

**Surgical Pathology:**

**Surg Path**

ICD-0-3

Carcinoma, infiltrating  
duct, NOS 8500/3

Site: breast, NOS C50.9

1/25/11 *for*

**CLINICAL HISTORY:**

Bilateral breast tumors.

**GROSS EXAMINATION:**

A. "Left breast tumor (long suture lateral, short suture superior)", fresh. Received is a 6 x 2.5 x 1 cm portion of fibroadipose tissue consistent with breast tissue, with orientation sutures provided, the anterior surface is inked green, and the posterior blue. Specimen is transected to reveal a single firm 1.2 x 1 x 1 cm gray-white tumor which in many areas is relatively well circumscribed but in other areas appears to have an infiltrative border. There is flecks of yellow within the specimen. The neoplasm grossly extends to within 0.3 cm of the closest (anterior) margin of resection. A portion of tumor is submitted to the Tissue Bank for Estrogen and Progesterone receptor analysis. The entire submitted in Blocks A1-A7, with the majority of the tumor in Blocks A2-A4.

*bilateral*

B. "Right breast tumor (long suture lateral, short suture superior). Received is a 5 x 4.5 x 2 cm portion of fibroadipose tissue consistent with breast tissue, which is oriented with a long and short suture. The anterior surface is inked blue and the posterior black, and the specimen is transected to reveal a roughly dumb bell shaped 2.0 x 1.0 x 1.0 cm firm, gray-white mass with infiltrative borders. The tumor grossly extends to within 0.3 cm of the closest margin of excision. Tissue has been sent for Estrogen and Progesterone essays. The entire specimen is submitted from anterior to posterior in Block B1 through B8 with the majority of the tumor in Blocks B3-B7. The anterior margin is in Block B1 and posterior margin in Block B8.

**DIAGNOSIS:**

A. BREAST, "LEFT TUMOR," EXCISIONAL BIOPSY:

INVASIVE AND INTRADUCTAL CARCINOMA (1.2 X 1.0 X 1.0 CM),  
NSABP NUCLEAR GRADE 2, HISTOLOGIC GRADE 2,  
EXTENDING FOCALLY TO WITHIN 100 MICRONS OF THE INKED MARGIN OF EXCISION  
(ANTERIOR A4).  
INTRADUCTAL CARCINOMA ACCOUNTS FOR LESS THAN 5% OF TOTAL TUMOR VOLUME.  
VASCULAR INVASION NOT PRESENT.  
TISSUE SUBMITTED FOR ER/PR.  
APOCRINE METAPLASIA PRESENT IN BENIGN BREAST TISSUE.

B. BREAST, "RIGHT TUMOR". EXCISIONAL BIOPSY:

INVASIVE AND INTRADUCTAL CARCINOMA (2.0 X 1.0 X 1.0 CM),  
NSABP NUCLEAR GRADE 2, HISTOLOGIC GRADE 3,  
EXTENDING FOCALLY TO WITHIN 100 MICRONS OF THE INKED MARGIN OF EXCISION  
(POSTERIOR B2, B3, B7).  
INTRADUCTAL CARCINOMA ACCOUNTS FOR 5% OF TOTAL TUMOR VOLUME.  
VASCULAR INVASION NOT PRESENT.  
TISSUE SUBMITTED FOR ER/PR.  
MICROCALCIFICATIONS AND EPITHELIAL HYPERPLASIA OF THE USUAL TYPE IN BENIGN  
BREAST TISSUE.

Verified by:

M.D.

(Electronic Signature)

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	<i>[Signature]</i>	<i>[Signature]</i>
Date Reviewed:	1/25/11	

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TCGA-B6-A0X7-01A-PR

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