

100-0-3

Carcinoma, ductal, NOS, infiltrating 8500/3

Path: Site Code, breast, upper outer quadrant C50.4

QICF breast NOS C50.9

1/7/11

lw

Patient

Surgical Pathology: Final

Surg Path

CLINICAL HISTORY:

Large carcinoma in right breast.

GROSS EXAMINATION:

A. "Right breast and axilla tissue", in formalin. Received is a 30 x 18 x 4 cm mastectomy specimen with a 14 x 7.5 x 1.0 cm attached axillary tail. There is a 21 x 15 cm skin ellipse. Sectioning the specimen reveals a 5 x 4.5 x 4 cm mass in the mid upper outer quadrant consisting of firm, white, hemorrhagic tissue. The mass is 2 cm from the deep surgical margin and 1 cm from the skin ellipse. The remaining breast tissue appears unremarkable. The deep surgical margin is inked blue. The axillary tail was sectioned into the proximal, middle, and distal portion and lymph node candidates were identified.

BLOCK SUMMARY:

- A1- section of nipple.
- A2- tumor in surgical margin.
- A3- tumor and skin margin.
- A4- tumor.
- A5- upper outer quadrant.
- A6- upper inner quadrant.
- A7- lower outer quadrant.
- A8- lower inner quadrant.
- A9- proximal region three lymph node candidates.
- A10- mid region two lymph node candidates.
- A11- mid region two lymph node candidates.
- A12- mid region two lymph node candidates.
- A13- distal region viable candidates.
- A14- distal region four lymph node candidates.
- A15- distal region four lymph node candidates.
- A16- distal region five lymph node candidates.
- A17- distal region one lymph node candidate.

Dr.

UUID:F3BAF04C-35EE-450F-8FAB-E9DFE9F984FD
TCGA-B6-A01J-01A-PR

Redacted



DIAGNOSIS:

A. "RIGHT BREAST AND AXILLA TISSUE", (MASTECTOMY, AXILLARY DISSECTION):

INVASIVE DUCTAL CARCINOMA, NSABP HISTOLOGIC GRADE III, CYTOLOGIC GRADE III.

TUMOR MEASURES 5 CM IN ITS GREATEST DIMENSION.

TUMOR EXTENDS TO WITHIN 2 CM OF THE DEEP SURGICAL MARGIN.

27 LYMPH NODES, ALL NEGATIVE FOR MALIGNANCY.

BENIGN PROLIFERATIVE CHANGES INCLUDE BLUNT DUCT ADENOSIS, INTRADUCTAL HYPERPLASIA, AND FIBROSIS.

OPERATIVE MARGINS FREE OF MALIGNANCY IN SECTIONS OBTAINED.

COMMENT: No identifiable intraductal carcinoma is seen.

Verified by:

Date:

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case Is (circle):	QUALIFIED	DISQUALIFIED
Reviewed (initials):	LMW	1/3/11