

Pa:

Surg Path

UUID:3801F39A-6F4B-40C0-9625-9E0818266819
TCGA-B6-A0RH-01A-PR

Redacted

CLINICAL HISTORY:

Left breast ca.

GROSS EXAMINATION:

A. "Left breast". Container additionally labeled with patient's name, history number and date. Fresh. A specimen from a left modified radical mastectomy. There is an ellipse of brown skin measuring 18.8 x 8.4 cm. Located somewhat medially and inferiorly on the ellipse is an unremarkable areola and nipple. No skin lesions or scars are noted. No nipple retraction or peau d'orange changes are noted. Underlying the ellipse of skin is breast tissue with overall measurements of 16.3 x 15.2 x 3.3 cm., and an attached axillary tail measuring 12.0 x 8.5 x 1.7 cm. The deep surgical margin is inked in blue, and the specimen is step sectioned. A 2.5 x 2.5 x 2.0 cm. firm white mass is seen underlying the skin ellipse at the medial edge of the areola at approximately the 9:00 position. This mass is relatively well-defined, but does appear to diffusely infiltrate into surrounding fat for a short distance along its outer edges. The cut surface is white, firm, and homogeneous; no necrosis is grossly identified. Tumor grossly extends to within 1.2 cm. of the deep surgical margin. Portions of the tumor are submitted for estrogen and progesterone receptor analysis, and additional portions are submitted to the tissue bank. The remainder of the breast parenchyma is largely fatty, with interspersed, unremarkable appearing fibrous white parenchyma. No additional lesions are identified. Sections of the breast are submitted as follows:

- Block A1 - nipple and areola.
- Block A2 - skin overlying tumor, medial aspect of skin ellipse.
- Block A3 - A4 - tumor.
- Blocks A5 and A6 - tumor and adjacent breast tissue.
- Block A7, A21, A22 - deep margin.
- Block A8 - left upper inner quadrant.
- Block A9 - left lower inner quadrant.
- Block A10 - sections from 9:00 (medial) breast, adjacent to tumor.
- Block A11 - left upper outer quadrant.
- Block A12 - left lower outer quadrant.

The axillary tail is arbitrarily divided into three levels, with level 1 being that closest to the breast. The axillary tail is examined for lymph nodes. Several large but grossly benign nodes are identified, and numerous smaller nodes are present. Lymph node candidates are submitted as follows:

- Block A13 - lymph node candidates from Level 1, with single large node inked and bisected.
- Block A14 - single large lymph node from Level 1.
- Block A15 - lymph node candidates from Level 1.
- Block A16 - lymph node candidates from Level 1.
- Block A17 - lymph node candidates from Level 2, a single large node inked and bisected.
- Block A18 - lymph node candidates from Level 2.
- Block A19 - lymph node candidates from Level 3.
- Block A20 - lymph node candidates from Level 3.

| 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 | KMM | |
| Date Reviewed | 1/14/11 | |

MICROSCOPIC EXAMINATION:

The predominant part of the tumor has a cribriform pattern, and that includes the infiltrating part of the carcinoma. The tumor cells are characterized by moderately pleomorphic nuclei with prominent nucleoli. The mitotic rate varies from area to area, but 2-3 mitosis are observed in some high power fields. The

Carcinoma, infiltrating ductal, nos 8500/3

Site Code: breast, nos C50.9 1/17/11 lw

lumina created by the carcinoma often contains small numbers of necrotic tumor cells, but a classic comedo carcinoma is not identified. In some areas, a minor component of infiltrating tubular carcinoma is identified. Abundant desmoplastic stromal response accompanies the infiltrating neoplasm. In areas, lymphatic vessels within the breast parenchyma adjacent to the tumor, contain malignant cells. Adjacent to the tumor, intraductal carcinoma (cribriform papillary types), is seen in focal areas.

In a random section from the upper-outer quadrant (Block A11), there is a focus of atypical ductal hyperplasia. No frank ductal, intraductal or infiltrating carcinoma is observed at this site.

DIAGNOSIS:

"LEFT BREAST":

LEFT MODIFIED RADICAL MASTECTOMY SPECIMEN WITH:

1. INFILTRATING DUCTAL CARCINOMA AT THE JUNCTION OF INNER-UPPER AND INNER-LOWER QUADRANT.

THE CANCER HAS A PREDOMINANTLY CRIBRIFORM PATTERN WITH AREAS OF COMEDO NECROSIS; SEE COMMENT.

THE TUMOR MEASURES 2.5 CM IN GREATEST DIMENSION.

NSABP NUCLEAR GRADE MODERATELY DIFFERENTIATED, HISTOLOGIC GRADE 2 OF 3.

LOCAL TUMOR INVASION OF MAMMARY LYMPHATICS ADJACENT TO THE TUMOR IS IDENTIFIED.

DEEP SURGICAL MARGINS FREE OF TUMOR.

2. INTRADUCTAL CARCINOMA, CRIBRIFORM TYPE, ADJACENT TO INFILTRATING CARCINOMA.
3. FOCAL ATYPICAL EPITHELIAL HYPERPLASIA IN THE UPPER-OUTER QUADRANT (BLOCK A11).
4. FLORID DUCTAL EPITHELIAL HYPERPLASIA OF THE USUAL TYPE, MILD TO FOCALLY FLORID.
5. REST OF BREAST WITH SCLEROSING ADENOSIS, MICROCALCIFICATIONS, BLUNT DUCT ADENOSIS, PAPILLARY APOCRINE METAPLASIA AND DUCT ECTASIA.
6. NO TUMOR IDENTIFIED IN 23 AXILLARY LYMPH NODES.

OM : NH

Verified by

COMMENT:

The histologic pattern of this carcinoma, is similar to the so-called cribriform ductal carcinoma. The nuclei of the cancer cells, however, are very pleomorphic and many mitoses are observed, and thus this carcinoma does not fit in the category of cribriform carcinoma as defined by Page et al. The lesion may be better regarded as infiltrating breast carcinoma of no special type because of the degree of atypia present.