

TSS

105-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Site: breast, NOS C50.9 2/15/11

hr

SPECIMENS:

- A. WLE RIGHT BREAST NEEDLE LOCALIZATION
- B. SENTINEL NODE #1 RIGHT AXILLA
- C. SENTINEL NODE #2

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UUID:97B6C43B-4C7D-49FC-BA49-00D2DF41827D
TCGA-E2-A1L9-01A-PR



Redacted

INTRAOPERATIVE CONSULTATION DIAGNOSIS:

A-WLE right breast: Mass (1.4 x 1.2 x 1 cm) is 0.8 cm from the closest inferior margin.
TPB/TPC-sentinel lymph nodes #1 & #2 right axilla: Negative for tumor by touch prep.
Diagnoses called by Dr. to Dr. at '

GROSS DESCRIPTION:

A. WLE RIGHT BREAST NEEDLE LOCALIZATION

Received fresh labeled with the patient's identification and "WLE left breast needle localization" is a previously inked, oriented (single-anterior, double-lateral, triple-superior) 53-g, 4 x 3.4 x 2.5 cm needle localized lumpectomy with radiograph. Ink code: Anterior-yellow, posterior-black, medial-green, lateral-red, superior-blue, inferior-orange. Specimen is serially sectioned from lateral to medial into 7 slices revealing a 1.4 x 1.2 x 1 cm firm, tan, stellate mass that is closest to the inferior margin at 0.8 cm. Tissue is procured; Representatively submitted:

- A1-A3: lateral margin, perpendicular sections
- A4: slice 2, anterior inferior
- A5: slice 3, anterior inferior
- A6: slice 3, mid inferior (mass)
- A7: slice 3, posterior inferior
- A8: slice 4, anterior inferior (mass)
- A9: slice 4, posterior inferior (mass)
- A10: slice 5, anterior superior
- A11: slice 5, posterior superior
- A12: slice 5, anterior inferior (mass)
- A13: slice 5, posterior inferior (mass)
- A14: slice 6, anterior inferior (mass)
- A15: slice 6, posterior inferior (mass)
- A16-A18: medial margin, perpendicular sections (muscle infiltrating the tissue)

B. SENTINEL LYMPH NODE #1 RIGHT AXILLA

Received fresh labeled with the patient's identification and "sentinel lymph node #1 right axilla" is a 4 x 2.3 x 1.5 cm lymph node; sectioned, it has a yellow-tan cut surface. A touch prep is performed; submitted entirely in cassettes B1-B2.

C. SENTINEL LYMPH NODE #2

Received fresh labeled with the patient's identification and "sentinel lymph node #2" is a 3.4 x 3 x 0.4 cm lymph node; sectioned, it has a yellow-tan cut surface. Touch prep is performed; submitted entirely in cassettes C1-C3.

DIAGNOSIS:

A. BREAST, RIGHT, WIDE LOCAL EXCISION:

- INVASIVE DUCTAL CARCINOMA, SBR GRADE 2 WITH FOCAL NECROSIS, MEASURING 1.5-CM
- INTERMEDIATE NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPES WITH CENTRAL NECROSIS
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
- BIOPSY SITE CHANGES WITH FIBROSIS AND GRANULATION TISSUE
- SEE SYNOPTIC REPORT.

B. LYMPH NODE, SENTINEL #1, RIGHT AXILLA, EXCISION:

- METASTATIC CARCINOMA TO ONE OF ONE LYMPH NODE (1/1), MEASURING 1.0-MM (MICROMETASTASES) WITH NO EXTRANODAL EXTENSION, SEE NOTE.

C. LYMPH NODE, SENTINEL #2, RIGHT AXILLA, EXCISION:

- ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

TSS:

NOTE: The touch preparation was reviewed, no tumor cells are identified. Therefore, the false negativity is due to sampling error.

SYNOPTIC REPORT - BREAST

Specimen Type: Excision
Needle Localization: Yes - For mass
Laterality: Right
Invasive Tumor: Present
Multifocality: No
WHO CLASSIFICATION
Invasive ductal carcinoma, NOS 8500/3
Tumor size: 1.5cm
Tumor Site: Not specified
Margins: Negative
Distance from closest margin: 0.7cm
inferior
Tubular Score: 2
Nuclear Grade: 2
Mitotic Score: 2
Modified Scarff Bloom Richardson Grade: 2
Necrosis: Present
Vascular/Lymphatic Invasion: Present
Extent: focal
Lobular neoplasia: None
Lymph nodes: Sentinel lymph node only
Lymph node status: Positive 1 / 2
Micrometastases: Yes

DCIS present
Margins uninvolved by DCIS
DCIS Quantity: Estimate 2%
DCIS Type: Solid
Cribriform
DCIS Location: Associated with invasive tumor
Nuclear grade: Intermediate
Necrosis: Present

ER/PR/HER2 Results
ER: Positive
PR: Positive
HER2: Negative by IHC
Performed on Case:

Pathological staging (pTN): pT 1c N 1mi

CLINICAL HISTORY:

None given

PRE-OPERATIVE DIAGNOSIS:

Cancer right breast

Final ReviewPathologist,
Final:., Pathologist,

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Tumor		/
Case is (check):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed: 2/1/11	