

1CD-0-3

Carcinoma, infiltrating ductal, NOS 8500/3

Site: breast, NOS C50.9

2/10/11

Patient:

Surgical Pathology: Additional Information

Surg Path

CLINICAL HISTORY:

Not provided.

GROSS EXAMINATION:

A. "Node", received fresh. The specimen is a 1.0 x 0.5 x 0.4 cm lymph node with attached fibrofatty tissue that is bivalved and submitted entirely in block A1.

B. "Right breast", received fresh. The specimen is a 525 gram breast and attached axillary dissection with overall dimensions at 24.5 x 10.5 x 4.6 cm. Axillary dissection measures 8 x 8 x 2 cm. Overlying skin is 18.3 x 6.3 cm with a 1.5 cm nipple and a 2.8 cm areola. Deep margin is inked blue and sectioning shows a 6.4 x 5.2 x 2.5 cm stellate mass that is salmon colored with areas of necrosis. The mass is firm and nodular throughout and approaches the margin on the lateral side in a 3 x 1.5 cm region. The nipple is removed and submitted entirely. There is a firm indurated region adjacent to the nipple which is sectioned to show tumor extension into the skin.

BLOCK SUMMARY:

 UUID: 72996825-1FFA-4C51-8DB0-DA74BCB595EB
 TCGA-B6-A1KN-01A-PR

Redacted



- B1- nipple
- B2- extension of tumor into skin (adjacent to nipple)
- B3-6- closest approach to the lateral margin, carcinoma.
- B7- deep margin
- B8- medial margin
- B9- tumor and overlying skin
- B10-13- representative of inferior medial, inferior lateral, superior medial, and superior lateral quadrants respectively.
- B14- 1.2 cm lymph node bivalved
- B15- one lymph node
- B16- one lymph node bivalved
- B17- three lymph node candidates
- B18- one lymph node candidate bivalved
- B19- three lymph node candidates
- B20- two lymph node candidates
- B21- three lymph node candidates
- B22- two lymph node candidates bivalved, one inked blue
- B23- one lymph node candidate
- B24- two lymph node candidates bivalved, one inked blue
- B25- sections of a 3 cm fatty lymph node candidate
- B26- one lymph node candidate
- B27- one lymph node candidate

Dr. / Dr.

DIAGNOSIS:

A. "NODE" (EXCISION):

ONE LYMPH NODE WITH METASTATIC DUCTAL CARCINOMA.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIFAA Discrepancy		X
Prior Malignancy History		X
Concurrent Primary Malignancy		X
Case is (single) / DISQUALIFIED		
Reviewed By: [Signature]	Date Reviewed: [Signature]	

B. "RIGHT BREAST" (MODIFIED RADICAL MASTECTOMY):

RESIDUAL INFILTRATING CARCINOMA PRESENT, HISTOLOGIC TYPE DUCTAL, NOS.

N.S.A.B.P. NUCLEAR GRADE 3 OF 3.

N.S.A.B.P. HISTOLOGIC GRADE 3 OF 3.

GROSS TUMOR SIZE: 6.4 X 5.2 X 2.5 CM.

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SIZE OF INVASIVE COMPONENT: 6.4 X 5.2 X 2.5 CM.
 LOCATION OF THE TUMOR: CENTRAL.
 LYMPHATIC/VASCULAR INVASION: PRESENT AND EXTENSIVE.
 MULTIFOCAL TUMOR: NO.

IN SITU CARCINOMA PRESENT, OCCUPYING 5% OF TUMOR.
 TYPE OF IN-SITU CARCINOMA COMEDO.
 EXTENSIVE INTRADUCTAL COMPONENT NO.

NIPPLE STATUS, DIRECT INVASION BY TUMOR.
 SKIN STATUS, DIRECT INVASION BY TUMOR.
 MUSCLE STATUS, FOCALLY INVOLVED.
 STATUS OF NON-NEOPLASTIC BREAST TISSUE: EPITHELIAL HYPERPLASIA AND
 APOCRINE METAPLASIA ARE IDENTIFIED IN.
 SURGICAL MARGIN STATUS: INFILTRATING CARCINOMA IS PRESENT FOCALLY AT THE
 LATERAL MARGIN. IN SITU CARCINOMA APPROACHES THE DEEP MARGINS AT A
 DISTANCE OF LESS THAN 1 MM.

LYMPH NODE STATUS: 24/30.
 SIZE OF LARGEST LYMPH NODE METASTASIS 1.2 CM.
 EXTRANODAL EXTENSION PRESENT.
 SEE COMMENT.

ESTROGEN/PROGESTERONE RECEPTOR AND CELL CYCLE ANALYSIS PENDING.
 METHODOLOGY: IMMUNOHISTOCHEMISTRY, PARAFIN BLOCK.
 RESULTS WILL BE ISSUED IN AN ADDENDUM.

COMMENT: Axillary soft tissue also demonstrates small deposits of tumor not
 obviously associated with lymph node structures.

I certify that I personally conducted the diagnostic evaluation of the above
 specimen(s) and have rendered the above diagnosis(es).

M.D. Pager

Electronically signed:

ADDENDUM 1:

Tissue was sent to the _____ for assay of the estrogen
 and progesterone receptors. The estrogen receptor activity was judged to be
 positive with an estimated FMOL value of 169. The progesterone receptor
 activity was judged as negative with an estimated FMOL value of 0. Please
 refer to _____ for a complete report.

I certify that I personally conducted the diagnostic evaluation of the above
 specimen(s) and have rendered the above diagnosis(es).

M.D. Page #

Electronically signed: