

1CD-0-3

Carcinoma, infiltrating duct, NOS
Path Site Code: breast, central C50.1
CQCF Site: breast, NOS C50.9

8500/3

12/19/10
W

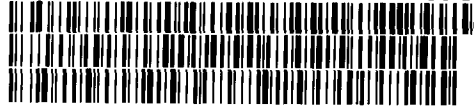
TSS Pt ID

SPECIMENS:

- A. WLE VULVA
- B. SENTINEL LYMPH NODE #1
- C. SENTINEL LYMPH NODE #2
- D. SENTINEL LYMPH NODE #3
- E. SENTINEL LYMPH NODE #4
- F. SENTINEL LYMPH NODE #5
- G. LEFT BREAST
- H. LEFT AXILLARY CONTENTS

UUID: CFB8EE09-41D3-4A39-A4AE-4CDEC84B89BC
TCGA-E2-A10E-01A-PR

Redacted



SPECIMEN(S):

- A. WLE VULVA
- B. SENTINEL LYMPH NODE #1
- C. SENTINEL LYMPH NODE #2
- D. SENTINEL LYMPH NODE #3
- E. SENTINEL LYMPH NODE #4
- F. SENTINEL LYMPH NODE #5
- G. LEFT BREAST
- H. LEFT AXILLARY CONTENTS

GROSS DESCRIPTION:

A. WLE VULVA

Received is a vulvectomy specimen measuring 4 x 1.7 x 1 cm. The surface of the specimen is tan-gray and unremarkable. The single right stitch is arbitrarily designated 12 o'clock. The specimen is inked as follows: 12 o'clock, 3 o'clock, 6 o'clock-blue, 6 o'clock, 9 o'clock, 12 o'clock-orange. The specimen is serially sectioned from right to left and submitted in toto as follows:

A1: 12 o'clock right margin

A2-A4: full thickness sections from right to left

A5: 6 o'clock left margin

B. SLN #1: Received fresh is a tan pink lymph nodes 1.0 x 0.9 x 0.5cm. The specimen is bisected, touch preps are taken and the specimen is submitted in toto in FSB.

C. SLN #2: Received fresh is a tan pink lymph nodes 0.5 x 0.3 x 0.3cm. The specimen is bisected, touch preps are taken and the specimen is submitted in toto in C1.

D. SLN #3: Received fresh is a tan pink lymph nodes 1.0 x 0.5 x 0.5cm. The specimen is bisected, touch preps are taken and the specimen is submitted in toto in D1.

E. SLN #4: Received fresh is a tan pink lymph nodes 1.5 x 1.3 x 0.5cm. The specimen is bisected, touch preps are taken and the specimen is submitted in toto in E1.

F. SLN #5: Received fresh is a tan pink lymph nodes 1.0 x 0.9 x 0.5cm. The specimen is bisected, touch preps are taken and the specimen is submitted in toto in F1.

G. LEFT BREAST:

Received fresh is a 474 gram simple mastectomy specimen measuring 21 x 19 x 3.5 cm. The specimen is partially surfaced with a tan-pink ellipse of skin measuring 16 x 16 cm. The skin surface is remarkable for a centrally located partially raised nipple 1 cm. The areola rim measures 1.3 cm. The specimen is inked as follows: superior anterior-blue, anterior inferior-orange, posterior-black. The specimen is serially sectioned from lateral to medial into 10 slices; slice serially sectioned from medial to lateral in 10 slices; slice 1 the most medial, slice 10 the most lateral. The nipple is located in slice 5 and 6. The cut surface reveals a gray-white firm well circumscribed mass measuring 2.5 x 1.5 x 1 cm, located in slice 5 and 6 and measuring 0.7 cm. from the closest deep margin. The mass is retroareolar measuring 2 cm. deep from the nipple. A second satellite nodule is identified in slice 8 measuring 1 x 0.9 x 0.8 cm, 0.4 cm. from the deep margin and 5.5 cm. from nodule #1. A third possible satellite nodule is grossly identified in slice 7 measuring 0.4 cm. in greatest dimension, greater than 0.1 cm. from the deep margin and 2.0 cm. from nodule #2 and 4 cm. from nodule #1. Nodule 2 and 3 are both located in the lower outer quadrant. Remaining cut surfaces reveal predominantly yellow lobulated adipose tissue interdispersed with gray-white fibrous tissue. A portion of the specimen is submitted for tissue procurement. Representative sections are submitted as follows:

G1: nipple serially sectioned slice 5

G2: nipple serially sectioned slice 6

G3: upper inner quadrant slice 3

G4: upper inner quadrant with deep margin slice 4

G5: lower inner quadrant slice 3

G6: lower inner quadrant slice 4
 G7: area immediately adjacent to mass #1
 G8: slice 4
 G9: slice 5
 G10: upper central slice 5
 G11: lower central slice 5
 G12: skin adjacent no nodule #1
 G13-G14: nodule #1 with closest deep margin slice 6
 G15: area above nodule #1 slice 6
 G16: immediately adjacent to nodule #1 with deep margin slice 7
 G17: nodule #3 with deep margin slice 7
 G18: lower outer quadrant slice 7
 G19: area immediately adjacent to nodule #2 with deep margin slice 7
 G20: upper outer quadrant with deep margin slice 8
 G21: inferior margin lower outer quadrant adjacent to nodule #2 slice 8
 G22: nodule #2 with deep margin slice 8 lower outer quadrant
 G23: area immediately adjacent to nodule #2 with inferior and deep margin slice 9

H. LEFT AXILLARY CONTENTS:

Received in formalin are multiple tan-pink fragments of fibrofatty tissue aggregating to 7 x 6 x 3 cm. Dissection reveals 15 possible lymph nodes ranging from 0.1 x 0.1 x 0.1 cm to 2 x 1.5 x 1 cm. Section code:

H1: Five possible lymph nodes
 H2: Five possible lymph nodes
 H3: Four possible lymph nodes
 H4: One lymph node serially sectioned.

