

Carcinoma, infiltrating ductal
and lobular 8522/3

Site Code: breast, NOS C50.

1/17/11 for

Patient:

Surgical Pathology

Surg Path

CLINICAL HISTORY:

year old woman with a large right breast cancer.

GROSS EXAMINATION:

A. "Large right breast cancer". Received fresh is right modified radical mastectomy, 630 grams, and 25 x 16.5 x 3.6 cm. The overlying skin ellipse measures 15.3 x 10.6 cm. The areolar is 6.8 cm in diameter, and the nipple, 1.5 cm. Serial sectioning reveals extensive involvement of the breast tissue by a large, white/light yellow tumor 12 x 9.5 x 4 cm, which grows in an infiltrative fashion and demonstrates focal calcification. It is located approximately 0.5 cm from the closest superior margin, 1.5 cm from the inferior margin, 0.1 cm from the deepest margin, 1.5 cm from the medial margin, and 3 cm from the axillary appendage. Focal hemorrhage is present in the subcutaneous portion of the breast. Dissection through the axillary appendage demonstrates multiple enlarged lymph nodes up to 2.4 cm in size. A portion of the fresh tumor tissue is submitted for ER/PR studies and for tissue bank. The representative sections of the specimen are submitted.

BLOCK SUMMARY:

- A1-A2- tumor and the closest deep margin.
- A3- upper inner quadrant.
- A4- upper outer quadrant.
- A5- lower inner quadrant.
- A6- lower outer quadrant.
- A7- skin and underlying hemorrhage.
- A8- nipple.
- A9-A10- level 1 lymph node candidates.
- A11- A12- level 2 lymph node candidates.
- A13-A14- level 3 lymph node candidates.

DIAGNOSIS:

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

INFILTRATING CARCINOMA PRESENT.

HISTOLOGIC TYPE DUCTAL WITH PROMINENT LOBULAR COMPONENT.

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

N.S.A.B.P. NUCLEAR GRADE, 2 OF 3.

GROSS TUMOR SIZE, 12 X 9.5 X 4 CM.

SIZE OF INVASIVE COMPONENT, 12 X 9.5 X 4 CM.

THE TUMOR IS PRESENT IN ALL QUADRANTS OF THE BREAST.

IN-SITU CARCINOMA, PRESENT. OCCUPYING 5% OF THE TUMOR.

TYPE OF IN-SITU CARCINOMA, LOBULAR.

EXTENSIVE INTRADUCTAL COMPONENT, ABSENT.

MULTIFOCAL TUMOR IS PRESENT.

STATUS OF NON-NEOPLASTIC BREAST TISSUE: FIBROCYSTIC CHANGE INCLUDING INTRADUCTAL HYPERPLASIA, DUCTAL ECTASIA, AND APOCRINE METAPLASIA.

LYMPHATIC/VASCULAR INVASION IS PRESENT (BLOCK A5).

SURGICAL MARGIN IS NEGATIVE FOR CARCINOMA.

NIPPLE STATUS: PAGET'S DISEASE ABSENT.

SKIN STATUS: UNINVOLVED BY CARCINOMA.

MUSCLE STATUS; UNINVOLVED BY CARCINOMA.

METASTATIC CARCINOMA PRESENT IN FIVE OF TEN LYMPH NODES.

THE LARGEST INVOLVED LYMPH NODE IS 2.4 CM.

EXTRACAPSULAR EXTENSION IS PRESENT.

MICROCALCIFICATIONS ARE PRESENT, IN ASSOCIATION WITH CARCINOMA.

ESTROGEN/PROGESTERONE AND CELL CYCLE ANALYSIS PENDING.

METHODOLOGY, FRESH TISSUE.

UUID: FF5D000A-4600-4C42-8B02-4BCD29F61CA6
TCGA-B6-A0RV-01A-PR

Redacted



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	RM	1/17/11

RESULTS WILL BE ISSUED IN AN ADDENDUM.

Verified by:

ADDENDUM 1:

Tissue was sent to _____ for assay of the Estrogen and Progesterone receptors. The Estrogen receptor was judged as positive with an estimated fmol value of 95. The Progesterone receptor activity was judged as positive with an estimated fmol value of 90. Please refer to report for complete details.

Verified by: