

Adenocarcinoma, infiltrating ductal, NOS 8500/3  
Path. Site Code: breast, upper outer quadrant.  
CQCF: breast, NOS C50.9 C50.4.

11/17/11

N/A -> Patient

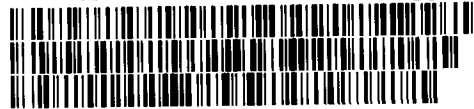
Patient:

Surgic

Surg Path

UUID: 64D53A4B-4735-4AD2-A413-520797F5F9CB  
TCGA-B6-A0RT-01A-PR

Redacted



CLINICAL HISTORY:

year old female with breast cancer.

GROSS EXAMINATION:

A. "Right breast biopsy". received fresh and fixed in formalin. An unoriented, 6.5 x 5.5 x 2.5 cm incisional breast biopsy received cross-sectioned. One surface of the specimen has previously been inked black, and a frozen section has been taken from this area. Grossly, the tumor is present at the ink. Serial sectioning reveals an irregular, whitish, infiltrative tumor 3.5 x 1.7 x 2.1 cm in greatest dimension, with focal petechia hemorrhage. A 0.3 cm area of yellowish gritty texture in the center of the tumor is suspicious of calcification. There is no gross tumor necrosis. A separate, 0.3 cm well defined, yellowish nodule is located approximately 0.5 cm from the main tumor. The specimen is inked and serially sectioned every 0.5 cm. Representative sections are submitted.

BLOCK SUMMARY:

- A1- remnants of AFl. 2.7 x 1.6 x 0.3 cm soft tissue fragment.
- A2-A13- serial sections of the specimen every 0.5 cm, of which:
  - A7- tumor including the calcification,
  - A8- section adjacent to AFl,
  - A9- 0.3 cm nodule,
  - A13-normal appearing breast.

B. "Right breast", received fresh and fixed in formalin. A modified right mastectomy 21.1 x 15.2 x 3.5 cm, a skin ellipse 14.2 x 7.1 cm, and axillary tail 7.5 x 6 x 2 cm. A fresh, horizontal 5 cm incision line is located superior lateral to the nipple, 1.5 cm below the superior skin resection margin. The skin surface is smooth with no discoloration, gross mass, or nipple retraction. The specimen is serially sectioned to reveal a biopsy cavity 6.5 x 5.5 x 2 cm, which corresponds to the size of the previous biopsy specimen. The superior wall of the cavity appears to contain a 2.5 x 1.5 x 2 cm residual tumor which has a similar cut surface and texture to that in the biopsy specimen. The residual tumor is located approximately 1.5 cm from the closest deep resection margin, and over 4 cm from the superior margin. The biopsy cavity is otherwise 3 cm from the inferior margin, 4.9 cm from the superior margin, 1 cm from the deep margin, 4.5 cm from the medial margin, 2.5 cm from the lateral margin, and 1 cm from the skin. The deep resection margin is inked in blue, superior margin in black, and inferior margin in red. The axillary tail is dissected for lymph nodes. Multiple lymph node candidates are found, the largest measuring 1.5 x 1.3 x 1.0 cm. Representative sections of the breast and lymph nodes are submitted.

BLOCK SUMMARY:

- B1- inner upper quadrant.
- B2- inner lower quadrant.
- B3- outer upper quadrant.
- B4- outer lower quadrant.
- B5- nipple.
- B6- skin with incision.
- B7-B8- tumor in biopsy cavity and the closest deep resection margin.
- B9- biopsy cavity (superior wall).
- B10- biopsy cavity (inferior wall).
- B11-B17- axillary lymph node candidates.
- B18- low axillary tail

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	RMT	13/11

INTRA OPERATIVE CONSULTATION:

A. "Right breast": Afl- adenocarcinoma extending to inked margin.

DIAGNOSIS:

A. "RIGHT BREAST" (BIOPSY):

INFILTRATING ADENOCARCINOMA OF DUCTAL TYPE, NOT OTHERWISE SPECIFIED.

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

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

GROSS TUMOR SIZE IS 3.5 X 2.2 X 1.7 CM.

INVASIVE TUMOR SIZE IS 3.5 CM.

IN SITU CARCINOMA OF COMEDO TYPE IS PRESENT, OCCUPYING LESS THAN 10% OF TUMOR.

NO EXTENSIVE INTRADUCTAL CARCINOMA OR MULTIFOCAL TUMOR IS PRESENT.

NON-NEOPLASTIC BREAST TISSUE SHOWS DUCTAL ECTASIA, FIBROSIS, AND MICROCYST FORMATION.

LYMPHATIC/VASCULAR INVASION IS PRESENT (A9).

CARCINOMA EXTENDS TO SURGICAL MARGIN MULTIFOCALLY.

ESTROGEN/PROGESTERONE AND CELL CYCLE ANALYSIS IS PENDING.

METHODOLOGY: FRESH TISSUE.

B. "RIGHT BREAST" (MODIFIED MASTECTOMY):

INFILTRATING ADENOCARCINOMA OF DUCTAL TYPE, NOT OTHERWISE SPECIFIED.

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

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

GROSS TUMOR SIZE IS AT LEAST 6.0 CM.

INVASIVE TUMOR SIZE IS 6.0 CM.

CARCINOMA IS LOCATED IN THE UPPER-OUTER QUADRANT.

IN SITU CARCINOMA OF COMEDO TYPE: SEE SPECIMEN "A".

MULTIFOCAL TUMOR IS NOT PRESENT.

NON-NEOPLASTIC BREAST TISSUE SHOWS DUCTAL ECTASIA, FIBROSIS, AND MICROCYST FORMATION.

LYMPHATIC/VASCULAR INVASION PRESENT.

CARCINOMA IS FOCALLY TO WITHIN 0.7 CM OF THE DEEP SURGICAL MARGIN (A7).

NIPPLE SHOWS NO INVOLVEMENT BY PAGET'S DISEASE.

SKIN IS NOT INVOLVED BY CARCINOMA.

ONE OF 23 LYMPH NODES POSITIVE FOR CARCINOMA (1/23).

ESTROGEN/PROGESTERONE AND CELL CYCLE ANALYSIS PENDING. RESULTS WILL BE ISSUED IN AN ADDENDUM.

METHODOLOGY: FRESH TISSUE.

Verified by:

ADDENDUM 1:

Tissue was sent to the \_\_\_\_\_ for assay of the Estrogen and Progesterone receptors. The Estrogen receptor activity was judged as negative with an estimated fmol value of 0. The Progesterone receptor activity was judged as negative with an estimated fmol of value of 0. The proliferation index was estimated to be high with a PI of 70%. Please refer to \_\_\_\_\_ for a complete report.

Verified by