

ICB-0-3

Carcinoma, infiltrating duct, NOS

8500/3 12/8/10  
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Path Site Code: breast, minor upper quadrant C50.2  
CQCF Site: breast, NOS C50.9

TSS

UUID: C3E398CE-1918-4107-948C-657981DA1F77  
TCGA-E2-A155-01A-PR

Redacted

**SPECIMENS:**

- A. LEFT BREAST AND AXILLARY CONTENTS LEVEL 1 AND 2
- B. ADDITIONAL LEFT AXILLARY CONTENTS

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**GROSS DESCRIPTION:**

**A. LEFT BREAST AND AXILLARY CONTENTS LEVEL 1 AND 2**

Received fresh labeled with the patient's identification and "left breast and axillary contents levels one and two (suture in axillary tail)" is an oriented 1794 g, 31 x 22 x 4.5 cm mastectomy with 27 x 16 skin ellipse and 1.1-cm flat nipple. Skin has 4 brown macules ranging from 0.2 to 0.4 cm. In code: Anterior/superior-blue, anterior/inferior-orange, posterior-black. Specimen is serially sectioned into 11 slices from medial to lateral with nipple in slice 7 revealing 4 lesions.

#1- is a 2.5 x 2.5 x 1.7 cm firm tan stellate mass which is located at the 12 o'clock position, 4.2 cm from the deep margin and 2 cm from the anterior margin (slices 6-7). #2- is a 1.3 x 1.1 x 1 cm firm tan stellate mass which is located 0.3 cm medial to lesion #1, 5 cm from the deep margin and 1.3 cm from the anterior margin at roughly the 9 o'clock position (slice 5). #3- is a 2.5 x 2.2 x 1.5 cm firm tan stellate mass located 0.4 cm medial to lesion #2, 4 cm from the deep margin and 1.5 cm from the anterior margin at roughly the 9 o'clock position (slice 4). #4- is a 1 x 1 x 0.6 cm firm granular mass located 2.5 cm posterior lesion #3, 1.3 cm from the deep margin and 4.5 cm from the anterior margin (slice 4). Adjacent to the deep margin, in slice 7, is a 0.9 x 0.6 x 0.4 cm firm tan lymph node. Within the axillary tail are multiple lymph nodes ranging from 0.3 to 3.5 cm. The largest lymph node is nodular and a portion is procured. Representatively submitted.

- A1: slice 4, lesion #3
- A2: slice 4, tissue connecting lesions #3 and #4
- A3: slice 4, lesion #4
- A4: slice 4, deep margin lesion 4
- A5: slice 5, tissue between lesions 3/4 and #2
- A6: slice 5, lesion #2
- A7 slice 6, tissue between lesions 2 and 1
- A8: slice 6, superior to lesion 1
- A9: slice 6, superior part of lesion 1
- A10: slice 6, inferior part of lesion 1
- A11: slice 6, inferior to lesion 1
- A12: slice 6, anterior to lesion 1
- A13: slice 7, lateral to lesion 1
- A14: slice 3, upper inner quadrant
- A15: slice 8, upper outer quadrant
- A16: slice 9, lower outer quadrant
- A17: slice 3, lower inner quadrant
- A18-A19: nipple, perpendicular sections
- A20: skin with macules
- A21: intramammary lymph node
- A22: 5 lymph nodes
- A23: 4 lymph nodes
- A24-A26: 1 lymph node each
- A27-A28: 1 lymph node
- A29-A30: 1 lymph node
- A31-A36: 1 lymph node

**B. ADDITIONAL LEFT AXILLARY CONTENTS**

Received fresh labeled with the patient's identification and "additional left axillary contents" is a piece of fatty tissue measuring 6.3 x 4.7 x 0.6 cm. One lymph node is identified. Submitted entirely.

- B1: 1 lymph node
- B2-B4: remainder of soft tissue

**DIAGNOSIS:**

**A. BREAST, LEFT, MASTECTOMY WITH AXILLARY NODE DISSECTION:**

- MULTIPLE FOCI OF INVASIVE DUCTAL CARCINOMA, SBR GRADE 3 WITH MICROPAPILLARY FEATURES, LARGEST FOCUS MEASURING 2.5-CM
- HIGH NUCLEAR GRADE, DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPES WITH LOBULAR EXTENSION, CENTRAL NECROSIS AND MICROCALCIFICATIONS
- SURGICAL RESECTION MARGINS NEGATIVE FOR TUMOR

- METASTATIC CARCINOMA TO ONE OF TWELVE AXILLARY LYMPH NODES (1/12), MEASURING 3.5-CM WITH FOCAL EXTRANODAL EXTENSION
- METASTATIC CARCINOMA TO ONE OF TWO INTRAMAMMARY LYMPH NODES (1/2), MEASURING 0.8-CM WITH FOCAL EXTRANODAL EXTENSION
- SEE SYNOPTIC REPORT AND SEE NOTE.

B. LYMPH NODES, ADDITIONAL LEFT AXILLARY CONTENTS, DISSECTION:  
 - ONE LYMPH NODE, NEGATIVE FOR METASTASES (0/1).

NOTE: Four tumor nodules are grossly identified. Microscopically 3 of them are invasive ductal carcinoma that have the same morphology and one is DCIS. The tissues in between these nodules show scattered foci of DCIS. Therefore, these foci may be interconnected through DCIS. Largest confluent invasive tumor measures 2.5-cm.

Two intramammary lymph nodes are identified, one is positive for metastatic carcinoma.

#### SYNOPTIC REPORT - BREAST

Specimen Type: Mastectomy  
 Needle Localization: No  
 Laterality: Left  
 Invasive Tumor: Present  
 Multifocality: Yes  
**WHO CLASSIFICATION**  
 Invasive ductal carcinoma, NOS 8500/3  
 Tumor size: 2.5cm  
 Tumor Site: Upper inner quadrant  
 Lower inner quadrant  
 Margins: Negative  
 Tubular Score: 3  
 Nuclear Grade: 2  
 Mitotic Score: 3  
 Modified Scarff Bloom Richardson Grade: 3  
 Necrosis: Absent  
 Vascular/Lymphatic Invasion: Indeterminate  
 Lobular neoplasia: None  
 Lymph nodes: Axillary dissection  
 Lymph node status: Positive 2 / 15 Extranodal extension

DCIS present  
 DCIS Quantity: Estimate 10%  
 DCIS Type: Solid  
 Cribriform  
 DCIS Location: Associated with invasive tumor  
 Nuclear grade: High  
 Necrosis: Present

#### ER/PR/HER2 Results

ER: Positive  
 PR: Negative  
 HER2: Negative by IHC  
 Performed on Case:

Pathological staging (pTN): pT 2 N 1c

#### CLINICAL HISTORY:

None given

#### PRE-OPERATIVE DIAGNOSIS:

Left breast cancer

Microscopic/Diagnostic Dictation: Pathologist

Final Review: Pathologist,

Final: Pathologist, (

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Issue/Synchronous Primary noted		
Case is (circle):		
Reviewer Initials	Date Reviewed	