

Redacted

1CD-0-3

Carcinoma, infiltrating duct, NOS 8500/3
Site: Breast, NOS C50.9 lw 10/27/11

SPECIMEN

- A. Left axillary sentinel node
- B. Left breast long stitch anterior short superior

CLINICAL NOTES

PRE-OP DIAGNOSIS: Left breast cancer.
HISTORY: year old white female with left breast cancer.
POST-OP DIAGNOSIS: Same as above.

FROZEN SECTION DIAGNOSIS

A - Lymph node negative for metastatic disease.

GROSS DESCRIPTION

A. The specimen is received fresh for frozen section labeled "left axillary sentinel node". It consists of a portion of adipose tissue measuring 3.2 x 2.1 x 1 cm. On section there is an apparent fatty lymph node measuring 1.5 x 0.5 x 0.4 cm. Some of the fat is trimmed away. The node is bisected and all submitted in one block for frozen section.

B. Received fresh for tissue procurement labeled "left breast" is a diffusely cauterized and fragmented, 7.1 cm. (superior to inferior) x 5.7 cm. (medial to lateral) x 4.1 cm. (anterior to posterior) soft, lobulated tan gold-white portion of fibroadipose tissue with two sutures as stated previously. Prior

to

inking the specimen is incised and tissue is recovered for tissue procurement. The specimen is subsequently inked as follows: Anterior blue, posterior black, medial green and lateral orange.

The

specimen is sectioned from superior to inferior. There is a poorly circumscribed, 4.0 cm. (superior to inferior) x 3.7 cm. (medial to lateral) x 2.0 cm. (anterior to posterior) rubbery tan white tumor mass with a few central cylindrical firm tan white structures. The lesion focally extends to within 0.15 cm. of the inked anterior surface and 0.3 cm. of the inked posterior margin. The lesion also focally appears to approach lateral inked margin (see block 3).

The

GROSS DESCRIPTION

remaining cut surface consists predominantly of glistening lobulated

golden yellow adipose tissue with a scant amount of interspersed delicate tan white fibrosis tissue. Representative sections are submitted in a sequential manner from superior to inferior in ten blocks as labeled. RS-10

BLOCKS SUMMARY: 1 - perpendicular sections entire superior margin cap; 2 through 9 - sequential sections; 10 - representative perpendicular sections inferior margin cap.

MICROSCOPIC DESCRIPTION

A. This single lymph node is examined in its entirety at multiple levels and is negative for metastatic disease, 0/1.

B. This excision is status post prior biopsy.
Surrounding

the biopsy site there is a high grade invasive ductal carcinoma associated with high grade ductal carcinoma in situ. Please see the template below.

Invasive Carcinoma:

Histologic type: Infiltrating ductal carcinoma

Histologic grade: Poorly differentiated

Overall grade: Elston SBR grade 3

Architectural score: 3

Nuclear score: 3

Mitotic score: 3

Greatest dimension (pT): The tumor measures 4 cm. in greatest dimension, pT2.

Specimen margins: Invasive tumor extends to the anterior margin of resection and to within 1.7 mm. of the lateral margin of

MICROSCOPIC DESCRIPTION

resection.

Vessel invasion: Lymphatic invasion present.

Calcification: Negative.

Ductal carcinoma in situ:

Histologic pattern: Solid. Cancerization of lobules is noted.

Nuclear grade: 3.

Central necrosis: Minimal.

% DCIS of total tumor (if mixed): 25%

Extensive intraductal component (present/absent): Present.

Specimen margins: High grade DCIS extends to the anterior margin of resection, to within 0.4 mm. of the lateral margin of

resection. There is also a focus of cribriform ductal

carcinoma present to within 0.4 mm. of the inferior margin of resection.

Calcification: Negative.

Description of non-tumorous breast: A few cysts are noted with ductal hyperplasia.

Prognostic markers: These have been previously performed.

4x2, 14

DIAGNOSIS

A. Left axillary sentinel node, biopsy - Single lymph node negative

for metastatic disease, 0/1.

B. Left breast, excision - Breast tissue, status post prior biopsy with residual infiltrating ductal carcinoma, Elston SBR grade III.

Lymphatic invasion is noted and extension to margin of resection is present. High grade ductal carcinoma in situ is also present and also extends to margin of resection.

DIAGNOSIS

.. (Electronic Signature)

--- End Of Report ---

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HPA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary		
Case is (circle):		
Reviewer Initials		
Date Reviewed		

10/27/18