

ICA-0-3

Carcinoma, infiltrating ductal, NOS 8500/3
Site: breast, NOS C50.9 1/27/11 per

SURGICAL REPORT

Name:

Sex: F

DOB:

Location:

Doctor:

Pathology Number:

Date Collected:

Date Received:

M.R. Number:

Account Number:

PRE-OPERATIVE DIAGNOSIS

LEFT BREAST CANCER

POST-OPERATIVE DIAGNOSIS

LEFT BREAST CANCER

PROCEDURE

LEFT MODIFIED RADICAL MASTECTOMY

TISSUES

- A. BREAST MASTECTOMY (W/WO) NODES - LEFT BREAST & AXILLARY CONTENTS
B. MARGINS - ADDITIONAL INFERIOR SKIN LEFT BREAST
WRI TISSUE

UUID:1C420F68-8720-4CB0-9F83-86A0EC05FBBD
TCGA-A2-A0YT-01A-PR

Redacted



FINAL DIAGNOSIS

- A. LEFT BREAST AND AXILLARY CONTENTS, 1619 GMS. -
INFILTRATIVE DUCT CARCINOMA (CONFLUENT REGION MEASURES 13.6 CM.).
SCARFF-BLOOM-RICHARDSON GRADING:
GRADE 3 OF 3 (ABSENT TUBULAR FORMATIONS, HIGH NUCLEAR GRADE
AND MODERATE MITOTIC INDEX).
DCIS:
NONE IDENTIFIED.
ANGIOLYMPHATIC INVASION:
PRESENT, MULTIFOCAL.
TUMORAL CALCIFICATION/NECROSIS:
PRESENT.
SURGICAL MARGINS: UNINVOLVED.
NON-NEOPLASTIC BREAST -
FIBROADENOMA 0.3 CM.
FIVE POSITIVE LYMPH NODES WITH EXTRACAPSULAR EXTENSION (5/5).
THE LARGEST NODE MEASURES 1.6 CM. AND THE TUMOR INVOLVES THREE-FOURTHS
OF THE NODE.
OVERLYING NIPPLE, AREOLA AND SKIN:
FOCAL EXTENSION OF THE TUMOR INTO EPIDERMIS WITHOUT ULCERATION.
- B. ADDITIONAL INFERIOR SKIN LEFT BREAST -
POSITIVE FOR INFILTRATIVE DUCT CARCINOMA, THE TUMOR INVOLVES THE DERMIS
WITHOUT EXTENSION TO EPIDERMIS
(SATELLITE SKIN NODULE).
THE INKED MARGINS ARE FREE.

PTNM CLASSIFICATION:

SURGICAL REPORT

Pathology Number.

Patient Name.

Pathology Number:

T4B, N2a, MX, STAGE GROUPING IIIB.

Diagnosed by:

Reviewed and electronically signed by:

COMMENT

The multiple sections from the tumor reveal a poorly differentiated infiltrative duct carcinoma with widespread angiolymphatic invasion. The satellite nodule grossly observed appears to be a direct extension from the primary tumor with peripheral tumefaction. The overlying epidermis is involved by the tumor but does not exhibit ulceration. The Bloom-Richardson grading was upgraded to 3 based on complete evaluation of the entire tumor mass.

The ER, PR, and Her-2/neu have been performed on the previous surgical

This case is discussed with _____ on _____ by _____

GROSS DESCRIPTION

The specimen is received in two separate containers labeled _____ designated A and B

- A. The container is received fresh unfixed labeled "left breast and axillary contents - suture on upper outer quadrant". The specimen consists of a 1,519 gm. apparent left breast which is 30 x 20 x 7.5 cm. in greatest overall dimension. There is an attached suture indicating upper outer quadrant inked with orange dye, lower outer quadrant is inked yellow, upper inner quadrant is inked with green dye, lower inner quadrant is inked with red dye. The deep margin is inked black. Sectioning reveals a tumor mass directly beneath the nipple which is 13.5 x 7 x 4 cm. in greatest overall dimension and is 1.5 cm. from the deep margin, 2 cm. from the upper outer margin, 2.5 cm. from the lower outer margin, 2 cm. from the upper inner margin, and 4 cm. from the lower inner margin. There is a satellite nodule which is 0.6 cm. in greatest dimension and is 1.5 cm. from the main tumor mass and has a distance of 0.6 cm. from the upper inner margin. Sectioning through the remaining breast stroma reveals fatty and fibrous-encased tissue. Sectioning through the attached axillary fat reveals rare tan-gray nodules varying up to 1 cm. in greatest dimension. The specimen is submitted in twelve blocks.

Key Note Block Summary: 1—nipple with underlying tumor, 2 through 4—tumor mass, 5—satellite nodule and upper inner quadrant, 6—lower inner quadrant, 7—lower outer quadrant, 8—upper outer quadrant, 9—deep, 10 through 12—rare nodules.

- B. The container is received fixed labeled "additional inferior skin left breast". The specimen consists of a skin ellipse which is 7 x 1 x 1 cm. in greatest overall dimension. The skin has been previously marked with purple-blue dye. The specimen is serially sectioned revealing no apparent gross abnormalities. The entire specimen is submitted in two blocks.

MICROSCOPIC EXAM

MICROSCOPIC EXAMINATION CONDUCTED BY PATHOLOGIST CONFIRMS FINAL DIAGNOSIS.

SURGICAL REPORT

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓
Case is (cli-le):	QUALIFIED	DISQUALIFIED
Reviewer Initials	WJ	
Date Reviewed	10/11/10	

Pathology Number: