

Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 1/25/11 lw

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Surgical Pathology:

Surg Path

UUID: CA935E8D-ED8A-4485-BDC6-02C07CCE2EAS
TCGA-B6-A0X4-01A-PR

Redacted

CLINICAL HISTORY:

Breast cancer, tumor was 3 x 2.5 x 2 cm.

GROSS EXAMINATION:

A. "Left modified radical mastectomy", received fresh. Submitted is a 2050 gram, 22 x 20 x 8 cm left mastectomy specimen with 10 x 10 x 2 cm axillary tail. There is a 30 x 20 cm skin ellipse with a 1.5 cm nipple and 6 cm areola. A sutured 10.5 cm linear incision is present over the lower inner quadrant. The margins are inked in blue. Sectioning reveals a 3 x 2 x 2 cm biopsy cavity in the lower inner quadrant, 3 cm from the inferior margin, 2 cm from the medial margin, 4.5 cm from the deep margin, 8 cm from the superior margin, and more than 15 cm from the lateral margin. The biopsy cavity extends to within 1 cm of the skin incision. Adjacent to the deep edge of the biopsy cavity is a 3 x 2 x 1 cm irregular mass of firm, tan-white tissue. The mass lies approximately 3.5 cm from the deep surgical margin, 2 cm from the medial margin, 3 cm from the inferior margin, 7.5 cm from the superior margin, and greater than 15 cm from the lateral margin. In the upper inner quadrant, 3.5 cm from the biopsy cavity, is a 1.5 x 1.2 x 0.8 cm well circumscribed nodule of firm, pale pink-tan tissue. The nodule lies nearest the deep margin, extending to within 2 cm of this margin. In the lower outer quadrant are two similar well-circumscribed nodules of pale pink-tan tissue: a 1.1 x 0.6 x 0.5 cm nodule and, 1.5 cm lateral to this, a 0.6 x 0.5 x 0.2 cm nodule. The 1.1 x 0.6 x 0.5 cm nodule lies 5 cm from the lateral surgical margin and 4 cm from the inferior surgical margin. The 0.6 x 0.5 x 0.2 cm nodule is 3.5 cm from the lateral surgical margin and 4 cm from the inferior surgical margin. Further lateral and inferior within the lower outer quadrant is a small, 0.4 x 0.3 x 0.2 cm, oblong mass of firm tan tissue, lying 2 cm from the deep and the lateral surgical margins. In the upper outer quadrant there are small areas of fibrosis, some associated with small cysts (up to 0.3 cm in diameter). Within the axillary tail, thirty-two lymph node candidates, 0.5 to 2.2 cm in greatest dimension, are identified: 8 within the proximal third (zone III), 6 within the middle third (zone II), and 18 lymph nodes in the distal third (zone I).

BLOCK SUMMARY:

- A1- six lymph node candidates from zone III, 0.5 to 1.1 cm in greatest dimension.
- A2- two bisected lymph node candidates, 1.2 x 0.9 x 0.7 cm and 1 x 0.6 x 0.5 cm, from zone III.
- A3- five lymph node candidates from zone II, 0.4 to 1 cm in greatest dimension
- A4-A5- one bisected lymph node candidate, 2.2 x 1.5 x 0.4 cm, from zone II
- A6- four lymph node candidates, 0.8 to 1.2 cm, from zone I.
- A7- six lymph node candidates, 0.5 to 1.1 cm, from zone I.
- A8- six lymph node candidates, 0.8 to 1 cm, from zone I.
- A9- two bisected lymph node candidates, 1.3 x 1 x 0.4 cm and 1.6 x 1.3 x 0.5 cm, from zone I.
- A10- section through nipple.
- A11- sections adjacent to incision extending to the biopsy cavity.
- A12-A15- sections through 3 cm mass adjacent to biopsy cavity
- A16-A17- sections through 1.5 cm nodule in the upper inner quadrant.
- A18- section through the 0.6 and 1.1 cm nodules in the lower outer quadrant.
- A19- section through 1.1 cm nodule in the lower outer quadrant.
- A20- section through 0.4 cm mass in the lower outer quadrant.
- A21- section extending to the deep surgical margin near the biopsy cavity.
- A22- section extending to the inferior surgical margin near the biopsy cavity.
- A23- sections extending to the superior surgical margin nearest biopsy cavity.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
ICD-O Discrepancy		
Prior Pathology History		
Overlapping History		
Cases in (ref. #)		
Discrepancy in Study		

DISQUALIFIED
Date: 1/25/11
By: [Signature]

- A24- sections extending to the medial surgical margin nearest the biopsy cavity.
- A25- inner upper quadrant.
- A26- outer upper quadrant, including portion of fibrous tissue with cysts.
- A27- outer lower quadrant.
- A28- inner lower quadrant.
- A29- section through superior/medial edge of the biopsy cavity.
- A30- section through deep edge of biopsy cavity.

Dr.

DIAGNOSIS:

A. "LEFT MODIFIED RADICAL MASTECTOMY" (MODIFIED RADICAL MASTECTOMY):

INFILTRATING DUCTAL CARCINOMA, AT LEAST 3 CM IN GREATEST DIMENSION, NSABP
CYTOLOGIC GRADE 2, HISTOLOGIC GRADE 2
LYMPHOVASCULAR INVASION IS IDENTIFIED

METASTATIC CARCINOMA IN TWO OF TWENTY-ONE LYMPH NODES

DUCTAL CARCINOMA IN SITU OF NON-COMEDO TYPE, EXTENSIVE
SURGICAL MARGINS FREE OF CARCINOMA

BREAST TISSUE AWAY FROM TUMOR MASS SHOWS BENIGN PROLIFERATIVE CHANGES
INCLUDING ATYPICAL INTRADUCTAL HYPERPLASIA, INTRADUCTAL HYPERPLASIA OF
THE USUAL TYPE, INTRADUCTAL PAPILLOMATOSIS, APOCRINE METAPLASIA, BLUNT
DUCT ADENOSIS, MICROCALCIFICATIONS, DUCT ECTASIA, AND MULTIPLE
FIBROADENOMATA

Verified by:

Date Signed:

ADDENDUM 1:

Tissue was sent to the and progesterone receptor were performed. where assays for estrogen receptor
revealed an estimated Fmol value of 292 which was interpreted as positive. The Assay for estrogen receptor
estrogen receptor activity was interpreted as positive with estimated Fmol
value of 268. Please refer to for the complete report.

Verified by:

Date Signed:

ADDENDUM 2:

ADDENDUM DIAGNOSIS:

SURGICAL OPERATIVE MARGINS ARE FREE OF MALIGNANCY.

DUCTAL CARCINOMA IN SITU OF NON COMEDO TYPE, EXTENSIVE.

BREAST TISSUE AWAY FROM MAIN TUMOR MASS SHOWS BENIGN PROLIFERATIVE CHANGES
INCLUDING HYPERPLASIA, INTRADUCTAL PAPILLOMATOSIS, BLUNT DUCT ECTASIA,
APOCRINE METAPLASIA, MICROCALCIFICATIONS, AND MULTIPLE HYALIZING
FIBROADENOMA.

Verified by:

Date Signed: