

C. Right breast MRI biopsy

CLINICAL INFORMATION:

CA vs FA vs FCC

GROSS:

Specimen A is labeled left breast MRI guided biopsy--central medial (1 hole marker). Received in formalin, in a tan-white, cylindrical straining device, removed by the accompanying flat metallic ladle, are multiple pink-gray to yellow, rubbery cylindrical cores of fibroadipose tissue, aggregating 3.3 x 2.7 x 1.2 cm.

Summary of sections:

(A1--A3): submitted entirely.

Specimen removed from patient / Formalin added 10/27/2020 at 11:27 AM. Total ischemic time less than 1 minute. Specimen removed from formalin 10/27/2020 at 8:45 pm. Total fixation time 9 hours and 18 minutes

Specimen B is labeled left breast MRI guided biopsy--central slightly upper (2 hole marker). Received in formalin, in a tan-white, cylindrical straining device, removed by the accompanying flat metallic ladle, are multiple pink-gray to yellow, rubbery cylindrical cores of fibroadipose tissue, aggregating 3.3 x 1.2 x 1.2 cm.

Summary of sections:

(B1--B3): submitted entirely.

Specimen removed from patient / Formalin added 10/27/2020 at 11:30 AM. Total ischemic time less than 1 minute. Specimen removed from formalin 10/27/2020 at 8:45 pm. Total fixation time 9 hours and 15 minutes

Specimen C is labeled right breast MRI guided biopsy. Received in formalin, in a tan-white, cylindrical straining device, removed by the accompanying flat metallic ladle, are multiple pink-gray to yellow, rubbery cylindrical cores of fibroadipose tissue, aggregating 3.0 x 2.3 x 1.0 cm.

Summary of sections:

(C1-C3): submitted entirely.

Specimen removed from patient / Formalin added 10/27/2020 at 11:25 AM. Total ischemic time less than 1 minute. Specimen removed from formalin 10/27/2020 at 8:45 pm. Total fixation time 9 hours and 20 minutes

Gross performed and dictated by

MICROSCOPIC:

A.--B. All microscopic sections with this case were examined, and the interpretation has been incorporated in the diagnosis. Next

C. Sections of breast tissue show carcinoma in situ (CIS) with high nuclear grade and solid architecture. The histologic features suggest ductal etiology. However, there appear to be cytoplasmic vacuoles suggesting lobular etiology. Immunohistochemical stains are performed on block C2.

IMMUNOSTAINS:

E-cadherin
p120

RESULTS/INTERPRETATION:

Positive membrane staining, confirms ductal origin.
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Prognostic markers include:

ER Positive, 90%; strong intensity
PR Positive, 70%; weak to moderate intensity

FDA disclaimer: This test was developed and its performance characteristics determined by the Pathology Department. It has not been cleared or approved by the US Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. Control material is appropriate. This test is used for clinical purposes. It should not be regarded as investigational or for research. This Laboratory is certified under Clinical Laboratory Improvement Amendments of 1988 (CLIA'88) as qualified to perform high complexity clinical laboratory testing. Positive and/or negative controls on this case stain appropriately. These assays have not been validated on decalcified and alcohol tissues. If applicable, results should be interpreted with caution, giving the likelihood of false negativity on decalcified or alcohol fixed specimens. [21CFR809.309e]

A: L4
B: L4
C: L4, IPXA, IPX, IPXA, IPXA