**PATIENT HISTORY:** 

114-0-2

Infiltrating duct, NOS 8500/3

Carcinoma. gete ede: breat, NOS

The patient is a year-old female with no clinical history given. Date of last menstrual period: Not given. PRE OP DIAGNOSIS: Breast cancer.

POST OP DIAGNOSIS: Same.

PROCEDURE: Left total mastectomy and sentinel node biopsy, Hepatitis C.

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## FINAL DIAGNOSIS:

PART 1: SENTINEL LYMPH NODE, LEFT, #1 -

LYMPH NODE POSITIVE FOR SEVERAL MICROMETASTASES, APPROXIMATELY 0.1 CM EACH, VISIBLE ON IMMUNOSTAIN SLIDES AND TWO LEVELS OF THE H&E STAIN SECTIONS.

PART 2: SENTINEL LYMPH NODE, LEFT, #2 -NEGATIVE FOR METASTATIC TUMOR (see comment).

PART 3: NON-SENTINEL LYMPH NODE, LEFT -NEGATIVE FOR METASTATIC TUMOR.

PART 4: BREAST, LEFT, TOTAL MASTECTOMY -

- A. INFILTRATING DUCTAL CARCINOMA, NOTTINGHAM SCORE 7/9 (TUBULES 3, NUCLEAR PLEOMORPHISM 2, MITOSIS 1) 6.0 X 5.0 X 6.0 CM.
- B. DUCTAL CARCINOMA IN SITU, SOLID AND CRIBRIFORM TYPES REPRESENTING, APPROXIMATELY 5% OF TOTAL TUMOR VOLUME.
- SKIN WITH TUMOR IN THE LOWER DERMIS.
- D. LINES OF RESECTION ARE FREE OF TUMOR. (See comment)

## COMMENT:

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The tumor is approximately 0.1 cm from the inferior surgical resection margin. The ductal nature of the tumor is confirmed by a strongly positive E-cadherin immunostain.

Criteria Diagnosi: Discrepancy Diagnosi: Discrepancy Primary Turnor Site Discrepancy HIPAA Discrepancy Prior Malganaco, History Dunif-Synchonous Primary Noted Case is (rincle): Case is (rincle	Yes High
· No	

## MICROSCOPIC:

## SYNOPTIC - PRIMARY INVASIVE CARCINOMA OF BREAST

	PTIC - PRIMARY INVASIVE CARCINOMA OF BREAST	
A. Laterality: 2		
1. Right 2. Left	*	
B. Procedure: 3 1. Segmentectomy	3. Modified radical mastectomy	
2. Simple mastectomy	4. Re-excision	
C. Location: 2	T. INC-CACISION	
1. Central subareolar	4. LOQ	
2. UOQ	5. LIQ	
3. UIQ	6. Not specified	
D. Size of tumor (maximum dimension invasiv	ve component by gross or microscopic exam): 6.0 cm	
E. Type (invasive component)	E Outhorform O Mataulantin	
1. Ductal, NOS 2. Tubular	5. Cribriform 9. Metaplastic 6. Papillary 10. Other	
3. Mucinous	7. Lobular	
4. Medullary	8. Carcinoid like	
F. If lobular carcinoma, specify type: N/A		
1. Classical	4. Signet ring 7. Pleomorphic	
2. Solid	5. Trabecular	
3. Alveolar	6. Tubulobular	
G. Nottingham Score:		
G1. Nuclear grade: 3		
G2. Tubule formation: 3		
G3. Mitotic activity score: 1 G4. Total Nottingham score: 7	•	
G5. Nottingham grade (1, 2, 3): 2		
H. Angiolymphatic invasion: 1		
1. No 2. Yes		
I. Dermal lymphatic invasion: 2		
1. Yes 2. No	3. Not applicable	
J. Calcification: 1	• •	
1. No 2. Yes benign z	zones 3. Yes - malignant zones	
K. Type of in situ component: 1/2		
1. Cribriform	4. Micropapillary 7. Lobular	
2. Solid	5. Apocrine	
Papillary     Percentage of tumor occupied by in situ co	6. Comedo	
M. Surgical margins involved by invasive com		
1. No 2. Yes – focal	3. Yes – diffuse	
N. Surgical margins involved by in situ compo		
1. No 2. Yes – focal	3. Yes - diffuse	
O. Paget's disease of nipple: 2		
1. Yes 2. No		
P. Number of positive lymph nodes: 1		
Q. Total number of lymph nodes examined: 3		
R. Sentinel node metastasis: 1  1. Yes 2. No		
S. Only micrometastases to lymph nodes (none larger than 0.2 cm): 1		
1. Yes 2. No		
T. Metastasis/es to a lymph node 2 cm. or more in greatest dimension: 2		
1. Yes 2. No		
U. Lymph node metastasis/es with extracaps	ular extension: 2	
1. Yes 2. No		
V. Metastases to ipsilateral internal mammary	y lymph node (if applicable): <u>N/A</u>	
1. Yes 2. No W. Skin involved (ulceration): N/A		
1. Yes 2. No		
X. Non-neoplastic breast tissue: 6		
1. ADH	4 Fibroadenoma 7 LCIS	
2. ALH	5. Papilloma 8. Other	
3. Radical scar	6. FCD	
Y. Multicentricity/multifocality of invasive foci:		
1 Yes	2. No	
Y1: Sizes of invaxive foci: # cm / # cm / # cm		
Y2: Aggregate diameter of Y1 tumors: # cm		
Z. TNM stage: T3 N1MX		
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