DIAGNOSIS:

A. VULVA, WIDE LOCAL EXCISION:

- MODERATE TO SEVERE SQUAMOUS DYSPLASIA (VIN II-III)
 - MILD SQUAMOUS DYSPLASIA PRESENT AT 12 O'CLOCK TO 6 O'CLOCK MARGIN, SEE NOTE 1.

B. LYMPH NODE, SENTINEL #1, LEFT AXILLA, BIOPSY:

- METASTATIC CARCINOMA TO ONE OF ONE LYMPH NODE (1/1), MEASURING 3.5 MM WITH EXTRANODAL EXTENSION.

C. LYMPH NODE, SENTINEL #2, LEFT AXILLA, BIOPSY:

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

D. LYMPH NODE, SENTINEL #3, LEFT AXILLA, BIOPSY:

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

E. LYMPH NODE, SENTINEL #4, LEFT AXILLA, BIOPSY:

- METASTATIC CARCINOMA TO ONE OF ONE LYMPH NODE (1/1), MEASURING 1.2-CM WITH NO EXTRANODAL EXTENSION.

F. LYMPH NODE, SENTINEL #5, LEFT AXILLA, BIOPSY:

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

G. BREAST, LEFT SIMPLE MASTECTOMY:

- THREE FOCI OF INVASIVE, DUCTAL CARCINOMA, SBR GRADE 1, LARGEST MEASURING 1.8-CM
 - SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR
 - TUMOR (LARGEST FOCUS) IS 2.5-MM FROM THE DEEP SURGICAL RESECTION MARGIN
 - LOW NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, MICROPAPILLARY, CRIBRIFORM AND PAPILLARY TYPES
 - PERINEURAL INVASION IDENTIFIED
 - SEE SYNOPTIC REPORT AND SEE NOTE 2.

H. LYMPH NODES, LEFT AXILLARY CONTENTS, DISSECTION:

- SIXTEEN LYMPH NODES, NEGATIVE FOR METASTASES (0/16).

NOTE 1: Mild squamous dysplasia is present at the 12 o'clock-3 o'clock-6 o'clock margin in multiple levels. Focally, this margin has cautery artifact which precludes the assessment of degree of dysplasia.

NOTE 2: Three foci of invasive ductal carcinoma are identified; largest measuring 1.8-cm is located centrally. The other two foci measure 1.0-cm and 0.4-cm respectively. All surgical resection margins are free of tumor. The closest margin is posterior (2.5 mm from the largest tumor mass).

SYNOPTIC REPORT - BREAST

Specimen Type: Mastectomy

Needle Localization: No

Laterality: Left

Invasive Tumor: Present

Multifocality: Yes

WHO CLASSIFICATION

Invasive ductal carcinoma, NOS 8500/3

Tumor size: 1.8cm

Tumor Site: Central

Margins: Negative

Distance from closest margin: 0.25cm
deep

Tubular Score: 2

Nuclear Grade: 2

Mitotic Score: 1

Modified Scarff Bloom Richardson Grade: 1

Necrosis: Absent

Vascular/Lymphatic Invasion: None identified

Lobular neoplasia: None

Lymph nodes: Sentinel lymph node and axillary dissection

Lymph node status: Positive 2 / 21 Extranodal extension

Micrometastases: No

DCIS present

Margins uninvolved by DCIS

DCIS Quantity: Estimate 2%

DCIS Type: Cribriform

Micropapillary

Papillary

DCIS Location: Associated with invasive tumor

Nuclear grade: Low

Necrosis: Absent

Location of CA++: DCIS

Benign epithelium

ER/PR/HER2 Results

ER: Positive

PR: Positive

HER2: Negative by FISH

Performed on Case:

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

CLINICAL HISTORY:

None given

PRE-OPERATIVE DIAGNOSIS:

Multifocal invasive ca. left breast

INTRAOPERATIVE CONSULTATION:

FSB/TPB: Positive for tumor cells. Diagnosis called to Dr. at by Dr

TPC/TPD/TPF: Negative for tumor cells. Diagnosis called to Dr at by Dr.

TPE: Positive for tumor cells. Diagnosis called to Dr. at by Dr.

Gross Dictation:., Pathologist

Gross Dictation:

Microscopic/Diagnostic Dictation: Pathologist

Microscopic/Diagnostic Dictation: Pathologist,

Microscopic/Diagnostic Dictation:.. Pathologist

Final Review:., Pathologist,

Final: Pathologist,

Criteria	Yes	No
Diagnosis Discrepancy		/
Primary Tumor Site Discrepancy		/
HIPAA Discrepancy		/
Prior Malignancy History		/
Dual/Synchronous Primary Noted		/
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials	WES	10/1/10