

FINAL PATHOLOGIC DIAGNOSIS

Left simple mastectomy and sentinal node biopsy:

A. Sentinal lymph node #1:

-One lymph node, no tumor (0/1).

B. Sentinel lymph node #2:

-One lymph node, no tumor (0/1).

C. Left breast (mastectomy):

-Intraductal apocrine ductal carcinoma with lobular cancerization and rare foci of invasion (largest focus 3mm), associated with large area of recent hemorrhage (5 cm), see below.

-Separate mass of intraductal and infiltrating ductal carcinoma (2.5 cm) inferior to hemorrhagic region.

-Small intraductal papilloma, sclerosing adenosis and radial scar lesion.

-Calcifications in vessel walls.

-Nipple, no tumor.

Breast Pathologic Parameters

1. Intraductal carcinoma:

A. Size: Gross measurement: 5 cm

B. Type: Comedo, solid, apocrine

C. Nuclear grade: High

(Modified Lagios Grading Scheme)

D. Associated features: Necrosis, Cancerization of lobules

2. Invasive carcinoma:

A. Size: Gross measurement: 1.0 x 1.0 x 0.6 cm

B. Composite histologic (modified SBR) grade: III

- Architecture: 3

- Nuclear grade: 3

- Mitotic count: 2

C. Associated ductal carcinoma in situ (DCIS):

-Within main mass (forming 50 % of tumor volume)

-Extending away from main mass

3. Excisional biopsy margins: Free of tumor. Margins greater than 2mm away.

4. Blood vessel and lymphatic invasion: Absent

5. Axillary lymph nodes: Negative for tumor (0/2)

6. Special studies

-No expression of ER in invasive tumor nuclei

-No expression of PR in invasive tumor nuclei

-Her2/neu antigen (FISH): Pending

7. pTNM: pT2,N0,MX

ICD O-3

Carcinoma, Infiltrating Duct NOS
8500/3

Site: @ Breast, NOS
C50.9
JW 12/24/12

UUID: AD80BBA3-DA8E-4DFB-BDA1-FFDC131E9740
TCGA-OL-ASD6-01A-PR

Redacted



Clinical History:

This is a year-old female with history of a right papilloma. A screening mammogram in showed suspicious densities with calcifications in the left outer quadrant. By exam showed a 1.5 cm quasi suspicious mass at 4-5:00, 3 cm outside the areola margin on the left breast. , she had a FNA of the left breast showing carcinoma. On a breast MRI on the left showed an outer quadrant 4.7 x 3.2 x 3.3 cm enhanced mass with three additional suspicious foci: one anterior and superior to the index mass, one adjacent to the nipple, and one suspicious focus at 12 o'clock. The patient undergoes a left breast sentinel node biopsy and simple mastectomy.

Specimens Received:

A: Sentinel Node #1

B: Sentinel Node #2

C: Left Breast Mastectomy with Sentinel Node Biopsies

Gross Description:

The specimens are received in three containers each labeled with the patient's name and medical record number.

A. Container A is further designated 31. sentinel node #14. Received for frozen section diagnosis is a 1.8 x 1.2 x 0.5 cm rubbery portion of yellow, lobulated tissue with blue discoloration. It is read as 3one lymph node, negative for carcinoma4 by The specimen is entirely submitted as A1FS.

B. Container B is further designated 32. sentinel node #24. Received for frozen section diagnosis is a 1.5 x 0.8 x 0.8 cm portion of pink-tan rubbery tissue consistent with a lymph node. It is bisected and read as 3one lymph node, negative for carcinoma4 by The specimen is entirely submitted in cassette B1FS in a mesh bag.

C. Container C is further designated 33. left breast mastectomy with sentinel node biopsies4. Received fresh and placed in formalin is a 975 gm, 39 x 18 x 6 cm mastectomy specimen with an ellipse of white-tan skin with blue discoloration (27 x 11.2 cm), areola (4.7 x 4.5 cm), and nipple (1.2 x 1.0 x 0.4 cm). The specimen is oriented as follows: short suture superior, long suture lateral. The deep margin is inked black and the specimen is serially sectioned into 13

slices from lateral (slice #1) to medial revealing a 5 x 5.5 x 4 cm ecchymotic area in the lower lateral quadrant located in slices #4-7. There is a well-circumscribed, firm, white mass measuring 2.5 x 1.7 x 1.5 cm in slice #5, 5.5 cm from the deep margin. It is located inferior to the ecchymotic region. At 2-3 o'clock adjacent to the firm mass is an ill-defined, gritty, indurated area primarily in slices #7 and #8. It extends superomedially with a span of 5.0 x 3.5 x 2.0 cm and is located 2.5 cm from the deep margin. Note: slices #7 and #8 contain the nipple and areola region.

Cassette SummaryC1: nipple

C2-C4: areola, serially sectioned

C5: section of the main mass in slice #5 with respect to closest distant from deep margin

C6-C7: one representative section immediately superior and anterior to the main lesion from slice #5

C8: section of hematoma from slice #5 anterior and medial to the main lesion

C9: section of hematoma from slice #6, directly medial to the main lesion

C10: section 2 cm superior, anterior, and medial to the main lesion from slice #7

C11: representative sections from slice #8, representing ill-defined, gritty, firm tissue

C12-C13: section from slice #7 also representing ill-defined, gritty, firm tissue

C14: another section from slice #7 immediately inferior to the section C12-C13

C15-C16: section from 12 o'clock on section #8

C17-C18: sections from slice #9

C19: another representative section from section #9

C20-C21: lateral upper quadrant from slices #3-4, respectively

C22-C23: lateral lower quadrant from slices #2 and #3, respectively

C24-C25: upper medial quadrant from slice #11 and #12, respectively C26-C27: medial lower quadrant from slices #11 and #12, respectively

Intraoperative Consult Diagnosis:

A1FS. Sentinel node #1: One lymph node, negative for carcinoma.

B1FS. Sentinel node #2: One lymph node, negative for carcinoma.

Criteria	Yes	No
Diagnostic Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Malignancy		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	12/21/12	12/21/12