

LABORATORY REPORT

NH/52/FO/LA/01
QAF REP FOR

CONFIDENTIAL

Nawaloka Laboratories (Pvt) Ltd
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RIQAS

BIO-RAD

SL NEQAS (BGS)

MRI-Colombo

UPIN : NH2109811185 READY DATE : 22/10/2023 01:25 PM
PATIENT NAME : MRS K. D. M. JAYAWICKREME
REF. DOCTOR : DR. UDARI LIYANAGE
AGE : 63 years/8 months SAMPLE COLLECTED: 28/08/2023 08:45 PM
SERVICE REF. NO : CHL080059504 PRINTED DATE : 28/10/2023 09:34 PM
GENDER : FEMALE

Biopsy

(PAGE 02)

IMMUNOHISTOCHEMISTRY :

Immunohistochemical staining was performed on block C.

Oestrogen receptor (ER) : Positive (Allred score: 7/8)
Progesterone receptor (PR) : Positive (Allred score: 8/8)
HER2 : Equivocal (2+)
(Weak to moderate complete membrane staining
in >10% of cells)

Ki67 Proliferation index : 25%

CONCLUSION :

US GUIDED CORE BIOPSY OF RIGHT BREAST: INVASIVE BREAST CARCINOMA (B5b)
PROVISIONAL NOTTINGHAM GRADE II
LOW GRADE DCIS - PRESENT
OESTROGEN RECEPTOR (ER) : POSITIVE
PROGESTERONE RECEPTOR (PR) : POSITIVE
HER 2 : EQUIVOCAL (2+)
Ki67 PROLIFERATION INDEX : 25%

COMMENT:

IHC testing for HER2 is equivocal (2+). Therefore, testing for HER2 by fluorescence in situ hybridization (FISH) is recommended. This can be arranged on request.

HW/2029/23
22/10/2023

DR HARSHIMA WIJESINGHE

- End Of Report -

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Results relate only to the sample as received

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Core Tru Cut Biopsy, Sample Processing

(PAGE 01)

HISTORY:

BIRADS IV complex cystic mass at 12 o'clock position in right breast.

MACROSCOPIC DESCRIPTION :

Three linear cores of tissue were received in a single container.
(AE x 3:- A - 14mm, B - 13mm, C - 10mm)

MICROSCOPIC DESCRIPTION :

All three cores are infiltrated by an invasive breast carcinoma (more prominent in core C) composed of nests, cords and occasional tubules that infiltrate a desmoplastic stroma. The cytoarchitectural features place the tumour in Nottingham grade II (Tubule formation - 3/3, Nuclear pleomorphism - 2/3, Mitoses - 1/3). The mitotic count is 3/10hpf. (3/2mm²).

Foci of low grade ductal carcinoma in situ (DCIS) are present.

There is no lymphovascular or perineural invasion.

Tumour infiltrating lymphocytes are minimal.

There are no specific histological features to suggest lobular differentiation on this core biopsy sample. Foci of sclerosing adenosis are present in the tumour adjacent tissue.

P.T.O ----->

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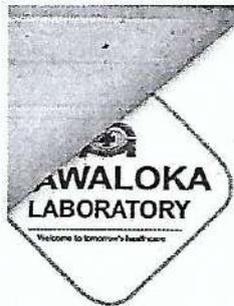

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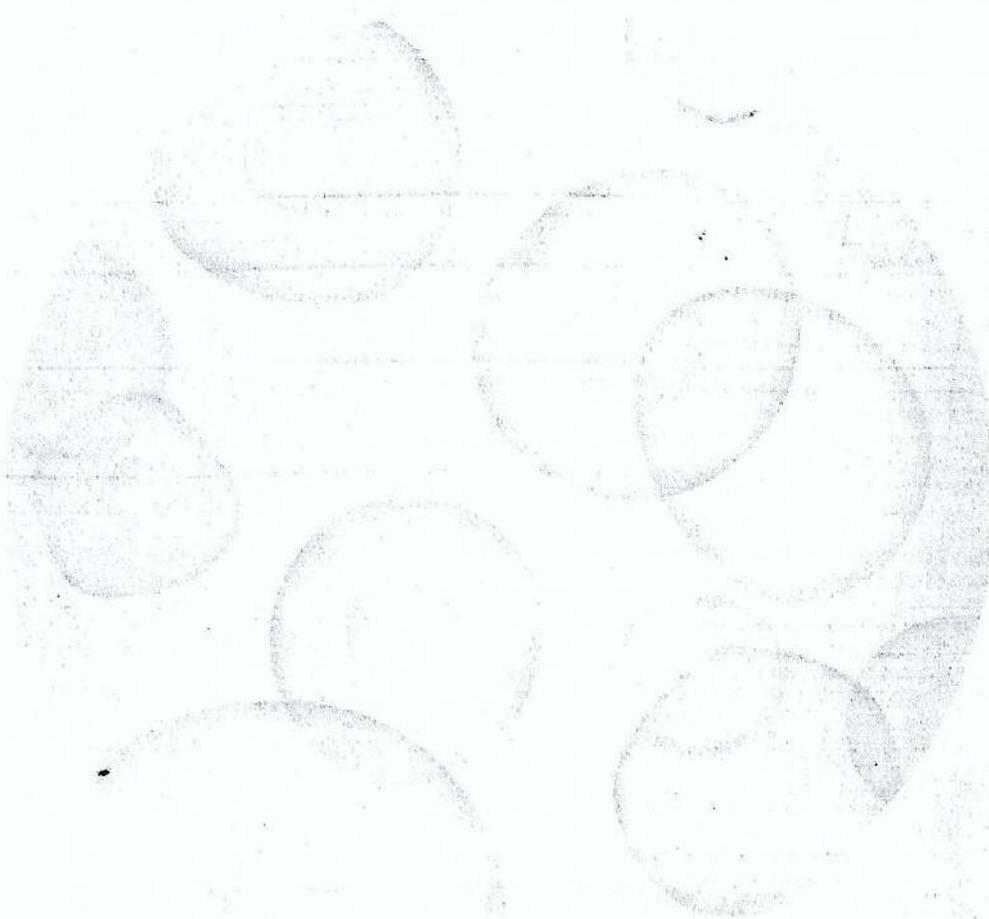
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Block and slides of this specimen/s will be retained ONLY for six months after the date of this report. Specimen will be kept for one week

UHID : 30073730
 REFERENCE No. : 01 4035 17/09/23 IP No. : ASH0191212
 SAMPLE DATE & TIME : 17/09/2023 06:10 AGE : 63 Y/F
 REPORT DATE & TIME : 04/10/2023 07:35 AHH2099904 / ASH2106888
 PATIENT : MRS. K.D.M. JAYAWICKREME [ROOM NO.803A]
 REFERRED BY : DR INDRANI AMARASINGHE

EST : HISTOPATHOLOGY REPORT

Clinical history :- USS/Mammo of breast-A complex cystic mass at 12'o' clock right breast -BIRADS-1VB, Tru cut biopsy-Invasive breast carcinoma , grade-11.

- Specimen :- A) Intra-operative frozen sectioning of right axillary sentinel lymph nodes followed histology.
- B) Right side skin sparing total mastectomy specimen for histology.

Macroscopy :- A) Received two irregular masses of fibro-fatty tissue in fresh state measuring larger-47x30x12 mm and smaller-25x16x10 mm. Larger fragment contains an enlarged lymph node measuring 30x12 mm. Smaller fragment also shows a lymph node measuring 17x5x5 mm. Made 4 imprint smears from each node and taken one section from each node for frozen sectioning. Rest of the tissue was kept in formalin for fixation. (5 blocks, A1-Frozen chunk larger LN, A2-Frozen chunk smaller LN, A3-4-Frozen remaining larger LN, A5- Frozen remaining smaller LN).

- B) Received specimen-Right skin sparing mastectomy specimen with orientation sutures.
 Measurements - Skin to deep -40mm
 superior to inferior-160mm
 Medial to lateral-175mm
 Skin surface -37x36 mm, bearing nipple and areolar only.
- Tumour location - Upper inner quadrant .
 (F2) Tumour size - 34x21x15 mm.
 Tumour appearance - Irregular hemorrhagic tumour with vague cystic appearance.
 Tumour margins - Superior, inferior, medial , lateral - >20 mm
 Deep-6 mm ✓

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** IP/AHH/ASH ** Page 2 of 3

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Anterior-8 mm

Uninvolved breast tissue-Fibrotic , two cystic lesions are identified in upper and lower quadrants.

(15 blocks, B1*-3**-Tumour with anterior and posterior margins, B4-6-Random tumour, B7-8-Cystic area, B9-IUQ, B10-IIQ, B11-OUQ, B12-OLQ, B13-15-Skin and nipple,).

Microscopy :- A) Intraoperative fresh frozen sectioning of right

axillary lymph nodes :-

- Negative for metastatic carcinoma (0/2).
Paraffin embedded sections reveal two lymph nodes with reactive change only. There is no evidence of metastatic carcinoma (0/2).

No

B) Histological type of the tumours -Invasive carcinoma with DCIS

Note : Sections from the tumour reveal a mixed tumour with invasive and in situ carcinoma changes , composed of large multiple duct spaces filled with cribriform, papillary and few micropapillary structures with mild nuclear grade. Abundant hemorrhage is noted within these duct spaces. In addition there is an invasive area , 7x6 mm in size , composed of cohesive solid nests and clusters lined by a monotonous population of epithelial cells with mild nuclear atypia.

Tumour size -7x6 mm (invasive)
Nottingham grade of tumour -1/3
Tubule formation - 3/3
Nuclear grade - 1/3
Mitoses -1/3

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Tumour margins -Not involved ,
Closest margin-Deep with 4 mm

close



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Others -Far away(> 20 mm)
 DCIS - Present (as mentioned above) together with in surrounding breast
 Percentage of DCIS-> 25%
 Nuclear grade of DCIS- Mild
 Vascular emboli - Not present.
 Peri-neural invasion - Not seen.
 Necrosis -Absent
 Tumour infiltrating lymphocytes-Few .
 Skin and nipple- Unremarkable.
 Uninvolved breast tissue-Columnar cell change, focal sclerosing adenosis , apocrine cysts and fibrocystic change.

Diagnosis :- A) Lymph nodes , right axillary sentinel, intra-operative fresh frozen sectioning followed histology :-
 - Negative for metastatic carcinoma (0/2). ✓

B) R/Breast , right skin sparing mastectomy : -
 - Invasive carcinoma of no special type (NST) . ?
 - 7 mm in size, Nottingham Grade - 1/3.
 - With many foci of mild nuclear grade DCIS including papillary, micropapillary and cribriform patterns (> 25%).
 - With no necrosis, vascular emboli or perineural invasion
 - With 4 mm minimal clearance from deep margin.
 - pT1bN0Mx

Vo PNo
T, No dx

PH-2853

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