

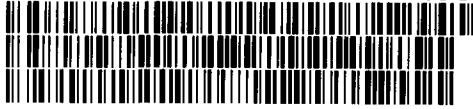
ICA-0-3

Carcinoma, infiltrating duct, NOS 8500/3

Site: breast, NOS C50.9 In 4/27/11

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TCGA-A7-A26J-01A-PR

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SURGICAL PATHOLOGY REPORT

SPECIMEN

- A. Left axillary sentinel node
- B. Left breast silk on superior breast

CLINICAL NOTES

PRE-OP DIAGNOSIS: Left breast cancer.  
CLINICAL HISTORY: -year-old white female with cancer.  
POST-OP DIAGNOSIS: Same

GROSS DESCRIPTION

A. Received fresh labeled "left axillary node" is a 3.8 x 2.4 x 0.6 cm. portion of soft, lobulated golden-yellow adipose tissue. Two (2) slightly rubbery tan-pink tissues in keeping with lymph node measuring 0.8 and 1.8 cm. in greatest dimension are recovered. The specimen is entirely submitted in three blocks as labeled:

BLOCK SUMMARY: #A1,A2 - One (1) bisected lymph node per cassette;  
-1 adipose tissue.

B. Received fresh labeled "left breast" is a 21.5 cm (superior to inferior) x 20.5 cm (medial to lateral) x 3.8 cm (anterior to posterior) diffusely cauterized soft, lobulated tan-gold-white portion of fibroadipose tissue in keeping with breast designated as left per requisition slip and container and oriented by a single suture as stated previously. A 7.2 cm (medial to lateral) x 4.7 cm (superior to inferior) tan-white skin ellipse is present along the anterior aspect. The intact deep margin is inked black and the specimen is sectioned. There is a central, stellate, 3.0 cm (medial to lateral) x 2.2 cm (superior to inferior) x 2.0 cm (anterior to posterior) rubbery tan-white lesion at the junction of the four quadrants with several cylindrical tan-white structures in keeping with site of prior needle core biopsy. A portion of the lesion and a portion of normal are submitted for tissue procurement as requested. The lesion is present within 0.8 cm of the skin surface in the vicinity of the nipple and is within 0.5 cm of the inked deep margin. The parenchyma throughout the remainder of the specimen consists predominantly of glistening lobulated golden yellow adipose tissue with a moderate amount of interspersed dense tan-white fibrous tissue. No additional mass lesion or abnormality is identified. Three rubbery white-pink tissues in keeping with lymph nodes measuring up to 0.8 cm in greatest dimension are recovered from the lateral aspect of the specimen. Representative sections are submitted in 12 blocks as labeled.

BLOCK SUMMARY: 1-2 - Tumor to inked deep margin; 3-4 - tumor to skin (4 includes nipple); 5-6 - tumor to adjacent parenchyma; 7 - random upper outer quadrant; 8 - upper inner quadrant; 9 - lower inner quadrant; 10 - lower outer quadrant; 11 - two whole lymph nodes; 12 - one bisected lymph node.

#### MICROSCOPIC DESCRIPTION

##### Invasive carcinoma:

Histologic type: Ductal (with lobular features)  
Histologic grade: III  
Overall grade: 8/9  
Architectural score: 3  
Nuclear score: 3  
Mitotic score: 2  
Greatest dimension (pT): 3.0 cm  
Specimen margins: Negative  
Vessel invasion: Present  
Calcification: Negative  
Nipple (Paget's): Carcinoma involves the deep nipple tissue, and is present in the deep dermis within the skin adjacent to the nipple (areolar area).  
Invasion of skin or chest wall: As above.

##### Ductal carcinoma in situ:

Histologic pattern: Cribriform  
Nuclear grade: 3  
Central necrosis: Present  
% DCIS of total tumor (if mixed): < 10%  
Extensive intraductal component (present/absent): Absent  
Specimen margins: Negative  
Calcification: Negative

Description of non-tumorous breast: Fibrocystic changes, fibroadenomata.

Comments: Prior biopsy site identified within the main tumor mass. There is an additional satellite nodule of invasive tumor, 2 mm in greatest dimension, in the lower outer quadrant, away from the main tumor mass, and associated with ductal carcinoma in-situ. This focus of invasive tumor is 2 mm from the deep margin.

Lymph nodes: Two negative sentinel lymph nodes, and two negative additional lymph nodes (0/4).

Prognostic markers: See previous report,

4x2

#### DIAGNOSIS

- A. Sentinel lymph node, left axilla, biopsy:  
Two negative lymph nodes (0/2).  
B. Breast, left mastectomy:  
Invasive ductal carcinoma, grade III, 3.0 cm in greatest dimension.  
Negative margins of excision.  
Lymphovascular invasion identified.  
Two negative lymph nodes (0/2).

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Electronic Signature)

--- End Of Report ---

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle) <u>QUALIFIED</u> / <u>DISQUALIFIED</u>		
Reviewer Initials: <u>W</u> Date Reviewed: <u>4/27/11</u>		