requested: **PVH Surgical**

**Result ID: VS20-02919**

**FINAL DIAGNOSIS:**

- A) BREAST, RIGHT UPPER INNER QUADRANT, MID, STEREOTACTIC-GUIDED NEEDLE BIOPSY FOR GROUPED MICROCALCIFICATIONS:**
1. DUCTAL CARCINOMA IN-SITU, APOCRINE TYPE, WITHOUT DEFINITIVE MICROCALCIFICATIONS, DUCTAL CARCINOMA IN SITU MEASURES UP TO 3 mm IN GREATEST LINEAR EXTENT.
  2. MICROCALCIFICATIONS IDENTIFIED IN COLUMNAR ALTERATION WITH PROMINENT APICAL SNOUTS AND SECRETIONS, CONSISTENT WITH THE TARGET OF THE BIOPSY.
  3. THE GROWTH PATTERN OF DUCTAL CARCINOMA IN-SITU IS PREDOMINANTLY MICROPAPILLARY AND CLINGING.
  4. NO EVIDENCE OF INVASIVE MALIGNANCY.
- B) BREAST, RIGHT UPPER INNER QUADRANT, POSTERIOR, STEREOTACTIC-GUIDED NEEDLE BIOPSY FOR GROUPED MICROCALCIFICATIONS:**
1. DUCTAL CARCINOMA IN SITU, APOCRINE TYPE, INVOLVING MULTIPLE CORES, SPANNING UP TO 7.0 MM IN GREATEST LINEAR EXTENT.
  2. THE GROWTH PATTERN IS PREDOMINANTLY CLINGING, MICROPAPILLARY, AND CRIBRIFORM.
  3. COMEDO TYPE NECROSIS AND MICROCALCIFICATIONS ARE IDENTIFIED WITHIN THE DUCTAL CARCINOMA IN SITU.
  4. NO DEFINITIVE FEATURES OF INVASIVE MALIGNANCY ARE IDENTIFIED.

**COMMENT:**

DUCTAL CARCINOMA IN SITU BREAST PROGNOSTIC MARKER PANEL

BLOCKS TESTED: A2 and B1.

ESTROGEN RECEPTOR (SP1): POSITIVE, 10%, INTENSITY 2+

PROGESTERONE RECEPTOR (1E2): NEGATIVE, LESS THAN 1% OF CELLS STAINING WITH AN INTERNAL POSITIVE CONTROL.

Tissue fixation is in 10% formalin the duration of fixation is between 6 and 72 hours. Positive and negative controls react satisfactorily. The immunohistochemical stains are used for clinical purposes.

Estrogen receptor (ER) and progesterone receptor (PR) require 1% or greater nuclear staining to be considered positive. Intensity of ER and PR staining is based on a scale of 0 (negative) to 3 (most intense). These tests were developed and their performance characteristics validated by Summit Pathology. This laboratory is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing. Summit Pathology meets or exceeds all of the ASCO/CAP guidelines for estrogen receptor and progesterone receptor testing. The most recent ASCO/CAP guidelines are utilized



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for these assessments: (Arch Pathol Lab Med. 2018;142:1364-1382; doi: 10.5858/arpa.2018-0902-SA, Her2) and Arch Pathol Lab Med. 2020;144(5):545-563, ER/PR.

Arlene Libby, MD

Pathologist, Electronic Signature

**Clinical History:**

A: Right breast stereotactic-guided core needle biopsy, grouped microcalcifications, upper inner quadrant, mid. BIRADS 4  
Cassette contains cores with calcs

B: Right breast stereotactic-guided core needle biopsy, group microcalcifications upper inner quadrant, posterior. BIRADS 4.  
Cassette contains cores with calcs.

**Submitted Clinical ICD10 Codes:** R92.0

**GROSS DESCRIPTION:**

- A) Received in a formalin filled bottle/container, which has been verified to belong to patient: VIGNOCCHI, AMY and labeled "A right breast stereotactic guided core needle biopsy" is a mesh cassette which contains 2 irregular tan-white, fibrofatty needle cores, 1.5 and 2.6 cm in greatest dimension. Received free floating within the container is a 2.2 x 1.6 x 0.3 cm aggregate of yellow-tan, fibrofatty soft tissues. The specimen is submitted entirely as follows:

Cassette Summary:

A1: Tissue from cassette

A2: Free-floating tissue

In formalin: 1013 hours on 6/30/20

Out of formalin: 1822 hours on 6/30/20

- B) Received in a formalin filled bottle/container, which has been verified to belong to patient: VIGNOCCHI, AMY and labeled "B right breast stereotactic guided core needle biopsy" is a mesh cassette which contains a 2.2 x 1.8 x 0.3 cm aggregate of yellow-tan, fibrofatty soft tissues. Also received free floating within the container is a 2.5 x 1.1 x 0.2 cm aggregate of yellow-tan, fibrofatty tissues. The specimen is submitted entirely as follows:

Cassette Summary:

B1: Tissue from cassette

B2: free-floating tissue

In formalin: 1035 hours on 6/30/20

Out of formalin: 1822 hours on 6/30/20

**MICROSCOPIC DESCRIPTION:**

- A) The findings in part A would be challenging without the definitive apocrine-type ductal carcinoma in-situ in site B. Given the findings in site B, the findings in part A are felt to be diagnostic for ductal carcinoma in-situ. Immunohistochemical stains are performed with appropriate controls. The ductal carcinoma in-situ is positive for HER-2/neu over-expression, 3+ and diffusely positive for pancytokeratin and E-Cadherin. A cytokeratin 5/6 stain highlights the ductal carcinoma in-situ in a cytoplasmic staining pattern.
- B) Sections demonstrate numerous duct spaces filled by malignant apocrine cells. These cells are positive for HER-2/neu over-expression, 3+, and diffusely positive for gross cystic disease fluid protein expression. All stains are performed with appropriate controls.



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CPT Code(s): 88341 x2, 88360 x6, 88305 x2, 88342 x2

Specimen grossed and processed at: Summit Pathology 5802 Wright Dr., Loveland, CO, 80538

Specimen interpreted at: Poudre Valley Hosp 1024 S Lemay, Fort Collins, CO 80524