ICD-O-3
Carcinoma, infiltrating ductal, NOS 8500/3
Path: site: breast, upper inner quadrant C50.2
CQF: breast, NOS C50.9 1/25/11 lw

[redacted]

urgical Pathology: Add[redacted]

Surg Path

UUID:F05F5886-DC5D-4685-B28F-57A68A0BB7B9
TCGA-B6-A0WW-01A-PR

Redacted

CLINICAL HISTORY:
Cervical cancer and breast cancer.

GROSS EXAMINATION:
A. "True cut breast biopsy", AF1. Frozen tissue remnant labeled AF1 submitted in toto in block A1.

B. "Cervical tumor", tissue fragment labeled BF1 in submitted in toto in block B1. A 4.2 x 3 x 2.3 cm aggregate of tan tissue containing multiple edematous papillary structures. Representative sections are submitted in blocks B2 and B3. A representative sample of the specimen is placed in a tea bag for gross photography.

C. "Right breast and axillary nodes", received unfixed and placed in formalin. A sample of fresh tissue has been sent for ER/PR. A 580 gm, 28.4 x 15.3 x 3.9 cm modified radical mastectomy specimen containing a 22.0 x 15.3 x 3.9 cm breast with an 8.5 x 5.8 x 2 cm axillary tail, and a 2 cm nipple within a 5.5 cm areola. The specimen is remarkable for a 4.1 x 2.6 x 4 cm white hard mass located within the upper inner portion of the breast 1.1 cm from the inked deep margin and 1.7 cm from the skin surface. The axillary tail contains multiple firm matted lymph nodes within the proximal mid and distal portions, the largest measuring 3.5 x 1.4 x 1 cm. The breast also contains a soft pale pink 5 x 1.2 x 1.5 cm. The axillary tail is removed and dissected for lymph nodes.

BLOCK SUMMARY:
C1-C2 - tumor with soft tissue margins.
C3-C4 - random soft tissue margins
C5-C7 - tumor
C8-C9 - unremarkable breast tissue
C10-C11 - representative sections of skin
C12 - section of areola
C13 - section of nipple
C14 - one bisected lymph node candidate from the proximal axillary lymph nodes
C15 - three lymph node candidates from the proximal axillary lymph nodes
C16 - six lymph node candidates from the mid axillary lymph nodes
C17 - one bisected lymph node candidate from mid axillary lymph nodes
C18 - two lymph node candidates from the distal axillary lymph nodes
C19 - one bisected lymph node candidate from the distal portion of axillary lymph nodes
Dr. /Dr. /Slides to Dr.

INTRA OPERATIVE CONSULTATION:
A. "True cut breast", AF1: invasive carcinoma (Dr.

B. "Cervical tumor", BF1: papillary squamous cell carcinoma in situ at least (Dr.

DIAGNOSIS:
A. "TRUE CUT BIOPSY":

INFILTRATING DUCTAL CARCINOMA.
N.S.A.B.P. NUCLEAR GRADE 2 OF 3.
N.S.A.B.P. HISTOLOGIC GRADE 3 OF 3.
LYMPHATIC/VASCULAR INVASION PRESENT.

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted	✓	
Case is (circle): QUALIFIED / DISQUALIFIED		
Reviewer Initials KMI lw Date Reviewed: 9/16/10		

B. "CERVICAL TUMOR":

POLYPOID PAPILLARY SQUAMOUS CELL CARCINOMA IN-SITU WITH EQUIVOCAL EARLY STROMAL INVASION. (SEE COMMENT).

C. "RIGHT BREAST AND AXILLARY NODES" (MODIFIED RADICAL MASTECTOMY):

RESIDUAL INFILTRATING DUCTAL CARCINOMA.
N.S.A.B.P. NUCLEAR GRADE 2 OF 3.
N.S.A.B.P. HISTOLOGIC GRADE 3 OF 3.
GROSS TUMOR SIZE 4.1 X 2.6 X 4.0 CM (GROSSLY).
SIZE OF INVASIVE COMPONENT 4.1 CM.
LOCATION OF THE TUMOR, UPPER INNER QUADRANT.
LYMPHATIC/VASCULAR INVASION PRESENT.
MULTIFOCAL TUMOR NO.

IN SITU CARCINOMA PRESENT, OCCUPYING APPROXIMATELY 5% OF TUMOR.
TYPE OF IN-SITU CARCINOMA CRIBRIFORM WITH NECROSIS AND SOLID TYPES (SLIDES C4, C6, C7)
EXTENSIVE INTRADUCTAL COMPONENT, NO.

NIPPLE STATUS, FREE OF TUMOR.
SKIN STATUS, FREE OF TUMOR.
MUSCLE STATUS, NOT SAMPLED.
STATUS OF NON-NEOPLASTIC BREAST TISSUE: FIBROSIS.
SURGICAL MARGIN STATUS: NEGATIVE.

LYMPH NODE STATUS: METASTATIC CARCINOMA IN EIGHT OF 15 RIGHT AXILLARY LYMPH NODES.
SIZE OF LARGEST LYMPH NODE METASTASIS 1.5 CM (SLIDE C14).
EXTRANODAL INVASION PRESENT (SLIDE C14).

ESTROGEN/PROGESTERONE RECEPTOR AND CELL CYCLE ANALYSIS PENDING.
METHODOLOGY: IMMUNOHISTOCHEMISTRY, PARAFFIN BLOCK (C6).

COMMENT: The lesion displays in-situ form of cancer that architecturally resembles the papillary transitional cell cancer, grade 1, commonly seen in the bladder. In multiple areas, the base of the epithelium is cut on a bais, so that it cannot be determined whether the few cells seen in the superficial stroma are artifactual or the earliest form of microinvasion. While such a lesion, if seen in the bladder, would be called low grade, there is no recorded experience with such a neoplasm in the cervix.
Dr. has reviewed the slides of the cervical tumor and concurs with the diagnosis.

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:

ADDENDUM 2:

Breast 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 99. The progesterone receptor activity was judged as POSITIVE with an estimated FMOL value of 15. 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).