

**SURGICAL PATHOLOGY**

UUID: B3884493-D0D2-445C-B9BB-BC475021EBA4  
TCGA-AQ-A540-01A-PR

Redacted

Case Number :



Diagnosis:

A: Sentinel lymph node, right axillary #1, removal  
- No evidence of metastatic carcinoma in one lymph node (0/1)  
- See comment

B: Breast, right, total mastectomy

Tumor type: Infiltrating ductal carcinoma

*ICDO-3*

Nottingham combined histologic grade: 3

Tubule formation score: 3

Nuclear Pleomorphism Score: 2

Mitotic count score: 3

*Carcinoma, Infiltrating Duct, NOS*

*8500/3*

*Site: (R) Breast, LOQ*

*Path, C50.3*

*C50.9*

*9/12/12*

Focality of tumor: unifocal

Tumor size (greatest dimension): 35 mm

Lymphovascular invasion: not identified

In Situ Component: Minor component of ductal carcinoma in situ, cribriform and solid types, nuclear grade 2 with necrosis, 2mm in linear extent

Extensive intraductal component: absent

Nipple/skin involvement: not identified

Margin status:

Invasive component: negative, widely clear; 1.5 cm to closest posterior margin

In Situ component: negative; widely clear of all margins

Axillary lymph nodes:

Total number with metastasis: 0

Total number examined: 14 ( see parts A & C)

Microcalcifications: not identified

Other findings: gynecomastia, biopsy site changes

See report of prior biopsy ( ) for results of ER, PR and HER2 immunohistochemical studies

AJCC PATHOLOGIC TNM STAGE: pT2 pN0

Note: This pathologic stage assessment is based on information available at the time of this report, and is subject to change pending clinical review and additional information.

C: Lymph nodes, right axillary, removal

- No evidence of metastatic carcinoma in 13 lymph nodes (0/13)
- See comment

Comment:

The axillary lymph nodes reveal lymphoid paracortical expansion, which is favored to be reactive in nature by H & E stains. Scattered pigmented histocytes are present suggestive of dermatopathic lymphadenitis. Additional immunohistochemical stains are pending to further evaluate this process, results of which will follow in an addendum report.

Intraoperative Consult Diagnosis:

Frozen section consultation was requested at on by in OR

FSA1,A2: Lymph node, right axillary SLN #1, biopsy

- No tumor seen

Drs. at

Frozen Section Pathologist:, MD

Clinical History:

with right poorly differentiated invasive ductal carcinoma, Grade 3.

Gross Description:

Received are three appropriately labeled containers.

Container A is additionally labeled "right axillary SLN #1, hot + blue." The

specimen is a 6 x 4.5 x 1.5 cm fatty soft tissue fragment.

Examination of the

fat reveals a 2.0 x 2.0 x 1.0 cm blue lymph node candidate. This candidate is

serially sectioned and submitted entirely in blocks FSA1 and FSA2.

Container B:

Specimen fixation: formalin

Time in fixative: 28.5 hours

Type of mastectomy: simple mastectomy

Weight of specimen: 950 grams

Size of specimen: 26.0 cm medial to lateral, 26.7 cm superior to inferior,

4.0 cm anterior to posterior

Orientation of specimen: Sutures: Short=superior, long=lateral

Inking: anterior=blue, posterior=black, lateral=yellow

Skin ellipse dimensions: 18.6 x 9.3 cm

Nipple/areola: Nipple, 1.0 cm; areola, 3.1 cm

Axillary tail: submitted separately

Biopsy site: present; Location is central breast/lower outer quadrant;

Size: 0.8 x 0.5 x 0.5 cm

Appearance: Biopsy site (clip identified) is in the center of a white/tan, firm area. Hemorrhage and fat necrosis are noted in this area. Additional residual tumor is present.

Discrete Mass(es): present

Number of discrete masses: one

Size of mass (es)/biopsy site: 2.5 x 2.0 x 3.5 cm

Location of mass(es): subareola/lower outer quadrant

Distance of mass/biopsy site from surgical margin: The mass measures 1.9 cm to posterior margin, 8.5 cm to inferior margin, 10.5 cm to superior margin, 2.8 cm to anterior margin and is widely clear of medial/lateral margins.

Gross involvement of skin or fascia/muscle by tumor: absent

Description of remaining breast: consistent with yellow/tan fibroadipose tissue with increased fibrous areas noted in the subareolar area; no other masses are identified

Other remarkable features: none

Tissue submitted for special investigations: yes; Tumor to Tissue Proportion

Block Summary:

(Inking: blue=anterior, black=posterior, yellow=lateral)

- B1 - nipple
- B2 - areola
- B3 - biopsy site
- B4 - medial aspect of mass
- B5-B8 - central portion of mass
- B9 - lateral aspect of mass
- B10 - mass to posterior margin
- B11 - representative dense fibrous tissue posterior to nipple and anterior to mass
- B12 - closest skin margin (inferior areola)
- B13 - upper inner quadrant
- B14 - lower inner quadrant
- B15 - lower outer quadrant
- B16 - upper outer quadrant
- B17 - mass to normal breast, superior
- B18 - mass to normal breast, inferior

Container C is additionally labeled "right axillary contents."

The specimen consists of two fragments of yellow/tan fibroadipose tissue that measures 9.5 x 6.5 x 3.0 cm in aggregate. Within the fibroadipose tissue, fifteen lymph node candidates are identified. These range in size from 0.4 up to 1.5 cm in greatest dimension. The largest lymph node candidate measures 2.3 x 1.5 x 1.0 cm.

Block summary:

- C1 - six lymph node candidates
- C2 - five lymph node candidates (bisected node inked black)
- C3 - three lymph node candidates (bisected nodes inked black, blue and yellow)
- C4 - one lymph node candidate, sectioned
- C5 - one lymph node candidate, sectioned
- C6 - one lymph node candidate, sectioned
- C7, C8 - largest lymph node candidate, sectioned

Procedures/Addenda:

Addendum

Addendum

Immunohistochemical studies were performed on representative blocks of axillary lymph nodes (C6 and C7) and the results are as follows:  
CD20: Highlights many small lymphocytes in a generally nodular distribution  
CD3: Highlights majority of lymphocytes with focal expansion of the paracortex  
Interpretation: The immunohistochemical studies highlight an essentially normal pattern of distribution of B cells and T cells in the lymph nodes, with primary follicles composed predominantly of small B lymphocytes and a paracortex populated by predominantly small T lymphocytes. Morphologic and immunohistochemical findings are compatible with reactive lymph nodes and do not support a diagnosis of a lymphoproliferative disorder. The mild paracortical expansion can be seen as a feature of dermatopathic lymphadenopathy.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History	X	
Dual/Synchronous Primary Need		X
Case Is (circle) <u>QUALIFIED</u> <u>DISQUALIFIED</u>		
Reviewer Initials	WMS/4/2	1/12/02