

Patient

QACF breast, NOS C50.9

1/17/11
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Surgical Pathology: Final

Surg Path

CLINICAL HISTORY:

Breast cancer.

GROSS EXAMINATION:

A. "Left breast and axilla", received fresh. The specimen is a 22.7 x 11.5 x 2.5 cm mastectomy specimen. The overlying skin ellipse measures 17.0 x 11.0 cm, and includes a 5.5 cm areola and 1.0 cm nipple. A well-healed 3.0 cm scar is noted just superior to the areola in the upper inner quadrant. The specimen includes an axillary tail which measures 11.0 cm x 7.0 cm. The margins of the specimen are inked in blue, and the specimen is serially sectioned to reveal a 3.5 x 3.5 x 3.0 cm tumor in the upper inner quadrant, extending medially to the upper outer quadrant. The tumor is firm, tannish-white, with a gritty consistency. It appears to be infiltrating adjacent tissue. Tissue has been sent for estrogen and progesterone receptor assays. The tumor approaches to 1 cm of the deep margin. It approaches to 1.0 cm to the lateral margins. The remainder of the breast tissue is composed of lobular adipose tissue intermixed with reddish pink fibrous tissue. There is an area of dense white fibrous breast tissue in the upper outer quadrant. The axillary tail measures 13.5 x 8.0 cm. It is composed of yellow lobular adipose tissue. Several nodes are identified grossly. A 3.1 x 1.0 cm node is sectioned to reveal a firm 2.0 x 1.0 cm tan-white mass. The axillary tail is amputated, divided into three sections and searched for lymph nodes which are submitted as described below.

Block Summary:

- A1- section of skin through nipple and areola.
- A2- section of breast through overlying skin with scar.
- A3- section of deep margin of tumor.
- A4- section of deep margin of tumor.
- A5- section of lateral margin of tumor.
- A6- section of tumor.
- A7- section of tumor.
- A8- section of tumor, with possible biopsy cavity.
- A9- tissue from the upper inner quadrant.
- A10- tissue from the lower inner quadrant.
- A11- tissue from lower outer quadrant.
- A12- tissue from upper outer quadrant.
- A13- one grossly positive lymph node, section I.
- A14- one lymph node, sectioned, section I.
- A15- six lymph nodes, section II.
- A16- three lymph nodes, section II.
- A17- one lymph node, sectioned, section II.
- A18- three lymph nodes, section III.
- A19- one lymph node, sectioned, section III.
- A20- three lymph nodes, section III.

 UID:4379DEE0-F7CB-4A73-8828-21EA0AA830F5
 TCGA-B6-A01G-01A-PR

Redacted



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	Date Reviewed: 1/17/11	

MICROSCOPIC EXAMINATION:

The previous biopsy site is located in the center of a large tumor mass consisting of infiltrating ductal carcinoma. Positive lymph nodes are identified in the axillary tail in the following distribution: low axillary tail, 2/2 (one macroscopically positive with extracapsular extension); mid axillary tail, 2/8; high axillary tail, 0/6.

DIAGNOSIS:

A. "LEFT BREAST AND AXILLA"; MODIFIED RADICAL MASTECTOMY:

1. RESIDUAL INFILTRATING DUCTAL CARCINOMA, NSABP NUCLEAR GRADE 2/3,

- HISTOLOGIC GRADE 3/3.
2. RESIDUAL TUMOR SIZE 3.5 X 3.5 X 3.0 CM.
 3. FOCAL DUCTAL CARCINOMA IN SITU, COMEDO TYPE.
 4. FOCAL VASCULAR INVASION IS IDENTIFIED.
 5. NIPPLE, NO PAGET'S DISEASE IDENTIFIED.
 6. SKIN WITH HEALING SCAR. NO DERMAL LYMPHATIC INVASION IDENTIFIED.
 7. ALL SURGICAL MARGINS ARE FREE OF TUMOR.
 8. REMAINING BREAST WITH PAPILLARY APOCRINE METAPLASIA, CYSTIC CHANGE, AND INTER- AND INTRALOBULAR FIBROSIS.
 9. METASTATIC ADENOCARCINOMA INVOLVING 4 OF 16 TOTAL AXILLARY LYMPH NODES. ONE LYMPH NODE IN THE LOW AXILLA IS MACROSCOPICALLY POSITIVE AND EXHIBITS EXTRACAPSULAR INVASION BY TUMOR.

Verified by: